

# JUSTICE IN AGING

FIGHTING SENIOR POVERTY THROUGH LAW

## Free Webinar: Fulfilling the Promise of Equity for Older Adults – Opportunities in Law & Policy

Webinar Transcript

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Presenters:

**Denny Chan**  
Managing Director,  
Equity Advocacy  
Justice in Aging

**Carolyn Ingram**  
Executive Director,  
Molina Healthcare  
Charitable Foundation

**Archie Roundtree, Jr.**  
Staff Attorney,  
Justice in Aging

**Sahar Takshi**  
Staff Attorney,  
Justice in Aging

Denny Chan:

Hi, everyone. Welcome to today's webinar. I am so happy to be speaking with you all today. We're going to give people just a minute or so to join us, so appreciate your patience in the meantime. For those of you who are just logging on, we're going to give people about another minute or so, because I see that the number keeps going up. So we'll hold on for just another minute.

All right. I think we are hitting a critical mass of folks, so we are going to get started with today's webinar. Welcome to today's webinar from Justice in Aging. Today's topic, or the title of our presentation, is Fulfilling the Promise of Equity for Older Adults - Opportunities in Law and Policy. We believe this is a really important and timely topic, so I want to thank all of you for joining us today. I know the fall is incredibly busy, so thank you for taking time, one hour out of your October, to be with us, and we really hope that in this one hour you will learn more about equity for older adults and also be really interested in a paper that we just released.

So the content of today's webinar is based off of a paper by the same title that Justice in Aging released, and so we have a paper that we'll be referring to and we're hoping that we get you excited to go look at that paper, because there's a lot in that paper. So much so, that we also packaged it into an at-a-glance document, which is another fancier way of saying an executive summary. So both of those documents will be available for your referral, but really, our topic before us today is to think about older adults and equity. What challenges or issues arise as low-income older adults age, and how does the impact of discrimination and other inequities change or influence their experience?

So, again, thank you all for joining us. We're going to walk through a couple of housekeeping items and intro slides before we get to the real content of today's presentation. So if you haven't heard of us already, Justice in Aging is a national

legal advocacy organization. We are dedicated to using the power of law to fight senior poverty, and I should also back up and introduce myself. My name is Denny Chan. I am the managing director for Equity Advocacy here at Justice in Aging, and we are really excited to be talking to you about this topic on equity in older adults.

Justice in Aging has been around for over 50-plus years, and we have tried our hardest to focus all of our advocacy efforts on communities of older adults who face systemic discrimination, including women, people of color, LGBTQ older adults and older adults with limited English proficiency. As with every webinar, we get a lot of the same questions, so just so that everyone knows and is on the same page, everyone here is on mute. You should feel free to use the questions-

Carolyn Ingram: No, no, no. I mean, good, I guess.

Denny Chan: Oh. You should feel free to use the questions function for substantive questions or technical concerns, and we will get those questions addressed right away. If you're having problems getting on or experiencing the webinar, feel free to also send an email to [trainings@justiceinaging.org](mailto:trainings@justiceinaging.org).

One of the most frequently asked questions that we get on each of our webinars is, can I get a copy of the slides? Is there a link to the recording? All of those materials as well as our paper and the at-a-glance document are available in our resource library, and you'll be able to find a recording to today's presentation at our Vimeo page, which is also linked here. Then, finally, if you would like to enable closed captioning, you can feel free to select the CC option from the Zoom control panel. All those things said, we do encourage you to ask questions. We've tried to build this as a more interactive webinar today, so we really hope that you engage with us on this topic.

We, at Justice in Aging, offer lots of technical assistance and free materials and resources to our network. So if you want more webinars like this, if you're really interested in how to think about and implement equity for older adults and other topics, you should feel free to go to our website, [justiceinaging.org](http://justiceinaging.org) and hit sign up or send an email to [info@justiceinaging.org](mailto:info@justiceinaging.org).

I know there's a lot of intro slides, so we're going to get to the content soon, I promise. This is particularly important for our topic today. Justice in Aging has long held a commitment to advancing equity in our programs on behalf of older adults in our advocacy every day, but we also recognize that that commitment to equity starts at home. In order to address the enduring impacts of systemic racism and other forms of discrimination, we have to remember that we take care of things at home, and we start at home. So that includes recruiting, supporting and retaining a diverse staff and board among many different types of diversity, as well as also really connecting our mission to fight senior poverty with the ways in which poverty is racialized in this country. So that is our

commitment here, both internally and externally, and we ask all of you to join us in that commitment and that really important work.

So that was a lot of intros, a lot of housekeeping, a lot of logistics, but the rest of our time together will look very different. You're going to hear, from just a minute, the rest of our presenters, they'll have a chance to introduce themselves. You all will have a chance to get to know who else is in the virtual room today. We'll also be reviewing two really big concepts that we discuss at length in the paper, ageism and the notion of intersectionality. You'll also then ... will be reviewed how law and policy have a unique impact in advancing equity for older adults, and then we're going to get to our five key recommendations that we want you all to be thinking about how to plug those into your work with older adults and your advocacy.

Then, of course, we will have time for questions and answers, and I encourage you to use that question function during, and we'll get to as many questions as we can get to at the end. So that's a roadmap of our time together today. What I'm going to do is turn things over to the rest of our team here at Justice in Aging for introductions before I turn things over to Carolyn. Sahar, do you want to start with an introduction?

Sahar Takshi: Sure. Thank you, Denny, and hello, everyone. My name is Sahar Takshi, she/her pronouns, and I'm an attorney in our Equity Advocacy unit at Justice in Aging. I'm excited to talk to you all about this paper and some of our resources.

Archie Roundtree, Jr.: Hello, everyone. I'm Archie Roundtree Jr. I use he/him pronouns, and I'm a staff attorney at Justice in Aging also on the Equity and Advocacy team.

Denny Chan: Great, and before I pass it over to Carolyn, I do want to just say one thing, which is, this paper, this webinar, all of the work that you're hearing about today, all of our thinking that we are unpacking with you all, none of that would've been possible if we didn't get support specifically from the MolinaCares Accord to do this work.

We told them, at the very beginning, we're really seeing this connection that we want to make with older adults, aging and equity, and they believed in it, and so I wanted to really thank you, Carolyn, for supporting this work, but also, without further ado, give you a chance to introduce yourself and talk a little bit about the work.

Carolyn Ingram: Thank you so much Denny, and thanks everybody for joining us today. My name's Carolyn Ingram. I'm the executive director for the Molina Healthcare Charitable Foundation. I use she/her pronouns. The one thing I wanted to make sure and talk to everybody about is just briefly what the MolinaCares Accord does, but just also about how near and dear this work is to my heart and the passion that we care about. So if you could flip forward one slide, that'd be great, Denny.

The MolinaCares Accord is an effort started by Molina Healthcare, but it's really a branch to oversee all of the community platform work that we do in trying to lift up the communities that we work in. We really try to focus our donations from the foundation on what's needed at the community level and really trying to make a difference there about what's important to the healthcare leaders and the policy leaders in the states that we work in.

So if you can go to the next slide. We really want to make a difference in lots of different areas, but, of course, have tried to focus those things around giving through our charitable foundation, educational programming that you'll see, and this is an example of some of that educational programming and the funding that the foundation does to support educational programming. Social determinants of health, of course, is a big focus for us as well. Community sponsorship and trying to bring action and attention to the community, and then, of course, supporting volunteer time off across all of the states that we're in.

One of the beautiful things about this call today and thing we're excited about as well, Justice in Aging is focusing this work and a lot of their work they do ... In California, we spread a lot of what is learned across all of our states, and so if you can go to the next slide, we actually have state chapters now in 25 states. I'm pretty excited about that. To announce that we've ... up and running in 25 states. We have served over 500,000 individuals and, of course, have about 700 grants out there continuously right now that we funded and are collecting research and data and information on, and then we share that data across those states.

So one of the reasons we're so excited to fund this work is we think it's really valuable across many areas, in many of the states, and what they're struggling with. One of the reasons it's so important to me and that I'm excited about this topic is ... One of the reasons I got into working in long-term care and figuring out how to integrate care for older and adults was, because when I was Medicaid director back in New Mexico, I saw how my grandparents struggled and I couldn't find them care in the community, unfortunately. I thought, "If I'm a Medicaid director and I know how the healthcare system works and I can't figure out a way to figure out how to provide services for my grandparents in the community, what is somebody else really doing out there who doesn't have the knowledge of the system, doesn't know how to get ahold of resources?"

So it's been a long-term effort of ours here at the MolinaCares Accord and through the foundation to try to make sure that we're supporting programs like this so we can make it easier for families, frankly, to get services in a culturally appropriate way and serve them in a way that meets their diverse needs back safely in the community where they want to live with their families. So, Denny, I'll go ahead and turn it over to you to start talking about the work that you all have done. We're really excited about sharing this with everybody today, so I'll-

Denny Chan: Sure.

Carolyn Ingram: Let's not take up more time and let you get into it.

Denny Chan: Great. Thank you so much, Carolyn, and again, thank you for all the support that the foundation has offered us in doing this work. I think your story that you shared about your grandparents hits home for so many people, how broken and fragmented our systems are and how, in particular, they are more broken and sometimes more fragmented depending on who you are in this country by conditions that are really not of your choosing. So thank you again for this work and for supporting it.

So, Alex, I'm going to ask, now that you've had a chance to hear from the presenters, we want to get a sense of who is with us in the room. So I'm going to ask Alex if you can help us with our first poll question just to give you all a chance to interact with us. So this is poll number one, thinking about older adults. In what capacity do you work with or think about older adults? And you, unfortunately, can only choose one. Academia, advocate, aging or legal services provider, government, healthcare entity or other. We're going to give you just a minute to respond to that poll question, but this is just to give us a sense of who is with us today.

All right, let's see the results so far. Hopefully, people have had a chance to chime in. So it looks like most folks are coming in as an advocate, which makes a lot of sense based on our network, and many are also legal or aging services providers. Those two categories form at least over a half, but there also are a significant number from government and healthcare, and a lot of folks who we didn't capture, about 10%, in the other category. Well, thank you, and we hope that these recommendations that we cover today and the content really can apply regardless of your role.

So it actually is great because we have this map up from the foundation, but let's launch our second poll question. All right, poll question number two, where are you located? And so we have carved out specific regions of the country. Feel free to chime in and let us know where you are listening and watching us from. Okay, let's close out that poll and look at the results. We are, as I suspected, all over the place, but a number of us are joining us from the West, as well as the Midwest and the Northeast, and then smaller pockets in other parts of the country.

All right, so those are the poll questions for now, but you'll have a couple more poll questions as we review the content. We're going to ask that you, in the chat, we were going to enable the chat very briefly, and so as we think about equity for older adults, we want to hear a little bit from you. So feel free to, in the chat, type in what does equity mean ... answer the question, what does equity mean to you? We'll give people just a minute to chat if we've enabled that. We can think about how does equity ... So some people are already

chiming in, access, fairness and justice, that everyone has equal opportunities, having access to services, equal rights. Thank you, all, but we have a lot of similar themes or words that are coming up. Justice is another one. Access isn't uniform for everyone, and not being left behind.

Well, continue to think about what equity means for you in your work and thinking about older adults, but we're going to get started. So the first part of today's presentation is really looking at ageism and intersectionality, and these are two key concepts that we lift up in the paper and wanted to make sure that we cover them today, because they offer a foundation in thinking about the world that older adults experience. So with that, I'm going to turn things over to my colleague, Archie, who will start us off on ageism.

Archie Roundtree, Jr.: Thank you, Denny, and if we can go to the next slide. Perfect. Now, even looking at this photo, it sparks a lot of attention for what ageism is and the things that people go through. Now, ageism ultimately refers to the stereotypes and how we think. Of course, the prejudice of how we feel, and discrimination, how we act, towards others or oneself based on age. Now, everyone, no matter who you are, is affected by ageism. Children become aware of age stereotypes in their culture. They absorb and use these preconceptions to govern their feelings and, of course, conduct towards persons of different ages. They also use age stereotypes and conduct towards persons of different ages as well. They also use these things in their culture to see and comprehend themselves and how they feel, ultimately, within the world, which can lead to self-directed ageism through their day-to-day life.

Now, ageism interacts and exacerbates various forms of disadvantage. Now, this can be racism, gender and even disability. So we know ageism pervades everything, from the institutions we deal with on a daily basis to our interpersonal connections. Ageism can be found in the policies that support healthcare rationing based on age, which we'll talk a little bit more about later, practices that limit younger individuals opportunities to contribute to the workplace with decision-making, patronizing behavior using interactions with older and younger people, and self-limiting behavior, which, ultimately, can stem from internalized stereotypes about what a person or a given age can be in life, or do, at any point in time.

Now, I always like to move in different forms to talk about different analogies when talking about different topics. So even if we talk about movies, the release of this paper is, truthfully, at a heightened conversation period around the subject of ageism. Now, there are subtleties in the media that we watch and sometimes overtures as society's media regards ageism through and through. Now, although I'm an attorney, I watch different pop culture activities, from The Golden Bachelor, which I'm sure a lot have heard about, to the season's blockbuster movie.

Even if we can say Blockbuster, or the streaming platform, we all see ageism in different media forms, but even just one example, let's all take a moment to yourself, just think for a second of different preconceived notions and what we might see in film. So think to yourself the last movie, the last television show, what was the last older figure main character that was the center of the plot of that movie?

As you think of that, let's think of the superhero franchise. Now, you might be a DC or Marvel fan, but let's really think about the franchise, and in that franchise, can we think of a central character piece for an older figure in that particular film, and even what was their role in that character plot? And even waiting a little bit, if you could think of those different people and you have them in your head, most situations, that star is either young or middle age, or that older figure is passing the torch to someone else in the film, because older character tropes are typically silly or wise, but if wise, they're also mad and benevolent in different situations.

One example of a film that I like called the Minions, there's this certain character called the blind Tower Guard, and he's successful in this franchise as a quintessential person that, ultimately, protects the crown, but when the minions ultimately see this character, they laugh at the character's fragility and, ultimately, think that the character's not going to be a problem for them. However, the figure, ultimately, allows the minions not to catch the crown in that particular scene. Even a simple scene just like that shows a concept, even in movies, at ageism at its core.

Taking a step back, even when thinking about movies, even in my own personal life, I've taken the time to support my relatives when it comes to medical care and needs. Now, this is a touchy subject, not only for me, but for anybody in this situation when we become caregivers to our older relatives, or in any capacity. It happened at a stage of my life I was least expected. Going to the doctor's appointments and, far too often, the doctor deciding to address me instead of my older relative left me feeling certain hurtful feelings and an emptiness inside dealing with those situations, almost thinking of my relative's thoughts as an afterthought and only situating the conversations towards what I'm thinking.

I realized, as an ally, I must take the time to support my older relative's needs and allow them to receive their autonomy. Now, we all have a part to play when it comes to protecting our ... and supporting individuals when we see ageism occurring. We must stand with that individual, but also support in a way where they feel it is proper.

Now, taking a step back at the institutionalized issues. When we consider policy, we even witness ageism in the policies that are poorly implemented. When considering COVID-19, hospitals were scrutinized for procedures concerning crisis standards of care. Now, these crisis standards of care regulations are used, ultimately, to assist providers in rationing medical care when medical resources,

such as ... it could be beds, ventilators or even medical devices, when they become insufficient. Now, when thinking of this, you may think some of this is a good idea. The hospitals are really on the right trend with doing certain things. However, those same policies were used as a tiebreaker between patients who had similar clinical assessments, and sometimes they adopted exclusionary criteria that disproportionately impacted older adults.

Now, some policies prioritize patients with long-term serviceability to maximize life years, and again, cutting against older adults, now, instead of focusing on short-term survivability from the COVID-19 issue. Ironically, long before COVID-19, you would think that this probably started within that epidemic, but several states, and even hospital systems, developed crisis protocols even before this.

Now, just to break up some of this, I wanted to make sure to have a poll question. Alex, by chance, can you post the poll question? Now, going back to ageism in the media, how often in the last year, when you could think of what has occurred, have you seen ageism appear in media you consume? Now, let's consider the movies, TVs, books, articles, live podcasts, and I wouldn't be me without suggesting TikTok as well.

Results coming in, and as expected, nine to 12 is the highest, with over ... close to 50%, but 48%. I mean, it's probably even more than that if I put the plus button next to it, but when considering the media, we could see that it pervades everything that we look at from the day to day, but no matter how you slice it, ageism happens in more places than you think, and we still witness it every day. There are levels when dealing with this topic, but we also must make sure to take time to consider intersectionality. Now, my colleague, Sahar, will take it from here and discuss more about intersectionality.

Sahar Takshi:

Thank you so much, Archie. Can we move on to the next slide, please? Thank you. As my colleague, Archie, just mentioned, I'm going to share some information with you all on the topic of intersectionality. Intersectionality is a term that many of you may have already come across in a lot of various contexts, but the definition that we use at Justice in Aging and the one that is used in all of our resources, like this paper, is one that focuses on the overlap of multiple individual characteristics. More specifically, an intersectional approach is one that focuses on the inequities that a person or communities can face on the basis of multiple marginalized identities, and these can include race, ethnicity, age, disability, social .... sexual orientation and gender identity, as well as language fluencies, immigration status and others.

So what's important to identify and address are the ways that inequities, disparities, oppression, on the basis of intersecting marginalized identities, may be amplified or different than those that are based on a single characteristic. My colleague, Archie, just shared a breadth of information and examples on ageism, which highlighted inequities faced by older adults generally. If we were to apply an intersectional approach to that, for example, we can begin to identify the

unique experiences of people, such as older adults of color, older women, or a combination of identities, such as older women of color. By implementing an intersectional lens in our work, we start to not only see how inequities compound over the course of a person's lifetime, but also how those inequities can look very different in older age.

So, to illustrate this concept, I want to share three examples with you all. The first highlights economic insecurity among older women. We know that women experience inequities in employment, not just in terms of pay and income, but also in terms of hiring, promotions and growth and the implications of caregiving responsibilities, and a lifetime of these disparities translates to lessened economic security for older women during retirement age than their male counterparts. Now, these inequities become even further pronounced for older women of color and older queer women who may experience additional income-based disparities throughout their working lives as compared to white women or non-LGBTQ plus women.

A second example looks at health among tribal elders. There are well-documented disparities for indigenous populations in terms of access to healthcare and specialist care on tribal lands, as well as other barriers to social determinants of health, like a lack of affordable housing or access to nutritious foods, which results in poorer health outcomes for tribal elders as compared to non-indigenous counterparts. These outcomes can include higher rates of certain chronic health conditions, like diabetes and Alzheimer's, as well as a significantly lower life expectancy.

But in addition to these compounding disparities over a lifetime, tribal elders may also face different barriers than other groups of older adults. For example, in terms of navigating complicated systems of public health benefits, like Medicaid and Medicare and the Indian Health Services, and these additional barriers sometimes result in older tribal elders choosing to forego necessary care or gaining unnecessary medical deaths in older age.

Next slide, please. My last example for you all comes directly from our paper, which I encourage you to take a look at. As this graphic shows, we know that rates of COVID-19 vaccinations in California, including both the primary vaccine and the boosters, show that while the vaccination uptake for older adults generally were rather high, there were significant gaps when we were to look at Latino older adults and American Indian and Alaskan Native older adults. This, again, highlights the importance of looking at inequities from an intersectional lens in order to identify inequities that aggregated data can sometimes hide, and to appropriately target services to the groups of older adults that are most underserved and in need of vaccination information.

So I encourage you to take a look at our paper for more examples of intersectionality when talking about equity for older adults, and before I hand it

back to Denny, I would really like to hear from all of you about your experiences in identifying intersecting inequities with the following poll question.

So my poll question for you all is, what inequities, based on intersecting identities, do you see most often in your work? Is it, A, economic inequities for older women, older LGBTQ plus individuals and/or older people of color, health inequities for older people of color, including in long-term care or inequities in accessing safety net programs for older adults with disabilities or limited English proficiency? Of course, there's an other option, and I really encourage you all, if you fall in the other category or you would like to expand, to put that in the chat and share with the group.

So let's leave that open for maybe about 30 seconds or so. I think we can start to close out the poll, but I encourage you all to put things in the chat. We have a pretty even split between the three responses, as well as about a dozen or so people who noted other, and so I'd really love to hear from you all in the chat, and I'm going to hand it back to my colleague, Denny.

Denny Chan:

Great. Thank you to both Sahar and Archie for walking us through that. I want to say a couple of things before we dive into law and policy, which is our unique take here at Justice in Aging, but just that Archie's remarks really get to how pervasive ageism is, and we discuss all of that and more in terms of examples in our paper, but I think one of the things to be thinking about is that connection between the individual, in terms of the individual level of ageism, and how that connects them to policies. People don't question individual ageist beliefs that they may harbor, and that ends up showing up in policy decisions, like what he talked about around the crisis standards of care that had real impacts around whether people would be going to get life-sustaining treatment during the COVID-19 emergency.

Then Sahar really offered us a way to think about how aging impacts discrimination that certain groups of older adults might experience. One way in which that happens is the discrimination that builds up over the course of someone's lifetime that gets exacerbated, and then also another way to think about it is, in a different way, the discrimination that exists, that pervasive discrimination that relates to all different parts of your life when you're an older adult with other marginalized identities.

I think, really, the vaccination status example, which, again, we do talk about in the paper, is a really powerful example for why an intersectional approach is so important, because you could look at this data, you could look at this graph and think, "Well, it looks like older adults are doing pretty well, on average," but then when you look specifically at specific groups of older adults, at least based here in California, you'll find that there are really different rates depending on who you are in terms of your ... especially on the booster uptake.

All right, so that's a little bit about aging and ageism and intersectionality, and again, we would refer you to the longer paper for a deeper dive. We are not going to cover all the different caveats, but I want to spend a little bit of time talking about the unique role of law and policy. So this slide here is public benefits programs, civil rights laws and how they impact older adults. What you see at the very top here is a picture of a Medicare card, your social security card, and then I couldn't put 50 different Medicaid cards, but I did offer, at least as an example, the state of Washington's Medicaid card or what they call the State of Washington services card.

What I want to drive home here is that public benefits programs have had a long history of helping people, including older adults in a really specific, equitable way. Many people don't know that Medicare actually helped to integrate our country's very segregated healthcare system during the peak of the civil rights movement, because it mandated integration as a function of receiving federal funding, and that really changed our racially segregated healthcare system, I don't want to say overnight, but at least with significant speed, and today we know that social security lifts Black and Latino older adults out of poverty at disproportionately high rates. Without the social security program, Black older adults would experience 50.2% poverty, and Latino older adults, 44.5, almost half, and at least slightly above a half depending on the population. Medicaid, too, works every day to tackle health inequities among the nation's lowest income.

So these important benefits programs really have had a long history of advancing equity and continue to advance equity for older adults in really specific and meaningful ways, and so as we think about the role of law and policy, we need to double down on how important these programs are. These programs also don't exist in a vacuum. They are part of a fabric of other laws and policies that impact older adults with the purpose or intent of advancing equity for them. So at the bottom of the slide is a timeline that we have taken from our longer paper, which again, we refer you to.

This timeline is a timeline of major civil rights laws impacting older adults, and we didn't include all the laws here, but it is just a quick, at-a-glance look, including the Civil Rights Act, two different statutes forbidding age discrimination, the Americans with Disabilities Act, which, of course, we recognize overlaps significantly with older adults as their physical health changes, and the Affordable Care Act, even as recent as 2010. So these laws are real. They have a real impact and a real teeth in effectuating equity for older adults.

In the example that Archie raised when we talked about ageism around crisis standards of care, Justice in Aging, along with a number of other advocacy organizations, filed civil rights complaints based on these laws to combat the discrimination that we saw in those policies that would specifically impact and hurt older adults and people with disabilities during the public health

emergency. So in thinking about ageism and intersectionality, we know that law and policy has a specific role in advancing equity for older adults. It has, historically, been a really important lever and will continue to be a really important lever.

We also want to offer everyone listening and watching today a way to think about those laws and policies to better advance and better improve them to serve specific communities. So with that, I want to actually play a video that is really brief in nature, but it's reviewing a topic called targeted universalism. This is a way that is thinking about crafting law and policy that can better advance equity for specific communities, including specific groups of older adults.

So for this introduction, I want to play this really short video just so you can hear from someone else. This is a video about targeted universalism from John A. Powell, the director of the Othering & Belonging Institute at UC Berkeley. He is one of the powerful masterminds behind this really important framework. So with that, I am going to try and share my other screen. Give me just one minute.

Video:

What is the most effective and sustainable policy response to problems in our society? Universal approaches are widely used in order to package policies for broad appeal. Universal policies, such as social security and minimum wage, provide the same benefits or minimum protections to everyone regardless of status or group membership, but by treating everyone the same, universal approaches can't root out group-based discrimination. It may actually deepen inequality between groups rather than reduce it, and by providing benefits or protections to everyone, resources that could be targeted to groups worse off instead flow to those who are better off.

In contrast to universalism, targeted approaches are commonly used. Targeted policies provide benefits or protections based on group membership or status. SNAP, the food stamp program, conditions and benefits on income level. The Americans with Disabilities Act requires public accessibility for disabled groups, and affirmative action focuses on historically disadvantaged groups.

Targeted approaches are vulnerable to the critique that they unfairly favor constituent groups over the public good by directing resources to marginalized groups who are already subjected to unfair stereotypes, but universal and targeted approaches are false choices. There is a third way, targeted universalism. Targeted universalism means setting universal goals that can be achieved through targeted approaches. This approach targets the various needs of each group while reminding us that we are all a part of the same social fabric. This can be accomplished by following five steps.

First, set a universal goal. For example, 100% proficiency in eighth grade math. Second, measure how the overall population fares relative to the universal goal. In this example, we might discover that only 80% of eighth graders are proficient in eighth grade math. Third, measure the performance of population

segments relative to the universal goal. So although 80% of all eighth graders are proficient, we might find that only 70% of Latinx students are proficient. Fourth, understand how structures and other factors support or impede the group's progress toward the universal goal.

For our Latinx students, classroom instruction materials and lessons designed for English speakers may impede learning, including math proficiency. Finally, implement targeted strategies so that each and every group can achieve the universal goal based upon their needs and circumstances. This may take the form of ESL-specific math tutoring for our Latinx students, while another group may require a completely different strategy to achieve the same universal goal.

Targeted universalism rejects a blanket universal, which may be indifferent to the reality that different groups are situated differently relative to the institutions and resources of society. By aspiring toward shared universal goals, targeted universalism empowers targeted strategies capable of achieving those goals while moving us beyond concerns over disparities alone and toward our highest aspirations for all.

How does this weird tiny device help with dust and airborne pollutants? Studies show that air pollution can be five times worse indoors than outdoors.

Denny Chan:

Sorry about that. YouTube has ads. Well, hopefully that was a helpful primer for a better understanding targeted universalism. I'm going to go back to sharing the PowerPoint. Hopefully, you all can still see the slides. So in thinking about the unique role of law and policy and the inequities that older adults experience, whether on the basis of age or intersectionality, as Sahar walked us through, we know that there's lots of different ways in which those systems impact older adults. So some of you might be wondering, "Where do you start, knowing that ageism and intersectionality are baked in everywhere? Where do we start?" and you might be feeling a little overwhelmed.

Well, we, at Justice in Aging, know that you have to start somewhere, and we recognize the unique role of law and policy to advance social change, and based on at least our work in advocating for older adults, we are proposing five key areas that policymakers and advocates should focus on that we believe will have a big impact on older adults in marginalized communities, and that when crafting those policies, policymakers should be thinking about ways in which they can employ a targeted universalism framework. I'm reviewing them here briefly for everyone for our purposes of today's webinar, but would also refer you back to the at-a-glance document that captures all of these in a one very succinct document, as well as the longer paper for more specific examples and context.

But the very first one is, we know that older adults need a system of care as they age that works for them, and so the first is to really prioritize equity in long-term care. Older adults who face intersectional discrimination have more

significant long-term care needs as they age, but our system biases toward institutionalizing them, rather than enabling them to live at home, an option that probably most would prefer. So prioritizing equity to make sure that people are not being institutionalized unnecessarily and certainly not at disproportionate rates depending on who you are, is really important, and that means that we have to build a home and community-based services system that serves all older adults and people with disabilities in a very equitable way.

I spoke at length about the importance of public benefits programs and the anti-discrimination protections in our section around law and policy, and those are really important, but they're also based on the timeline that we reviewed. Pretty old, and this is one of those situations where it really, in both categories, needs a refresh. Poverty programs are so out of date that they continue to keep older adults in poverty, unfortunately, despite their best intentions or their planned purpose, and the anti-discrimination protections that were passed many decades ago, also need an update.

Sahar walked us through why intersectionality is so important, and one of the big gaps is that anti-discrimination protections, for the most part, don't do a great job of recognizing intersectional discrimination, and so as we think about how older adults age and how that changes the ways in which they experience the world and experience inequities, we don't have a great legal framework in terms of the anti-discrimination protections passed from decades ago that captures that type of discrimination, and then, of course, adequately can address it.

In the video about targeted universalism, there also was a focus around data, because John Powell talked about how you set a universal goal and then you figure out where different groups are relative to that goal. So you need data to do that. So one of our other key recommendations is that you have to include a focus on data, on older adults, that includes an intersectional framework, and data has to be disaggregated so that disparities within a specific community or specific communities are also evident and transparent.

In that last example around the vaccine uptake, we, at Justice in Aging, fought really hard to get the intersectional data that showed us by group, by age group and biracial group at that intersection, what was that experience looking like? Because we thought that, and the data confirmed, that the experience, just looking at race or just looking at age, didn't paint the full picture, and, in fact, concealed particular disparities that we knew existed and that we're hearing about from partners on the ground. So looking at and thinking about intersectional data, including older adults in data, is going to be really important to better advance equity for all older adults.

Then, finally, outreach and education is a big and important lever, and it's a recommendation that we ask policymakers and we lift up here to focus on, because low-income older adults require tailored outreach strategies that are

really specific to the ways in which older adults receive information. I hate going back to it so much, but COVID was such a powerful reminder of that. There were a lot of states and public health systems that rolled out smartphone-based and app-based programs as a way to get vaccinated and get information about COVID-19, because that's what policymakers and their staff were using, but wasn't always really thinking about other ways that, for example, older adults get information. So really centering that and centering how older adults get information is going to be important to advance equity in a way that is meaningful.

Again, these are a review of our recommendations in brief, but we have that at-a-glance document that I know was linked just recently in the chat, as well as much more meat in our longer paper, but with that, having now reviewed the recommendations, I'm going to ask to put up our final poll for today.

So poll number five, of these recommendations, which recommendation are you most interested in and passionate about? We are asking you to just pick one, recognizing that each of them are really, really important for how older adults experience the world. So, again, recommendation number one, prioritizing equity in long-term care and building out an equitable HCBS system. Two, enhancing and strengthening public benefits programs. Three, improving our outdated anti-discrimination protections that keep older adults free from discrimination. Four, advancing equity with a focus on data for older adults, and then, finally, five, focusing on equitable outreach and education for older adults and how they specifically receive information.

With that, I'm going to ask that we close the poll, get your votes in, and it looks like we are a little bit scattered, but at least over half of you are passionate or most interested in prioritizing equity in long-term care and enhancing and strengthening safety net programs and public benefits programs, while it looks like the other half are equally split among improving our anti-discrimination protections, advancing equity through data on older adults and focusing on outreach and education. Again, I would refer, if you want more on these recommendations, go back to our paper and the at-the-glance document, and also be thinking about how you can implement these recommendations in the work that you do every day.

So with that, I'm going to bring us toward the close of our presentation, recognizing we have just a couple of minutes left. Here are our email addresses for myself, for Archie ... It actually looks like we are missing an N, so it should be [aroundtree@justiceinaging.org](mailto:aroundtree@justiceinaging.org), and then also ... Sorry about that, Archie. We'll get it fixed. Then also Sahar at the very bottom there. Feel free to reach out with questions.

We have just a couple of minutes, and so we're going to take a couple of questions live. I'm going to go through and see which ones we might be able to take. Someone asking if they can share our larger paper on their advocacy

website. Yes, if we have not been clear about this, make no question, have no doubt, feel free to share this paper, as well as the at-a-glance document with everyone. We want people to really be thinking about and engaging with us on these issues, and so the more people who see it, interact with it, think about it, the more we can lift up these recommendations as well as the larger conversation.

It looks like, let's see what other question I can take. Someone asked about, and there actually are a couple of comments here about people with disabilities, and I want to make sure that we talk about that. So, first, this is an opportunity to refer back to the paper, because we have a section in there that discusses some of these issues in the context of older adults with disabilities, and then also ... and so if you don't get to the paper or if you're going to get there later, but want to sneak peek, I would offer a couple of things.

One is, as we think about aging and disability, it's important to think about where there's overlap, and also important to think about where there are distinct issues. So one is we know that the programs and the services that we have created, the fragmented systems that we've created, oftentimes, are serving both of those populations. In fact, many older adults, for example, would identify as having a disability based on their advanced age and other physical conditions. So that's where there's a lot of commonality. So all of our recommendations about improving public benefits programs, improving anti-discrimination laws, building out an equitable HCBS system, those are going to benefit both older people who are disabled as well as younger people with disabilities.

Then, finally, it's also important to think about and consider the ways in which there are different issues too, that younger people with disabilities may not have the same set of issues and the same considerations, even if they're being served by the same programs, they might not be thinking about what it means to age with a disability. Then also there is a gap, not all older adults might think of themselves as disabled, even if they are for all intents and purposes of the public benefits programs, especially if they aged into their disability. So that's also a more complicated layer. I mean, I think we could really offer a webinar on this topic by itself, but there were a couple of questions about that. So we'll refer you back to our paper, and that's a quick blush at that.

I know, with that, we are at time and we're losing people too. So I want to thank you all for watching today. I want you to make sure that you leave with our at-a-glance document, with our paper. Feel free to engage with us on questions, and we look forward to hearing from you about how to engage and how to leverage our recommendations in your work. Then also a big thank you to our friends at MolinaCare Accord for supporting this work. Thank you so much for joining our webinar today, and we will be in touch. Thank you.