A Tale of Three Cities: Advocacy and Movement Building Among

Elderly Women in California

by

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Dedication

To Carroll L. Estes, for her dedication to the lives of elder women, her enthusiasm and support for this project, her unparalleled intellect, her belief in my scholarly abilities, and her commitment to outrage.

Acknowledgements

Abstract

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In the spring of 2007, the Women's Foundation of California and the California Endowment created what would become the Elder Women's Initiative, (EWI) which focuses on building a social movement for elder women and their allies with specific attention to healthcare and economic security. This study is largely descriptive and focuses on how state and non-state actors participated in the Elder Women's Initiative. I looked at ways in which their unique roles can shape the scope of the movement and in what capacity the notion of advocacy is defined. I used feminist and social movements theory to frame my study. The data collection was multi-phased: the first was interviews

with state leaders at the policy and community-based level, and the second was "Speak-Outs" or community listening sessions in three geographic areas in California. During the Speak-Outs, which recruited elder women and their allies from low-income communities in California, the women were able to testify about their experiences with the aging process. They also spoke with policymakers about how to collaborate in building the movement.

While the Elder Women's Initiative raised more questions than it answered, participants identified several concrete recommendations were identified about how to build the movement. The current political landscape in California is fraught with tension over the recent budget crises. It is important for future researchers to examine the ways in which the EWI fits into the policy process and how women across California can experience dignified and healthy aging.

Table of Contents

List of Tables

Chapter 1: Introduction

The policy landscape in California is dynamic and shifting and has serious implications for the welfare of various vulnerable subgroups of the state's population. The elderly, and especially older women and minority group members, are among the most seriously at risk as the result of shrinking state revenues (California Budget Report 2008, Hewitt Associates 2008). Much of the media attention in the state has focused on ways to address the state's budget shortfall (Steinhauer 2008, McKinley 2008). This study investigates potential significant consequences that cuts in funding for senior programs have for older Californians, and especially for older women who comprise the majority of the older population (U.S. Census Bureau 2007). In this thesis, I focus on individuals over the age of sixty-five, who are predominantly female and dependent on state services. Many of these individuals are relegated to nursing homes or have few options other than moving in with their adult children (Wallace et. al. 2007, Wallace and Molina 2008).

Our current stereotypical views of the elderly as dependent and helpless demonstrate that we do not see them as active and involved citizens (Torres-Gil, 1991). This stereotype is particularly insidious for women who, because of longer life spans than men, represent the majority of older people (United States Census Bureau, 2007). The Women's Foundation of California and The California Endowment, along with other community stakeholders, created the Elder Women's Initiative (EWI), a project whose "goals are to result in a more culturally competent health system, improved access to

health care and economic security for diverse and vulnerable elder women in California (Women's Foundation 2009)

The California Endowment and the Women's Foundation of California developed the Elder Women's Initiative in April of 2007. The California Endowment is a private, statewide health foundation formed in 1996 as a result of Blue Cross of California's creation of WellPoint Health Networks, a for-profit corporation. The primary goal of the organization is to "expand access to affordable, quality health care for underserved individuals and communities, and to promote fundamental improvements in the health status of all Californians." (California Endowment 2009) The Women's Foundation is a public foundation that "invests in women and girls throughout California to create a more just and equitable society" (Women's Foundation 2009). Additional project partners included the University of California at San Francisco Institute for Health and Aging (UCSF-IHA), California Commission on the Status of Women, INSIGHT Center for Community Economic Development and New America Media. The lead strategies of the Elder Women's Initiative are to "build an elder women's movement through meetings, research, leadership development, media/communications work and policy advocacy training." (Women's Foundation 2009) Two main phases of data collection occurred in the summer and fall of 2008 in order to achieve these goals. The first phase consisted of interviews with state level leaders, and the second phase involved "Speak-Outs" or community listening sessions between elderly women and policy makers in three key communities across California.

In this study, I examine the role of state and non-state actors in building a social movement for elderly women in California. Each group in the study plays a key role in shaping the advocacy movement, and because of the population in question, these roles are different from traditional advocacy efforts. Of primary concern is the question of advocacy and civic participation for elderly women: who is conducting it and how do they define it in the context of the contemporary political landscape in California? I will use contemporary perspectives on political advocacy, gender, and social movements to frame this issue. California will soon be home to the largest elderly population nationwide, so focusing on these issues is timely. If we do not address them, the burden on the existing political infrastructure may make receiving comprehensive services unsustainable for elderly women and their families.

For the purposes of this study, I used the terms "elder," "elderly," "aged," and "older" interchangeably. A "senior" is someone who is over the age of 65 and "near-elder" is used to describe the age range from 45-65 years. It is important to note that the criteria for "senior" is based on census data, while the "near elder" category is somewhat arbitrarily designated, reinforcing the socially constructed nature of aging. Women as young as 45 may have similar concerns to those over 65, but are not eligible for Medicare or Social Security at this age. We wanted to include them in the discussion, as it will be relevant to their lives, if it is not already.

Given the increasing numbers of women who will be elderly in the next twenty years, it is important to give voice to this proportion of our population who are often

ignored and marginalized both from a policy perspective and a service provision perspective. The demographic information below will illustrate these points.

Chapter 2: Demography of Aging in California:

California's population aged 65 and over is close to four million – the largest

elder population (in absolute terms) of any US state (Plumb et. al. 2008, Yeo 2008).

California's aging population is rapidly increasing and is growing in diversity; between

2000 and 2030, the population over age 65 will increase by 2010 and by 2030 the

population over age 65 will increase by 130.5 percent (US Census Bureau 2008). The

fastest growing segment of the older population is people aged 85 and older, the "oldest

old," a group that quadrupled in 2000-04 alone (Plumb et. al 2008). In 2020, California

is projected to be home to 2.7 million more older residents than in 2000, (U.S. Census

Bureau 2007) taxing a system that is already struggling for better social services. More

than half (56.1 percent) of these older Californians are expected to be non-Hispanic

whites, but this represents a scant majority. Most of the growth in California's elder

population has been among elderly Latinos and Asians and will continue to be so for the

foreseeable future (U.S Census Bureau 2007). Adding to the complexity is the rising

number of California elders living in poverty. Approximately 10 percent of California

elders live in poverty, with minority elders, defined in terms of people of African

American, Hispanic and Asian origin three times more likely to live in poverty than non-

Hispanic whites (Plumb et al 2008).

POVERTY AND SOCIO-ECONOMIC STATUS

The most immediate source of the vulnerability is the fact that more than 75 percent of low-income elders in California are women (Plumb et al 2008; Estes 2008). The changing demographic diversity places additional strains on the public health, long-term care and economic development systems of the state (Hewitt Associates 2008; Yeo 2008). Because elder women in particular experience greater economic and health vulnerability, meeting their specific needs further exacerbates this challenge. (Plumb et al 2008; Estes 2008). Additionally, the health and social needs of older Mexican origin women, for example, differ from those of African American women, and non-Hispanic white women.

DIVERSITY AND IMMIGRATION

The rise in diversity in California as the population ages is often referred to as the "browning of the graying of the population." California is one of the most complex and varied of all of the states in terms of its diversity:

- By 2040, the majority of California's elderly population will be ethnic minorities, many of whom have limited English proficiency (United States Census Bureau 2008)
- Hispanic elderly in California comprise 13 percent of the aging community, followed by Asian/Pacific Islanders at 10 percent and African Americans at 5 percent. (United States Census Bureau 2008)
- Poverty rates for seniors of color are three times the rate of elderly Caucasians. (United States Census 2008)
- According to the 2000 Census, 0.6 of the entire US population reside in same-sex unmarried partner households. The Institute for Gay and Lesbian Studies estimates that that actual number of gay and lesbian US adults might be five percent. This population is highly hidden and underrepresented, especially among elders. (Yeo 2008).

More than 40 percent of baby boomers in California are African American, Latino, or Asian, and one-third were born outside the United States (Hayes-Bautista 2002). Most immigrants are adults at the time of immigration. The issue of immigration has important consequences for the health care of older people in California, as many healthcare providers lack models for cultural competence and do not address the concerns of immigrant elders (Estes 2008, Hayes Bautista 2002, Torres Gil 1991). Additionally, immigrant elders have new epidemiological paradigms to contend with in the United States (Bianchi et. al. 2007). For example, it is more likely for someone to contract HIV/AIDS after immigration to the U.S. than it is in his or her home country (Bianchi et. al. 2007).

While state leaders in California have attempted to accommodate for this shift, the service network is fragmented and stretched beyond capacity. California faces an unprecedented growth in the aging population, yet continuing critical budget crises threaten the core of services essential to the process of aging in place. Elder women's reliance upon public benefits and programs grows with aging, widowhood, divorce, retirement, and associated declines in their economic, health, and mental health status (Plumb et al 2008).

GENDER AND AGING

Women are impacted by age-based changes disproportionately, making aging a gendered issue. Men have disproportionately higher mortality rates than women as they age, yet there are gender differences that impact the types of social support and resources that are available to women. Looking at data on the national level reveals that:

- Women comprise the majority of the aging population and two-thirds of those in the fastest growing age group – those age 85 years and older. (Estes 2008)
- A woman aged 65 has a life expectancy of 19.5 years, compared to 16.6 years for a man. (Estes 2008)
- Centenarians are predominantly female, with approximately 35 males for every 100 females aged 95 and older. (Estes 2008)

Economic Characteristics:

Although many elders battle poverty on a daily basis, the issue is particularly salient for women, especially ethnic minority women. Women face a lifetime of lower wages due to workforce discrimination. Women's income declines with age, leaving one-third of females 85 years and older in poverty. In 2000, the US Census showed that 13 percent of older women (65+) had incomes below the poverty line, compared to 10% of older men:

- Poverty rates for older female African Americans and Latinas in California exceed 28 percent, compared to 12 percent for white women (U.S. Census 2008, Plumb et al 2008)
- By the time a woman is 65, she is almost twice as likely as her male counterpart to be poor or near poor. (U.S. Census 2008)
- Nearly half (48 percent) of all black and Hispanic (43 percent) older women on Medicare have incomes of $10,000 or less, compared to 18 percent of whites (Kaiser Family Foundation, 2002).
- New research shows that women are less prepared for retirement than men. Women, on average, need to save 2 percent more per year than the average man, over 30 years, to achieve the same standard of living in their retirement (Hewitt Associates 2008).

The criteria used to categorize these age groups are largely arbitrary. In a seminal article, Bernice Neugarten et. al. (1965) argues that "[e]xpectations regarding age appropriate behavior form an elaborated and pervasive system of norms governing behavior and interaction, a network of expectations that is imbedded throughout the cultural fabric of adult life" (711). Her statements reinforce the socially constructed nature of aging and the constraints that accompany falling into these categories.

Dimensions of aging relate to biological, physical, and social processes. Although gender differences in life-expectancy are beginning to narrow, this is projected to be a gradual process, with many more women remaining among the oldest-old for the foreseeable future. Chronic illnesses like obesity, heart disease, chronic obstructive pulmonary disease (COPD) and diabetes are often associated with the aging process (although not exclusively) (Hayes-Bautista 2002, Torres Gil 1991). Gender, Socio-economic status and race/ethnicity are key epidemiological factors. For example, Latino/as are more likely to die of diabetes than non-Hispanic whites, and African American elders have a higher relative risk of dying of five out of the seven major causes of death (Hayes-Bautista et al 2002).

THE POLICY LANDSCAPE IN CALIFORNIA

In order to understand the context of the Elder Women's Initiative, it is necessary to understand the current policy landscape in the state. Plumb et al (2008) argue that "California's current ability to provide health, mental health, long-term care, and social services to elderly vulnerable women is inadequate and access to these services is insufficient" (15). Another issue for the state is the problem of term limits for elected officials. Term limits have hurt seniors because such limits create a transient political environment. Legislative champions for aging services and for seniors often age out before they can focus on creating policy change in this arena. In order to build a senior advocacy movement, legislative champions are crucial. Term limits also highlight issues

9

with the budget crisis because a rotating political environment can lead to fiscal

irresponsibility (Cain and Kousser 2004).

In 2007-2008, the state faced its longest budget stalemate in its history. Governor

Schwarzenegger signed the budget into legislation in September 2008, but not before he

threatened to veto the drafted budget unless the legislature approved more cuts. Critical

cuts that impact elderly people include the elimination of $11.7 million for the California

Discount Prescription Drug Program, which the Legislature created in 2006 to provide

drug discount cards to many Californians who lack prescription drug coverage. In

addition, vetoes include a $13.2 million reduction for several Department of Aging

programs, including Senior Community Employment, the Multipurpose Senior Services

Program, Alzheimer's Day Care Resource Centers, the Home Delivered Meals Program,

and the Senior Legal Hotline. A cut of $11.4 million was made to the Adult Protective

Services Program, which assists elderly and dependent adults who are victims of abuse,

neglect, or exploitation (California Budget Project Report 2008).

The current budget situation portrays a bleak political environment for the future

of elderly people in California. It is of great concern that the infrastructure will crumble

under the weight of having to support a rapidly aging population without adequate

services, housing, and support. The budget cuts send a message to legislators that they do

not need to pay attention to elderly issues, and for elderly women, these cuts corroborate

mainstream sentiment that elderly women are not worthy of attention. This reinforces

ageism and age-related discrimination, which makes the challenges of building a social

movement to create change legion. Additionally, since proponents of elder policies and

services and of policies for children are often in a political imbroglio over funds, such

budget cuts narrow the opportunities for intergenerational collaboration.

Chapter 3: Theoretical Perspectives

There are several theoretical perspectives that are relevant to the analysis of elder advocacy in our society, and in particular, California. For the purposes of this paper, I use an civil society approach to policy change to look at the actors involved in changing the policy process, and feminist theory to look at the social construction of aging, social movements, and the ways that advocacy is impacted by gender.

CIVIL SOCIETY APPROACH

Michael Edwards, in *Civil Society* (2004), discusses how the policy process occurs from the ground up. He thinks of civil society as being formed through associational life, in which "voluntary associations are expected to organize social services" (19). According to Edwards, civil society helps people to form associations and networks within their families, communities, and with the state. Edwards articulates a three-sector social model comprised of states, markets and NGOs; however, the boundaries are blurred between the three. Scholars often theorize civil society as separate from these entities, but Edwards argues that there is more fluidity between them as the people involved in these organizations are also involved in civil society (23). Theda Skocpol (2003), one of the foremost social movement theorists, argues that effective policy is created through the symbiosis between government and locally rooted memberships. Civic groups influence politics through democratic association and discussion of the public sphere.

These analyses are crucial to the Elder Women's Initiative because they articulate the balance between state and non-state actors in the policy making process. Acknowledging that civic participation can influence political life adds a dimension of legitimacy to the Elder Women's Initiative as the project becomes part of the policy landscape. Additionally, the EWI demonstrates change through associational life because at the Speak-Outs, there were many women in attendance who were affiliated with local organizations. Their associations with these organizations allowed them to participate in the project. The participants in the EWI blur the lines between various sectors of civil society. As one woman at the Speak-Outs articulated: "one thing we have in common is that we are all getting older." State leaders may also be elder women, so the project works to their advantage and theoretically should encourage cross-sectional associations among stakeholders.

HEALTH ADVOCACY

The literature on the topic of elder advocacy expresses concern over the fact that health-related movements often do not utilize elder spokespersons. Beard (2004) argues, in her analysis of the Alzheimer's advocacy movement, that elderly people with Alzheimer's disease are not placed at the forefront of the issue. Rather, they are invisible, and subject to the political agenda of non-profit organizations integral to the cause. She argues that not placing people who are afflicted with the disease at the forefront of the movement "reinforces the unfortunate notion that people with dementia are deficient. This view often stems from the belief that people with AD cannot learn or communicate in a meaningful way, do not want to, or would be harmed by the interaction" (Beard

2004, 3). The lack of advocacy for the Alzheimer's movement is placed in direct contrast

to other health-based social movements like HIV/AIDS and cancer where the

spokespeople are often celebrities like Magic Johnson or Lance Armstrong. Beard

attributes this to a culture that glamorizes youth, and because Alzheimer's is a disease

that afflicts older people exclusively. Their invisibility reproduces a culture of ageism.

Beard says "research on dementia suggests that those who suffer prolonged terminal

illness, who are very old, and who are believed to experience a loss of personhood as a

result of their condition are often relegated to inanimate objects" (4). Even though most

of the women who participate in the Elder Women's Initiative may not have dementia,

the loss of personhood is something that they express very strongly in the process of

getting older. In Beard's data, the people she interviewed:

cited a variety of barriers preventing them from 'being heard,' including the fact
that the   nature of the condition with which they had been diagnosed potentially
obfuscated (first   socially and eventually personally) their ability to advocate in a
confident and compelling   manner. (6)

SOCIAL CONSTRUCTION OF AGING
The social construction of aging along with feminist theory can also help

elucidate the environment in which older women are trying to advocate for themselves

and other gender-based constraints. As gender is a social construct, so is old age. While

there are certain biological markers that we use to determine how we as society

categorize people, the social implications of being female and being old have greater

consequences than those involved with being a young male. We are socialized to believe

certain things about older people. For example, stereotypes reinforce the fact that they are

14

"greedy geezers" who are leeching off of our political system (Campbell 2005). We see them as weak and frail, or expendable. Aging is seen largely as a biomedical process, and thus conflated with illness, viewed as pathological and something to be cured (Estes and Binney 1991). The benefits that are acquired through formal age norms, like Social Security and Medicare, help to create this construction (Calasanti and Slevin 2001). Viewing aging in this respect creates a systematic power discrepancy between the older and the younger, which makes older people fade into the background, invisible and ignored.

FEMINIST AND ELDER ORGANIZING

Gender, race, and sexuality are key concerns that play into this power discrepancy. Because society views age as a social rather than a medical issue, gender is not taken into account. Both age and gender are "central social organizing principles" with complex power dynamics that challenge theoretical assumptions and intersect with other social inequalities (Calasanti and Slevin 2001, 179). Audre Lorde (1984) argues that there should be "no hierarchy of oppressions," thus age and gender are concurrent factors in the sociology of aging. Women are much more disenfranchised by their aging in comparison to men, looking at the numbers of impoverished and isolated women in retirement. While this argument could be based upon the sheer numbers of women who are older than men, it is also necessary to look at the inherent sexism towards aging women. One of the participants in the project articulated the power dynamics in a thoughtful and comprehensive way. She said:

How does society look at old women? We are considered "others" not deserving of equal consideration. Even before we got old, we were ignored and misrepresented. There is ageism, systematic stereotyping, and discrimination because persons are old. It makes older women devalue themselves and accept domination to seem "natural". We become invisible and are not relevant. Social Status, money and power losses as women age. It is a Double bind: being a woman and being old, and it keeps us in our place. The media portrays us as weak or incompetent, poor or as overachieving. We are powerlessness in controlling our own representation.

CONSIDERATIONS FOR BUILDING AN ELDER WOMEN'S MOVEMENT

Social movement organizing in the US over the past 50 years (including the civil rights, feminist, gay and lesbian liberation, and the anti-globalization movements), contains important lessons for organizing and collective action. "Today's movements for social and economic justice need people who are clear about the problems with the current systems, who rely on solid evidence for their critique, and who are able to reach large numbers of other people with both analysis and proposals" (Sen, 2004, p.xvii). Social movement theorists distinguish characteristics that set them apart from other collective behavior. These include organization, consciousness, noninstitutionalized strategies, and prolonged duration (Marx & McAdam, 1994). The EWI seeks to build a social movement by meeting the above criteria, utilizing skills from communities, the organizations that represent them, and policymakers.

The movement building of the EWI can be situated within a collective identity perspective, in which the identities of participants dictate the scope of the movement. Poletta and Jasper (2001) suggest that "collective identity is an individual's cognitive, moral, and emotional connection with a broader community, category, practice, or institution" (285). According to these authors, collective identity ensures the permanence

of the movement over time. Thus, as the elder population grows, its sense of collective identity will be stronger. Sen (2004) argues that "identity based movements among women of color, lesbians and gays, and immigrants have clarified the relationship between who people are and the issues that emerge from their experiences" (ivi). The EWI focuses on the organizing efforts of elder women for elder women, and for women of all ages and their families, through a movement that is largely community-based but that weaves in facets of identity-based movements. Given the women-centered and feminist nature of organizing, the EWI has made a commitment to structuring its organizing efforts in this manner.

Sen (2004) provides a feminist critique of community organizing and outlines four ways that traditional organizing (Alinksy, 1970) does not meet the needs of women: (1) community organizing overemphasizes intervention in the public sphere, (2) it does not allow organizers to balance work and family, (3) it focuses on narrow self-interest as the primary motivator, and (4) it relies on conflict and militaristic tactics. Late capitalism has forced a distinction between private and public spheres and has relegated women to the private. Women's contributions to organizing often take place in the private sphere, as women turn home into community and expand definitions of family. Sen argues that there is less focus on policy and more focus on community building and learning opportunities and the demands on organizers make it very difficult for women to spend time in the home if they organize full-time. Sen's analysis is particularly important for elder women as they tend to spend much time care giving in the private sphere of the home. Balancing work and family can be very difficult for someone who is involved in

caregiving to an ailing spouse or of children, grandchildren, an older relative, or parent. Additionally, older women may tend to organize differently than younger women or men because they may not have the physical ability to protest in the streets, which is how much social change comes about. Women's contributions to organizing often take place in the private sphere, as women turn home into community and expand definitions of family. Sen argues that there is less focus on policy and more focus on community building and learning opportunities and the demands on organizers make it very difficult for women to spend time in the home if they organize full-time (Sen 2004).

In the structure of the Speak-Outs, the Elder Women's initiative attempted to reconcile all of the factors that define social movements and to allow for elder women to truly be their own activists. Holding the meetings in three different communities ensured that elder women would be able to attend, and the organizational networks created allowed for participants to be somewhat familiar with each other, in a sense, being with their chosen families in order to be a part of this movement. The testimonials and the roundtable meetings allowed for the women to truly make their voices heard and to have a degree of agency in becoming their own advocates.

Because project organizers held the meetings in three different communities across the state, they ensured that elder women would not have to travel too far in order to attend. The organizational networks already in existence before the Speak-Outs allowed for participants to be somewhat familiar with each other. The testimonials and the roundtable meetings allowed for the women to truly make their voices heard and to have a degree of agency in becoming their own advocates. The range of ages at the

Speak-Outs was a positive move towards intergenerational collaboration, an important part of feminist organizing. The diverse nature of the stakeholders involved in the movement allows for its effects to be far-reaching, as each person possesses a different skill set based on her experience, age, and perspective.

Chapter 4: Data and Methods

In May of 2007, project stakeholders held a meeting about "what it would take to organize a policy and advocacy agenda for older women's issues in California" (Focus Group Data 2007). Salient issues were access to health care, as well as economic security for diverse older women in California. Many attendees agreed that there is a great need to listen to constituents about the priorities and needs of linguistically, ethnically, and geographically diverse older women. An additional concern was the need to build the capacity of existing community-based organizations (CBOs) and their constituents. Attendees suggested supporting research to best invest in strategic placement of resources to build an older women's policy advocacy movement. One attendee offered: "[w]e need a landscape scan of existing CBOs, what they are doing, and whether they are doing policy advocacy, as well as to identify the gaps in community and organizational infrastructure." In addition, it was recommended by participants that research be supported to "identify those in the legislature who have been involved in these issues, how they affect people in all age brackets, and what effect they will have on the state budget." Project organizers conducted focus groups instead of surveys in order to obtain a more comprehensive picture of the needs of elderly women and their role in the policy landscape.

As a consequence of this meeting, one focus group was held in April of 2008 in Sacramento to talk about building a statewide movement for elder women to be advocates for the aging process. In attendance were six state level leaders and six project

personnel. Critical issues that were covered in the focus group were the need to listen to the stories of elder women and near-elder women directly, and their experiences with the medical establishment, with the aging process, with civic participation, and with advocacy issues. Topics that were covered included suggestions for organizing an agenda and a movement, how to frame the issues, and additional state and community leaders to include.

INTERVIEWS

In order to meet the goals and objectives of the project, the project staff at UCSF (including myself) conducted semi-structured, scripted, telephone interviews with twenty knowledgeable state level leaders, heretofore referred to as policymakers and advocates (See Appendices A and B for full protocol). Eight advocates were non-elected officials who played important roles in community-based organizations, and eleven policymakers were elected officials at the state level. They included state senators, leaders of ethnic causes, and secretaries of specific government agencies who were all experts on aging issues. Two of them were male and seventeen were female. The project staff had compiled a list of possible people to interview from focus group conversations. Staff then sent an email to everyone on the list and followed up with a phone call. There was no limit on the number of people that we could interview, but due to the time constraints of the project and availability of the participants, we decided that twenty people was a sufficient number. We also used snowball sampling in that we asked our participants who the key players in these issues might be. Several of them had important suggestions for people to interview who were not initially on the list but who added to our

understanding of the process. We made a concerted effort to reach out to people who worked with low-income ethnic-minority elders.

The interviews were conducted in July and August of 2008. Questions asked of all the leaders included key players at the state and local levels, policy opportunities and gaps, and the capacity to build a movement. These interviews allowed staff to map the policy and advocacy efforts related to diverse older women in California. They also allowed planning for the Speak-Outs by identifying key players and trying to meet the needs of diverse elder populations.

SPEAK-OUTS: COMMUNITY BASED MEETINGS
Three Speak-Outs, entitled "Women Speak Out: Changing the Way Californians Age" were held in California communities in the fall of 2008. The Speak-Outs were billed as meetings that brought elder women and policymakers together in order to assess the interest and feasibility of engaging elder women and their allies to create a movement for policy change. Through the Speak-Outs, a goal was to galvanize interest and identify community leaders who could participate in the Women's Policy Institute, sponsored by the Women's Foundation of California. The goal of the Speak-Outs was to allow a forum for elder women to express their voices and their stories, with a focus on diverse and underserved communities. The methodological justification for the Speak-Outs was based upon a previous study by the Women's Foundation of California called "The Road to Equity Tour." In this study, the Foundation traveled to ten cities across the state and conducted listening sessions about how to improve the rights of women and girls, which they later turned into a report that they presented to policymakers:

The Foundation collected data and stories that shaped [their] work to impact fundamental change in statewide policies that affect the health and well being of women, families and communities. Data collection from the Issue Survey and all of the Listening Sessions were critical components of this endeavor. The Listening Sessions presented a unique opportunity for participants to STAKE THEIR CLAIM in California's agenda. (Women's Foundation 2005).

The Foundation found the listening sessions to be very successful for the "Road to Equity Tour". Consequently, they decided to continue the same methodology for the Elder Women's Initiative.

The Speak-Out schedule included opening remarks from Women's Foundation of California staff, a keynote speaker who was a leader in her respective community, and a panel of youth advocates who discussed elders who had made a difference in their lives. This was followed by public testimonials where elderly women and their allies shared their personal stories. The women discussed issues elderly women face and the ways in which they are assets to their communities. Community leaders, elderly women, and their allies were encouraged to sign up to provide testimonies at the Speak-Outs regarding their personal priorities, leadership capacities, and opportunities to impact policy change. Fifteen to twenty participants spoke for three minutes each and gave public testimonies about their experiences. Then the participants broke into roundtable dialogues with policymakers. Interpreter services were provided for individuals with limited English proficiency. A resource area was provided for people in community-based organizations to share information at the Speak-Outs. The goal of the Speak-Outs was to begin building a constituency for a social movement to create a California where everyone can all age in place with well-being, dignity, and economic security. During the Speak-Outs, I found

the women responded to me very positively. They were happy and excited that a young person wanted to be involved in their cause. One of them told me "we are going to train you. We are going to teach you." which reinforced my belief that they are the best teachers of their own experiences.

A Local Planning Committee (LPC) helped to organize the Speak-Out, and anyone who attended the Speak-Outs had an open invitation to participate on this committee. LPC members were encouraged to conduct outreach to their existing community partners and networks, especially communities of color, immigrants and refugees, disabled adults, LGBT and low-income communities. By being involved in the LPC, participants could have their names printed on information about the events, including press releases, invitations, and the Women's Foundation website. LPC members who had attended two out of the three planning meetings were invited to be on a Strategic Planning Committee (SPC). Participating on the SPC was limited to approximately twenty key leaders from community organizations, faith-based entities, foundations and elected officials. The Women's Foundation of California selected the Strategic Planning Committee members.

With respect to my participants, I use an interpretive framework to better understand their daily realities and their lives. After my five-month period of data collection, I have come to see that the voices of older women in the project are not incorporated as fully as I would like them to be. I have a wealth of data from policymakers and advocates, but I wanted to focus on the voices of the elderly women in this paper. Even within a policy initiative that attempts to create a movement of action

and political advocacy among elderly women, their voices are silenced. Interpretive frameworks allow for greater understanding of the lives of respondents and give them voice and agency in academic work. They also produce sites of meaning where meaning is often overlooked. In other words, they give voice to the process. (Denzin and Lincoln 1998). Yanow (2000) offers a particularly salient account of interpretive policy analysis, believing that "it is not possible for the analyst to stand outside of the policy issue being studied, free of its values and meanings and of the analyst's own values, beliefs, and feelings (6). In addition, Yanow goes on to suggest the existence of different communities of meaning in the policy world, and believes that it is crucial to look at the ways that meaning is framed for each community.

A NOTE ON POSITIONALITY

I have often been asked how I got involved with research on elder women, being a young scholar. Following Yanow's sentiments, it is necessary for me to offer my own positionality in order to create reflexivity often absent from policy analysis. I became involved with the project unexpectedly. I was living in San Francisco during the summer after my first year of graduate school, and I was unemployed. I had an unpaid internship with the Center for Excellence in Women's Health at UCSF, which promised "exciting learning experiences" for their interns. I badly needed to earn some money and with the economy on the verge of collapse, even waitressing jobs seemed hard to come by. My disorganized placement coordinator mentioned some professors doing research on aging and promised an email introduction. Calculating that the odds of coordinating with them would be slim, I was surprised to receive a phone call from the former director of the

Institute for Health and Aging, who told me about the project. I began working as a

research assistant, which involved contacting and scheduling interviews with state

leaders, attending the interviews via phone and taking notes, and attending planning

meetings for the Speak-Outs. Once we had finished data collection, I was responsible for

coding the data and writing the initial introduction to the report. I also attended the San

Francisco and Los Angeles Speak-Out. It was an interesting experience to be a non-

participant observer in this process, as prior to the study, my research was largely based

in participant observation. I was acutely aware of my experiences as a young person, and

therefore felt abashed about asking questions of policymakers or elder women because of

my inexperience in the field. As I continue my research on elder issues, I hope that I will

be able to participate more in the debate. Previous to my experiences at UCSF, I never

thought of myself as someone who would try to champion for their advocacy efforts. The

project opened my eyes to the multidimensional issues faced by elderly women and as a

younger person, allowed me to think critically about building an intergenerational model

of collaboration to better serve as an advocate.

Chapter 5: Results from the Speak-Outs

In September of 2008, the project organizers held three forums across California with elder women and their allies. These public meetings entitled "Women Speak Out: Changing the Way Californians Age" were held in the San Francisco Bay Area (Preservation Park, Oakland), the Fresno/Central Valley area (First Congregational Church, Fresno), and the Greater Los Angeles area (Center for Healthy Communities, LA). Women of color, immigrants and refugees, disabled adults, LGBT, and women from low-income communities were especially encouraged to lend their voices. Interpreter services and childcare were provided. State level policymakers were also invited to attend, as the meetings were designed as conversations between policymakers and community members. In this context, "elder" is defined as age sixty-five and older, and "near-elder" as forty-five to sixty-five. As the Speak-Out included intergenerational discourse, the allies included people who worked at organizations that serve elder and near elder women, caregivers of elderly people, and youth who were on a media panel sharing experiences about an elder who had made a difference in their lives. Many more people were registered for the Speak-Outs than actually attended. There was a large representation of people who were affiliated with organizations, and the elderly women who were there were those who were most likely to be brought by an organization. The ways in which the organizers conducted their outreach can partially account for this dynamic. It appeared that women who were not organizationally affiliated were less likely to be in attendance.

The meetings began with a panel of diverse youth speakers. Their speeches set the tone for the day's meetings in each community, specifically for the ways youth and elders can come together to build a bridge to help support each other. The director of the project provided an introduction to the panel:

> *We cannot survive unless we are a family. The Grapes of Wrath requires grandpa to get into the truck to move to California. The worst thing is not losing your job, house, or your faith in the future, it is when our family falls apart and we go into free-fall. Who is a more powerful ally, or advocate of the role of older people in society than younger people? Who knows where they would be without the role of older people. There may be no family, safe neighborhood, home and community. Youth need to talk about old people not as a challenge to Social Security, a problem for society but as the GLUE that holds their lives together.*

One youth testimonial is outlined below:

> *I thought my grandmother was invincible and knew everything. She left her job as a nurse in the Philippines to take care of us while my Dad snorted his way into prison. She showed me love; she took care of me. One day when I came home from school I said: I don't want to be Filipino, to eat rice, to eat dogs and cats. She said you think that's what it is to be Filipino? No! You have heart and mind and do not let other people walk all over your head… She taught us who we are and where we come from. It would take years to realize the lessons my grandmother taught me, and not just about BINGO. She got a place of her own when all her grandchildren had homes. She fell – near her 89th birthday. My idol has fallen. It has crushed me. When I talk to her, I can hear her disappointment that I haven't visited her because I can't bear to see the pain. Without her I would not be proud and have the courage to be a writer.*

An eighteen year-old, single parent living with her grandmother in Oakland shared writings from a blog that she created about her grandmother:

> *My grandmother is the most kindest, beautiful, sweetest [person] in [the] world. She does everything for everyone else, but herself. She won't take time off for herself. Every day she has something to do. She will take off her coat and give it to anyone. She took me in as an infant. Quit her career for me. Told her boss, she quit. She's been with me through my whole life. She is always taking care of some one else's kids. She's been through so much, so many bad past relationships. She don't drink, do drugs. She is 75. She [has] knowledge and wisdom beyond anything you could think of. She is the most beautiful, solid tangible thing I have ever met.*

PUBLIC TESTIMONIALS

Public testimonials were offered at the Speak-Outs in all three cities. The themes of these testimonials are reflected in the table below (Table 3.1), and included issues of economic

security, prescription drug coverage, universal healthcare, elder isolation, and elder abuse. This information is provided in detail in the following pages to set the tone for understanding the unique flavor at each Speak-Out as well as the common concerns across these communities. The voices of the elder women take precedence in this section, as elder women lack opportunities to be heard in multiple settings. The Speak-Outs were not as formally structured as the interviews with policymakers and advocates concerning the needs of elder women (Table 3.2). Nonetheless, the themes of economic security, healthcare, and movement building were salient and easily identified in the speeches. These three cities were chosen because they represent immense diversity across the state. The needs of elder women living in urban San Francisco are very different from those living in the Central Valley (Fresno) and from the women who work in the agricultural fields outside of Los Angeles. The EWI chose to focus on these communities in order to derive the clearest picture of what women might need statewide.

Table 3.1

Key Themes from Elder Women and Their Allies: Fall 2008

Oakland/San Francisco Bay Area	Fresno (Central Valley)	Los Angeles
Healthcare: Language proficiency and interpretation in healthcare for elders with limited English proficiency **Cultural Barriers:** Attention to underrepresented groups Invisibility **Family and Intergenerational Issues:** Role of elders & youth together **Diversity:** LGBT awareness & visibility Population growth **Other:** Talking about policy vs. taking action Survival issues	**Healthcare:** English proficiency & communication Interpreting in hospitals Advocacy **Cultural Barriers:** Cultural competence & extinction Isolation **Family and Intergenerational Issues:** Youth as a bridge Redefining the meaning of family Elders as community treasures **Housing:** Homebound elders Need for housing Asian Pacific Islander-friendly housing	**Healthcare:** Mental health issues (depression, isolation) Long-term care **Cultural Barriers:** Reaching out to populations with special issues e.g farmworkers Community empowerment **Family and Intergenerational Issues:** Connections between grandparents & grandchildren - Intergenerational bridge Elder's rights "Middle passage" cohort Middle-aged children caring for elders & care giving in general (sandwich generation) Building community Elder abuse Education

Table 3.1 represents the broad thematic areas that women covered in their testimonies. The issues are aligned across major categories. One issue at every Speak-Out was universal and single payer healthcare. The women felt strongly that the lack of adequate healthcare was a major concern, and that universal healthcare would help to alleviate the financial and emotional burden of dealing with insurance companies. They also felt that language services in healthcare were sorely lacking and needed to be drastically improved. In each of the cities, issues of invisibility, of families falling apart, and on dependency on elder children were highlighted. Intergenerational bridges were discussed at each meeting. Unique to San Francisco's Speak-Out was the role of LGBT elders; unique to the Fresno community were the issues of housing and the unparalleled ethnic diversity of the women; and unique to Los Angeles was the issue of elder abuse and the "middle passage," meaning women aged 45-65.

In the short span of time that comprised the Speak-Outs, it is impossible to cover all of the issues pertinent to elder women. However, I noticed that the direct policy implications were not addressed in the testimonials. For example, the issue of prescription drug coverage did not arise, nor did negotiating Medicare. It is unclear whether or not the women were aware of the budget cuts impacting prescription drug programs, but they did not discuss them. The omissions highlight the need for policymakers and women to speak to one another directly in open discourse so that there is an awareness of the issues pertinent to each group.

31

OAKLAND/SAN FRANCISCO BAY AREA

Oakland is a mid-sized city about eight miles east of San Francisco, separated by the San Francisco Bay. It is a major port and also home to several major corporations. According to the U.S. Census, the population of Oakland is estimated to be 401,489. Oakland is located within the greater Bay Area, which includes the city of San Francisco, the East Bay (Alameda, Contra Costa, and Solano Counties) and North Bay (Marin, Napa, and Sonoma Counties), and the Peninsula (San Mateo and Santa Clara counties). I will give statistics for the entire Bay Area, as opposed to just one city, as many of the women at the Speak-Out came from different parts of the Bay Area. All data in this section comes from the American Community Survey branch of the United States Census. Based on the 2007 ACS estimates, the Bay Area population is 6,897,883. Non-Hispanic Whites constitute 57% of the population, Blacks or African Americans constitute 7.0%, Asians are 21.6%, and Hispanics or Latinos of any race are 21.8%. People who identified as "some other race" constitute 9.8% and "two or more races" are 2.6%. There are very small Native Hawaiian/Pacific Islander and American Indian or Alaska Native populations in the Bay Area (a fraction of a percentage). 30.7% of people are foreign born. 11.8% of people in the Bay Area fall into the sixty-five and older category. Some statistics are not available Bay Area wide, so for Oakland, 65.1 percent of people are projected to be in the labor force. 18.1% of individuals are below the poverty line. The Median Per Capita Income is $28,186. The Median Household Income is $47,179. Similarly for Oakland, women over 65 constitute 12.1% of the population. 9.4% are men. Among the oldest-old, 6.3% of the population over seventy-five are

women and 4.2% are men. Politically, the San Francisco Bay Area has a reputation for being one of the most liberal regions of the country, with the highest concentration of gays and lesbians in the United States. It also has retained strong political and social influences from the Civil Rights movements and other social movements of the 1960s and 70s. The Speak-Out was held at Preservation Park, an historic area of Oakland where the turn of the century buildings were restored and their facades preserved. Preservation Park houses 45 businesses and non-profit organizations that are invested in contributing to the economic livelihood of Oakland (Preservation Park Website).

At the Oakland Speak-Out, there were 185 people registered for the conference. They ranged in age from 20-89. A survey that asked them to self-identify their race/ethnicity and their gender yielded 54 people who identified as European American/White, 39 as Chinese, 24 as African American, 15 as Koreans, 4 as Asian Pacific Islander, 3 as Central American, 2 as Mexican, and 2 as Native American. One person self-identified as Hmong and one as Middle Eastern. 15 people self-identified as "Other" and 25 people did not self-identify. There were 167 people who identified as women, 15 as men, and 3 as unknown. The specific language needs were Cantonese and Korean.

Testimonials

Testimonials were given from persons involved in various organizations that serve elder women, as well as elder women themselves. There was a distinct sentiment that change needs to happen immediately. There was a lot of discussion about elder

women losing their cultural lives and becoming invisible once they are unable to retain their physical autonomy.

> *There are support groups for alcoholism, depression, etc, but not for cultural lives. Do we become couch potatoes living off television? Where are the dance classes and film workshops for people over 50? Every year I attend the Frameline queer film festival. Every year there is an elderly woman who attends. Last year I asked who brings her. She said she lives at home and not in a facility because if she were living in a facility she could not be out. As a 60-year old woman I have an active cultural life, but there are so many who don't. Old women like Emma Goldman do want to dance."*

The woman who offered the above testimonial was still in the "near-elder" age group. Most of the women who were over 65 focused on concrete policy implications like universal healthcare. Hearing a perspective like the one above was refreshing as it brings diverse issues into the discussion.

Many of the themes in the testimonies were similar to the themes that arose in the interviews with policymakers and advocates. Across all three Speak-Outs, the issues of universal healthcare and preservation of Social Security and Supplemental Security Income and Medicare were salient. While the experiences of the women in the three cities are different, the concerns over health and financial security in later life appeared to be universal. The elderly women who spoke at the meetings brought the material realities of their lives to the debate, which directly contrasted the policy-focused discussion of the state-level leaders. There was also much discussion about available services for elderly women from an organizational and a community based perspective. The stories of a group of elder women who spoke Cantonese, and a group who spoke Korean, (both with interpreters) connected with the difficulty of accessing available services. One woman said:

When I went to the clinic I needed to bring my 12-year old daughter to be my interpreter, as they did not have one, but she was too young to be an interpreter. So I had no choice but to come home without seeing a doctor. I then had to travel a long distance to see a doctor who had an interpreter. I could not drive the long distance to the doctor, so I had to choose between my business which supported my family and seeking health care. I had to move close to the clinic with the interpreter, and due to my serious illness I was able to get Medi-Cal, which provided me with a no cost surgery to improve my condition…I was one of the lucky ones to receive this service, but there are many in my community who do not even know about these services. We need more interpreters at clinics, especially for specialists. It is important for seniors to have interpretation services for health care.

This woman's testimony speaks to issues of language interpretation in healthcare. These concerns are not unique to elder women, but the dependency upon family members as people age and the need for linguistic interpretation in healthcare are highlighted above. On the other side of the spectrum, those who do not have family members to rely on experience different concerns. An agency spokesperson working in Central California with isolated seniors said the following:

As I've started working in this arena I've become a brand new activist because my clients are primarily women over 75 who live alone, mostly cannot drive or use transportation, and mostly sit at home watching television. Many have adult children who do not see or interact with them. They do not leave the house or have activities; they sit at home and slip into depression, dying with nobody noticing. We need resources for safe single senior living and transportation so they are not so isolated. My main goal is to talk about shelter and transportation so we can end the isolation of single elder women."

The isolation of elder women was particularly pertinent in all of the Speak-Outs. Another issue that relates to isolation was the focus on elder lesbian, bisexual, and transgender (LBT) communities. A member of Old Lesbians Organizing for Change (OLOC) spoke about the invisibility of this population:

I'm 86 and have been an activist since the 70's. I want to talk about Old Lesbians Organizing for Change. It was formed in 1989 at SFSU, with the primary purpose to eliminate ageism. We have a national organization that holds gatherings every 2 years to discuss aging, race, and living meaningful lives. One project is to record the stories of older lesbians so we don't lose those stories. We are activists…we help develop friendships. Many older lesbians don't have families to

rely on as they age. Many have moved into collective living to support each other… We want recognition, inclusion, and acceptance and to create positive change for all older women.

San Francisco is the first city in the United States to open a retirement home for LGBT elders, which provides a sense of family to the isolation many lesbian and bisexual elders may feel. Their families may have deserted them as they most likely came out at a time where being gay or lesbian was unacceptable. The testimonial from the woman from OLOC and from many others at the San Francisco Speak-Out serves as a call to action for those listening to the speeches that day. A member of the Grey Panthers urged the group to choose change and action as an important mode of elder activism, as opposed to sitting around and talking about the issues. She said:

> *I'm with the Berkeley East Bay Gray Panthers. We don't talk about attitudes; we go out and do it! We're on the picket lines and go to board meetings and supervisor meetings. Many of our public policies are designed to break down communities, rather than build them up. We need to encourage people to live together, to support each other, and to help each other rather than fight each other.*

In summary, the major themes of this Speak-Out were (1) intergenerational collaboration, (2) attention to underserved groups, (3) LBT women, (4) universal healthcare, (5) elder isolation, and (6) financial arrangements and empowerment.

FRESNO/CENTRAL CALIFORNIA

Fresno is located in California's Central Valley, and it is the largest inland city in the State. It is about equidistant between Los Angeles and Sacramento. The city serves as the economic and cultural hub of the Fresno-Clovis Metropolitan Statistical Area. More conservative than its coastal counterparts, Fresno often mirrors the national trend politically. George W. Bush won both the 2000 and 2004 elections, yet Barack Obama

won in 2008. Fresno is surrounded by many rural and agricultural towns, which remain tied to large-scale agricultural production.

All data in this section comes from the American Community Survey branch of the United States Census. Fresno has a population of 470,508 based on 2007 ACS estimates. 8.8% of people are in the 65 and over age bracket, and 10.4% of the population over 65 is female and 7.3% is male. 53% of people in Fresno are Non-Hispanic Whites, 8.1% are Black or African American, 44% identify as Hispanic or Latino (of any race). 11.7% are Asian, 3.6% are of "Two or more races" and 22% are Some Other Race. 62.6% of people are in the labor force. Fresno has a higher population of American Indians and Alaska Natives than the San Francisco Bay Area at 1.1%. In Fresno, which tends to be poorer than San Francisco, 23.2% of individuals are below the poverty line. The Per Capita Income is $19,029 and the Median Household Income is $41, 546. The meeting was held at the First Congregational Church of Fresno, "a progressive and diverse faith community" (First Congregational Church of Fresno). As Fresno tends to be more conservative, the religious populations there are larger. Perusing the church's website reveals that all of the staff are Caucasian, despite the large numbers of Hispanic and Asian populations in Fresno.

At the Fresno Speak-Out, there were 141 people registered for the conference. They ranged in age from 20-79. 33 people identified as Mexican, 18 people as European American/White, 21 as Hmong, 11 as Cambodian, 6 as African American, 4 as Chinese, 4 as Laotian, 3 as Asian Pacific Islander, 35 people did not self-identify. There were 125

37

people who identified as women, 9 as men, and 7 as unknown. The specific language needs were Spanish, Lao, Cambodian and Hmong.

Testimonials

This Speak-Out concentrated on the needs of community members with limited English language proficiency. There were people in attendance from many different ethnic and cultural groups including a Cambodian group, a group of Hmong elders, and a Spanish-speaking table. The testimonials in Fresno were largely provided by elderly women in the community, as opposed to those who represent elderly women through agencies. Because Fresno/Central Valley is rural, the special concerns of the elder women were somewhat different than those in the other forums. Concerns related to limited English language proficiency articulated by Fresno elders are below.

> *We (Cambodians) are facing extinction; we need to know how to be together. Our kids are growing up and are not connecting with our culture; we have a strong feeling about hope so that we don't have to face problems like transportation. Housing is the number one problem … we live so far apart, we can't see each other. If we can get transportation, we can see each other.*

This testimony speaks loudly to the issue of maintaining community ties and trying to combat elder isolation while remaining connected to a community that is already very small. One suggestion to help with issues of elder isolation is articulated below, where the speaker discusses needing to connect with youth so that elders can learn how to use technology in more informative ways and thus stay more connected with one another.

> *At our recent meeting, the subject of technology and communication came up. Several women gave comment about these issues which is why we're here today. We have 3rd generation Hispanic families that do not speak Spanish and first generation who do not speak English, within our own family units. There is a lack of communication. If we don't have a computer that is one issue; if we do have one and don't know how to use it is another. These two issues have to be addressed, and our youth are the perfect bridge. They are tech-savvy and can work with elders."*

38

There was a surprising amount of resistance to using technology and learning how to navigate the Internet, but focusing on the role of youth and elders was something that was important to everyone at the meeting.

Another key issue at the Fresno Speak-Out was culturally competent services that are needed in retirement communities. The proceeding testimony speaks to the gaps between what services are offered and what is needed. It highlights the need for service providers to make minor changes that do not cost an exorbitant amount of money so that all elderly women can live more comfortably. Additionally, many social service institutions that serve elders may not offer healthy food options, which can contribute to or exacerbate issues like diabetes and heart disease.

> *I'm also here as an Asian American woman, and I have been in health care for nearly 20 years. I have worked on senior care issues like housing, health care, nutrition, activities. It's not just about seniors in general but about cultural differences. We offer continual care (convalescent centers, independent living, and assisted living) but we don't address the cultural differences. When q seniors enter communities or facilities, we're not looking at what they need: dietary, especially. We're Asian Americans – we eat rice and we need rice in these communities! We eat a lot of rice. We don't look at that when we bring elders into these homes…It's not just about what we had before; it's about passing over those cultural boundaries, looking at rice, steamed vegetables, activities for our seniors.*

The issue of older peoples' isolation among the Cambodian community is highlighted below. As Fresno is a city with little infrastructure for public transportation, elders there feel increasingly dependent on their family members to shuttle them from place to place.

> *I represent the Cambodian community and elders in Fresno County. It's a unique problem with the Cambodian community; the elderly now are starting to experience some solitude. We live sometimes 10 members in a two-bedroom home. There's a lot of commotion in the home. We experience so much solitude because we never get together with other people because we live in situations where there is no transportation, no books to read, no TV, no magazines, no radios to understand what is going on in our community. The temple is 15 miles away from where we live, so we can only meet there three times a year, for main events. We feel very helpful that we're placed in the house where we can watch the kids (our grandchildren). Other than that, we can't do a whole lot. There's nothing to look forward to as we get old other than when we go to the hospital.*

There was discussion about ways the community can improve services to elders. One

speaker talked about the need for services that promote intergenerational dialogue and

that connect elders to families and teams of service providers.

> *We are a network of women and men - various Asian ethnicities - Burmese, Cambodian, Chinese, Hmong, Japanese, Korean, Thai, Vietnamese plus others. We are immigrants, new Americans, second-, third-, fourth-generation Americans…. Most seniors choose to live with their families or independently. We recognize the limited access to activities as we age and many become homebound. Many cultures maintain multigenerational households, some have built-in health-care systems (grandparents care for the children, children care for their parents). For some, assisted living or in a family home is viable, yet many adult children are uncomfortable with that. They are concerned that they won't continue to have access to their language and familiar foods. We need housing assistance and more medical services. Some ambulatory elders are uncomfortable living with the physical or mentally challenged. Cost is a concern, and we need more social network facilities because elders need to be with others their own age. Instead of waiting for a health crisis to happen, elders need to have a conversation with their children now. Define what is old and what we can change. Individual elders become more religious; they're spiritual; they need time to go to temple. I hope this is the beginning of needed organizing to take action."*

The issue of how to build a movement was particularly salient at this Speak-Out as

people seemed to have more energy to focus on activism. Lastly, there was an attempt to

galvanize voting and advocacy through the California Alliance for Retired Americans

(CARA), and again the meeting ended with a call to action and a feeling of activism:

> *We are an organization of statewide organizations, 800,000 members around California. Our affiliate organizations are faith-based, union retirees, activists, community-based organizations; volunteers and advocates. I spend much of my time in Sacramento to do "lobbying" - I call it advocacy - for health care for all; housing - to keep apartments from being condo-mized, for affordable housing in cities…Low- income people have been run out of their homes and are now searching, camped on the street. People need help in hospital discharge planning, to know their rights, how to deal with Medicare, especially Medicare Part D, to fold it into regular Medicare. It would not cost more than it does now. We need workshops in keeping Social Security government-run, not private… I'm a member of CAT – CARA (face of California) action team – we purr, scratch, growl, get things done at local levels. We are seniors, we do care, and we know what the hell we're doing.*

In summary, the key thematic areas at this Speak-Out were (1) issues of how to

accommodate language issues in healthcare, (2) using youth as a bridge to teach about

technology, (3) thinking about elders as community treasures, and (4) trying to create housing and other services for Asian/Pacific Islander elders.

CITY OF LOS ANGELES:

Los Angeles is the largest city in California, and the second largest city in the United States. It is a major hub for the entertainment industry, as well as other industries like business, fashion, and international trade. I use data for Los Angeles County (LAC) in this section because there were women at the Los Angeles Speak-Out countywide. All data in this section comes from the American Community Survey projections (2008). ACS projections for the total population in 2008 are at 9,862,049. The population of Los Angeles City, however, is 3,834,340. 56.3% of those in Los Angeles County aged 5 and over speak a language other than English at home. 49.3% of people in LAC are Non-Hispanic Whites, 47.1% are Hispanic or Latino (of any race), 8.9% are Black or African American, 12.9% are Asian, 25.2% are Some other Race, and 2.6% are "Two or more races." 10.2% of the population in LAC is 65 and older. 11.8% are women and 8.7% are men. Total population that is 85 and older is 1.3%, with 1.8% being female and 0.9% male. 64.1% of those 16 and older are in the workforce, 15.4% of individuals are below the poverty line. The Per Capita Income is $25,759 and the Median Household Income is $52,628, which makes LAC wealthier than Oakland and Fresno.

At the Los Angeles Speak-Out, there were 123 people registered for the conference. They ranged in age from 20-79. 32 identified as European

American/Caucasian, 20 people identified as Mexican, 16 as African American, 13 as other, 3 as Central American, 2 as Chinese, 1 as Asian/Pacific Islander, 1 as Korean, 1 as Middle Eastern, and 34 who did not self-identify. There were 121 people who identified as women and 2 as men. The specific language needs were Spanish. All 123 people did not show up at the conference. Exact counts are not available at this time, but I would estimate that only about sixty people were there. This could have been because of an inability to access public transportation or to procure a ride from a family member or friend. One of the issues pertinent to elder women living in Los Angeles is the infrastructure for public transportation is severely lacking, meaning that the women need to travel in cars everywhere. If they can no longer drive, cannot afford a car, or must rely on others to drive them, it can lead to further isolation and lack of autonomy. As with the other two Speak-Outs, women who were affiliated with organizations were much more likely to attend the meetings, as organizations provide transportation and stay connected with their members on a regular basis.

Testimonials

Testimonials were given by a combination of people from agencies and elders in the community. There were more spokespersons from agencies than there were elder women speaking for themselves, with the exception of a group of women who had worked in the agricultural fields East of Los Angeles. One unique theme that surfaced at the Los Angeles Speak-Out was elder abuse. As many elder women rely on their families to make financial decisions for them, they are at increased risk for financial abuse. If

they are living with their families, they are reliant upon them to care for their needs.

Unfortunately, abuses of power can occur, in which an elderly women's progeny takes

advantage of her physically, emotionally, or financially. Abusive relationships are not

unique to specific age groups, but there is increased vulnerability for elderly women with

regards to financial security and social security. If a woman is living with her family, she

must forfeit some of her social security payments as the government assumes that her

family members will play a role in her care. A youth speaker's testimonial set the timbre

for this topic. He said:

> *I learned from my great grandmother when I was very young. Now I learn from my grandmother. The mother of my mother. It's surprising to be learning from someone who has been on earth so long. She's a strong woman, dealing with abusive husband, took charge of destiny, even with 6 children. Love kept her next to this abusive man. She came to a strange land for a life without violence. She realized that there was more to life than pain and service. Happiness is our decision. My mom raised 4 kids – with house, dreams, career of her own. I was not the man I needed to be… I created the negativity in my life, I did not learn that from my elders. The values were taught to me by the elders that raised me."*

Several other speakers addressed the issue of elder abuse, both from a personal

perspective and from the perspective of providing services. The director of an elder abuse

program in Los Angeles said the following:

> *I would like to profile for you the typical elder abuse victim: she is a woman elder being abused by a caretaker. Women live as victims where their social and political power is defined by men. As she ages in this world she becomes an easy target for elder abuse. She does not report this abuse because she is embarrassed to say that someone in her own family has committed this abuse, is afraid of neglect and abandonment, afraid of institutionalization, used to the pattern, often she feels and believes that even if she spoke out, no one would listen. One example is an elder woman who was abused by grandson who was 33 years old, he was the rose of his grandmother's life. She suffered from osteoporosis. Grandson refused to work, and if she did not buy his beer, he would scream at her. She said: "I fear for my safety, I am tired of being afraid in my own home." Especially with budget cuts to senior programs, we need to listen to their voices.*

The testimonials of a group of elder farm workers provided insight into their lives and the

needs of special populations that are marginalized by geography, language, literacy, and

poverty. One woman expressed her discontent (in Spanish) at living in an abusive

relationship with her husband in the context of having to meet everyone else's needs. The

discussion of how to find and decipher one's human rights when one does not speak the

dominant language begs an analysis of current linguistic and culturally competent

services and is illustrated below by an elderly farm worker:

> *I am the grandmother of [this organization]. I came here because of my problems and this organization has helped me face my difficulties and my problems. This organization helped me become stronger because I used to be the rug of my husband. I didn't know how to defend myself because I didn't know what my rights were. Our time is short and we can't tell all of our story, but the story of discrimination about my life has to do with working as a packer and being fired and not letting me return because of my age. Approximately three months ago I had a problem with the city sending me letters by mail, but I don't know how to read. So I went to the city and the lady treated me very bad. I went to a place where [the organization] sent me to receive the proper advocacy. The agency denied the maltreatment, but I knew I could stand up for my rights. I'm thankful for organizations like [mine] because we find out about the support we deserve."*

A second farm worker expressed some of her challenges with her family (also in Spanish)

but her ultimate joy in being able to support and be there for them. She said:

> *After being this old, having 16 children, 36 grandchildren, 51 great grandchildren—every day I have problems with a grandchild or another grandchild. One day one has a broken foot, then next another a broken head. I came here in 1975 and started taking care of elderly people and learned a lot from them. I've been in the senior center for 26 years—I'm happy because the director of the center is very active and does not let us slow down. I used to have to work in the field when my children were young, until I came here and saw farm worker leaders who strengthened me to endure life's trial. I've had a very long life to talk about. It's my pleasure to be here today.*

Through all of the testimonies at all of the Speak-Outs, I did not hear anything as

personal as the preceding speeches. The women above, who were called *abuelas*

*(*grandmothers) by the people at the agency had faced many challenges in their lifetime

but still wanted to participate in the movement. In one very poignant moment, the first

speaker above raised her fist in solidarity and in *la lucha* (the fight). The image

44

epitomized what the Elder Women's Initiative is trying to accomplish: building a

movement for women to advocate for the rights they need and deserve.

An area agency director spoke on behalf of the farm workers to provide some

organizational context:

> *[The organization] was founded in the late 80s because we did studies with women from different ages in the Coachella Valley. These women inspired us to launch the organization. These are women from different ages. Many could not read or write, and they said that the most important thing for them was to have accurate information and know their rights, and from then on they could build support. Many women in the agricultural field by age 35 look 50, many who are 40 look 60. Not only their appearance physically, but health wise. Even though many get injured on the job by pesticides or miscarriages while they're working, none of that is mentioned because they're seasonal workers and want to work as much as they can. This organization was established to advocate for other women but at the same time to advocate for ourselves as we age.*

Additionally, there was more discussion about community and community building. A

community member living in an area sixty miles from Los Angeles said the following:

> *Community is the challenge of our local interest groups and community members. We need to be encouraged to figure out small, specific local actions we can take in the local community. Way to develop community involvement—this is the model to look at for how to work and develop leadership in local communities.*

In summary, the key themes in the Los Angeles Speak-Out were (1) creating an

intergenerational bridge between youth and elders, (2) elder abuse, (3) community

building, (4) long-term care, and (5) universal healthcare.

REFLECTIONS ACROSS THE SPEAK-OUTS
The three cities present an interesting portrait of the concerns related to elderly women

and their allies. There were marked differences between what happened in each city, but

also many similarities. Each Speak-Out reflected the timbre of the city in which it was

held. For example, addressing the concerns of LBT women in Oakland elucidates the

large LGBT population in the San Francisco Bay Area. With Fresno, the issue of public

transportation and isolation was salient because the city is more remote than San Francisco or LA. Also the discussion of diversity and language interpretation in healthcare was important, which I found surprising as I was previously unaware of the level of ethnic diversity in the Central Valley. In Los Angeles, the organizational component was particularly strong, which reflects the nature of strong ties between organizations and their members and amongst organizations themselves. The LA Speak-Out was held at California Endowment, which is one of the major funders of the project. TCE may have strong relationships with other organizations in Los Angeles which could account for the degree of organizational representation.

Issues that were unique at the Speak-Out in each city included the discussion of LBT elders in San Francisco, the focus on the Hmong and Cambodian communities in Fresno, and the discussion of elder abuse in Los Angeles. However, none of these issues are actually unique to these areas of California, as there are LBT women in Fresno and Los Angeles, and elder women statewide are at risk of elder abuse. There were also many similarities between what the women said at each Speak-Out, with healthcare, economic security and financial well-being, and isolation being salient points. Focusing on healthcare and improving services is important because they have concrete policy implications, as opposed to trying to address other issues that do not have direct deliverables. All of the issues discussed are intricately intertwined in that the healthcare system must also provide for the experiences of LGBT elders and other cultural groups, for example.

The Fresno Speak-Out set the tone for women to speak about their own experiences. The voices of the women came across more strongly here than at the other two, where representatives from the organizations dominated the testimonials. There was a unique mixture of elderly women themselves and people who work for organizations that serve elderly women. In Fresno, we saw the elder women addressing their own concerns as opposed to having their concerns being addressed for them. This was particularly important because it allowed for the women to talk about a multitude of diverse and important issues that may be overlooked by people who work at organizations. Although the organizational component may overshadow the voices of elder women, it is still useful as people who work at organizations serve as allies in the movement. A diverse set of stakeholders is crucial to ensure movement building because of the limitations of what each group is able to accomplish. Due to the unique physical, financial, and cognitive challenges faced by elder women, they must have people to champion for their advocacy efforts.

Chapter 6: What Policymakers and Advocates are Saying

UNDERSTANDING THE POLICY LANDSCAPE: CURRENT AND ONGOING POLICY ISSUES

According to state level policymakers and advocates, on-going major issues for elderly women in California center on access to affordable healthcare and economic security. While there was agreement among policymakers and advocates in terms of healthcare and economic policy where elder women are concerned, both groups diverged in how they understood these issues within the policy landscape (Table 3.2).

Table 3.2 Current and On-going Policy Issues Pertaining to Elder Women in California	
Policymakers (n=9)	Advocates (n=11)
Healthcare coverage**	Health/healthcare access**
Economic security**	Economic security**
In-home health services**	SSI/IHSS/Medi-Cal**
SSI & SSP**	Budget cuts**
Budget**	Resources**
Lack of resources	Long-term care
Caregiving	Mental health Housing
Social isolation	Education
Language access	

Aging in place	
Long-term care insurance	
Patchwork of programs	

Table 3.2 represents the main issues facing elder women identified by policymakers and advocates. The asterisk represents consensus on the issue from more than one participant. At the top of the list is healthcare and economic security, which both policymakers and advocates identified as priority areas. Budget issues and budget cuts were a third area of concern to participants, as was lack of resources for elderly women. Policymakers identified caregiving, social isolation, language access, and aging in place as key concerns. Advocates identified long-term care, mental health, housing, and education as salient areas of concern. Missing from this list is prescription drug coverage and the state of current entitlements. It is unclear why participants omitted these issues from the debate, but it is important to note what is missing. Additionally, the issues identified by policymakers and advocates are not specified geographically, in contrast to the discussion raised by the elder women and the Speak-Outs.

HEALTHCARE:

Advocates tended to link comprehensive healthcare access to related concerns about healthy aging and wellness. In relation to their concerns about healthcare, advocates pointed to the need for improved access to services and insurance before women become eligible for Medicare.

For women, there are three issues in particular. Access to healthcare and financial capacity for regular medical services, long term care, and mental health.

At the top of the list is health, a problem that covers the availability of services and quality of care for specific health conditions. Older women receive their health care funded by a variety of ways. First, many low-income women, if they are fortunate, get care from Medicaid. If she is over 65 she may get Medicaid and Medicare. For her the availability of care is not her major concern. The second is for the older woman not yet eligible for Medicare. If she has a low income, she may be able to receive Medicaid. This year the budget is proposing doing away with dental care as a low-income benefit, but that is subject to budget cuts. For Medicaid eligible seniors, they will extract teeth, but not put in replacements. Imagine an older woman without her two front teeth trying to go to work.

Although there was consensus among advocates and policymakers with respect to the need for better health services, advocates interpreted the issue in terms that were more specific to the direct experiences of elderly women as opposed to the budget-related concerns of policymakers. The advocates' role in this process is important for political action because it brings in the voices and experiences of the elder women. Some advocates spoke of the inextricable link between healthcare and economic security, a very important concept to grasp.

"Economic security is a key element of health security, Medi-Cal and Medicare and private insurance are included, plus income side is an equal component. Financial aspects are vital to health reform. The strongest health policy is adequate income."

Healthcare coverage and chronic illness were the focus of conversation for policymakers, specifically in relation to issues of in-home health services and caregiving. Policymakers were more likely to focus on the budget, healthcare legislation, and the workings of the legislature in Sacramento, as articulated below.

Definitely health care is something the legislature has focused on for the last few years…has been pushing for single-payer health care. [There have been] several attempts to come up with more short-term solutions to making healthcare more accessible to communities without insurance. Within the capitol, communities have not been able to reach agreements about the best course of action. The debate continues — it is a work in progress.

One policy maker spoke about the need for the state to preserve what entitlements it has now. She said:

> *We do need to be mindful of proposed cuts to SSI/Medicaid and SSI and SSP. Those things are always on the chopping block first. What happens in corrections (prisons) has an effect on HHS - health/social service programs. Money is locked up- 60% of budget is education, which is mandated. What do you have left to cut – outside of corrections and education? We cut health/social services because there are not a lot of places we can go. Being aware of that is critical because it has a direct impact on the state's most vulnerable populations.*

Policymakers also focused on cohort gaps between near-elderly and elderly women:

"*In the healthcare domain, there is incremental health insurance security in the individual market. The 'near-elderly' are very vulnerable. Early retirees are not eligible for Medicare and they are reliant upon individual insurance security."*

In some interviews, the policymakers were cynical about the possibility of improving services and felt the need to stay the course and focus on the current state of services. Their feelings about these issues highlight the current political situation in California and the binding budget issue. When policymakers spoke of the need for in-home services (in terms of being able to age in place) and long-term care, as well as the critical question of visibility and attention to the needs of elderly women:

> *A big problem is provision of in-home health services that allows women to stay in the home as they age rather than being put into some type of a facility. Feeds into optical and dental care, podiatry—things that really do impact the quality of life as people age. It's not just for women but generally for our population as it moves past 65.*

According to both policymakers and advocates, the health of elderly women needs to be evaluated and looked at critically. A conversation between policymakers and advocates may be helpful, by informing policy that meets the needs of elderly women. As one advocate noted:

"*We need to increase coalescence. Pre-existing conditions are a key focus. I'd like to see more results, having more of us working and talking together."*

ECONOMIC SECURITY:

With respect to economic security of elder women, both groups of respondents included SSI/SSP, healthcare, and budgetary cuts as key issues. The ways in which policymakers or advocates perceived these key issues was dependent on their role in the policy landscape.

The advocates were concerned about the economic-security of women from a policy-based perspective. They focused on poverty and the issues that elderly women might face as their health declines. Their concerns rested on SSI and cash benefits programs like tax credits, both in terms of preserving what is there and looking ahead to what is needed.

> *Over the short term, there is the income issue, which manifests in ability to afford housing and other things. 57% of people on SSI are women, with a heavy proportion being immigrant and elderly women. More single women are falling into poverty as they get older. There is an increased need for government services, especially for those living on SSI and Social Security. It suggests that increasingly Social Security   is inadequate, as well as SSI.*
>
> *We need to fight for existing programs, proposed cuts to programs providing critical support to low-income women of color, saving the SSI COLA, Medi-Cal issues, rates being cut, funding for senior nutrition programs. This is a reactive strategy. A proactive strategy is planning ahead.*
>
> *At the national level, the protection and preservation of SSI and Medicare are cornerstones to any other economic and health security initiatives…without them, a lot of other programs fall apart.*

Listening to the policymakers, the current state of services for elderly women in California is disheartening. No policymaker or advocate proposed concrete solutions to closing the gaps between what is already in place and what is needed. In looking at economic security from a budgetary perspective, policymakers turned toward (1) proposed cuts in the state budget, (2) issues of financial abuse among elder women, and (3) poverty across communities. They said:

"The most significant issue is the budget situation, representing a fiscal crisis and financial insecurity for older women. Any of the freezes on SSI and SSP will have an impact on income and health security. It impacts everything else."

In relation to the above statement, policymakers explored the ways in which elders could have some protection against financial abuse:

"Protection from financial abuse is a little more prevalent. There are steps we can take to prevent financial abuse and help elder adults to maintain economic security as much as possible."

"We need to educate policymakers about the needs of elder women and the issues they face and try to take steps to improve economic security, independence, and the ability to age in place.

Additionally, the issues of elder women in the workforce were salient for policymakers as they attempt to map the lives of elder women and how to serve them:

> *It seems that there are more elders in the workforce which relates to economic security. We must be looking at potential issues and elders being in the workforce longer. CA is a state with great legal protections - we need to not lose these and to enforce these legal protections.*

The question of advocacy around elder economic security was paramount for these leaders. It seemed that the cornerstone of the movement lay in advocating for better economic conditions for elderly women, especially in light of the current national and state financial crisis. Suggestions about how to achieve this goal were more challenging to elicit from the participants.

OPPORTUNITIES AND GAPS:

Policymakers and advocates had divergent comments with respect to the opportunities and gaps in policy for elder women (Tables 3.3 and 3.4). Policymakers had more to say about the number of available opportunities. Advocates seemed more cynical about opportunities. Perhaps this cynicism is the result of advocates' proximity to elder women in the community. Such proximal relationships allow advocates to relate, first hand, to what elder women experience on a daily basis.

Table 3.3 Where Are the Opportunities in Policy for Elderly Women in California?	
Policymakers (n=9)	**Advocates (n=11)**
Coordination of advocacy & policy agenda that hasn't been seen before	Trend of seniors being poor, more people will pay attention
Bringing diverse stakeholders together	Number of incoming legislators focusing on EW's issues
Training workers with specific skills to deal with aging population	Current programs (Very generous SSI)
Coming together organizationally & prioritizing	Initiatives/long term vision emerging around poverty
More awareness about diversity & engaging women of color &low-income women	Single-payer healthcare
Capturing hidden tax in Healthcare system that can be used in future healthcare proposals	

The table above focuses on opportunities for policy change relating to elder women in California. There was a marked difference in the responses of policymakers and advocates regarding this issue. For example, the policymakers focused on issues of diversity, issues of coordination of advocacy and policy, and training people with specific skills to focus on the aging population. The advocates discussed the trend of senior poverty and taking advantage of this trend to get people to pay attention. They also discussed long term visions that would focus on poverty and the appointment of incoming legislators to spearhead this movement.

Table 3.4 Where are the Gaps in Policy Pertaining to Elder Women

in California?	
Policymakers (n=9)	Advocates (n=11)
Budget**	Budget/"All budget, all the time"**
Lack of adequate income (public and private)**	Growing number of women on SSI & in poverty**
Institutional bias in federal & state policy	Medicare & healthcare access
Lack of a service network	Under-representation of ethnic groups
Issue of LTC & where to live when people grow older	Access to benefits
No direct focus on EW: groups are sliced & diced into other categories	Benchmarks (like the Elder Index) to come up w/grant levels out of date & inadequate
Near-elderly not included in eligibility for HC services	
Grassroots orgs. like OWL & Grey Panthers diminishing	

Table 3.4 looks at the gaps in policy for elder women. As shown above, there was more consensus between the separate groups about what the priorities are and should be. Budget issues and lack of income/poverty were important issues for each group.

OPPORTUNITIES:

When asked how to frame policy priorities and how to plan strategically for policy change, the respondents were quite vocal. The policymakers were more concrete when addressing this question through their involvement with legislation at the local level.

"Be aware of what is shaping up in the political landscape. Know how to match things up. And be ready to fit in and push."

The advocates' thinking was more along the lines of how to frame political opportunities:

"The challenging thing is thinking about making this bipartisan. Who do you bring in that will be supportive of the goals you are trying to achieve but will lend some credibility when we move to the other side of the aisle."

GAPS:

More unity was observed among respondents in their assessment of policy gaps. While Policymakers and advocates articulated similar concerns about growing poverty and lack of adequate income among elderly women in California, they were most united in their concerns about the state budget. Policymakers observed several other gaps where policy relates to elder women, most notably in the lack of focus on elder women's issues.

> *When we talk about women's issues in general, a lot of the focus is on reproductive healthcare, and issues women have when they raise children…there is not as much awareness about the needs of elder women.*
>
> *We must encourage women who believe they are discriminated against to take appropriate action. The law provides ways to protest. Activists need to assume some personal responsibility for other women's progress. It is easy for some to feel "I have made it, Let the other person do that, too. But one must look at what kind of special advantage a person has had. Some have had very few advantages. Women must beable to give other women a hand up.*

When looking at these perceived gaps in policy and how they explicitly impact elder women so explicitly, advocates and policymakers were united in recognizing a need to bring elder women from the community into policy discussions. Further, in tapping leadership within communities of color, this could be regarded as an opportunity to fill the gap so sorely felt by ethnic under-representation.

ADDRESSING THE FEASIBILITY OF BUILDING A MOVEMENT IN RELATION TO ACHIEVING THE INITIATIVE'S GOAL

When queried as to how to frame policy priorities and plan strategically for policy change, both groups spoke about the importance of building a broad-based and bi-partisan agenda. Their recommendations were numerous. I decided not to chart the findings, as the similarities between what the respondents said were legion. Bringing diverse stakeholders together and building a broad coalition was emphasized, as well as the need for clarity. Being clear about the issues and the audience was a huge piece of the success of the initiative, according to both groups. Additional points included closing gaps between what women have and what they need, preparing a strong safety net, organizing behind strategies that have worked in the past, and training more legislators. For advocates, knowing the audience, framing a broad-based and bi-partisan agenda, and being clear about the issues were paramount:

"The clearer you can be about your audience, the better. We are looking for an ethnic woman perspective. If we drop down to a younger age bracket, we will not find a receptive audience."

Policymakers made a call for a legislative champion in Sacramento who is committed to working on elder issues. Patty Berg, a state representative who has done the most important work on aging issues, has been termed out. According to policymakers, she cannot be the sole champion moving forward on these issues.

> *We need strong and political savvy staffing and leadership to coordinate such an effort. We should be realistic in setting goals with awareness for political and budget climate. We need to engage the "appropriate" community and political leaders to serve as spokespersons for the effort.*

57

In their discussion of how policy priorities might be framed and of who should be

brought onboard as allies in achieving the EWI's goals, policymakers also suggested a

need for doing outreach among elder women within communities. In putting a human

face on the issues of older women, their needs at the local level could be better met.

Putting a human face on issues was underscored by this advocate:

> *One can find people who will present information on a local level and get it into the news and influence local elected officials. That in itself can bring about pressure to make some reforms from the state. I think one needs to work on state and local levels and create headlines that will help initiatives to move along.*

Many of the advocates strongly articulated the need for stories and storytelling about

elders' experiences. They were confident that these stories would help in lobbying

efforts.

RECOMMENDATIONS ON MOVEMENT BUILDING:

The policymakers and advocates offered concrete solutions on how to build a movement

of elderly women in California. Diversity of opinion reigned in recommendations for this

critical area of the EWI. Concurrence among policymakers and advocates on how to plan

strategically for policy change centered on legislative staff and reaching out to other

stakeholders to build a diverse network of advocates (Table 3.5).

Table 3.5 What are Recommendations on How to Plan Strategically to Lead to Policy Change?	
Policymakers (n=9)	Advocates (n=11)
Meet with staff & advise about specific pieces of legislation**	Figure out how to get key legislative staff to participate**
Reach out to orgs. at local level to influence local officials	Train more legislators. Senior advocates need to get involved in local & state politics

Connect work to the community and get input of local people	Put this on the radar for policymakers—recognition that this is happening
Look at the smaller picture & don't overwhelm w/the bigger one	Use specific tools (power analyses) to make sure the planning is done well
Figure out strategically the long-range plan for EWI & set clear & realistic goals	Not to point fingers at each other & defeat our own purpose
Find partners in this endeavor	
Build broad coalition w/non-traditional allies	
Teach elder women to be more comfortable using technology	

Table 3.5 addresses specific policy recommendations by advocates and by elected

policymakers. In general, the policymakers had more to say about the issues at stake, but

the advocates raised important questions. Essentially, the main points among each group

were similar: the need to train legislative staff who would focus on championing

advocacy efforts for elder women.

When asked about how to frame policy priorities and planning strategically for

policy change, the respondents had a lot to say. Due to the policymakers being more

directly involved with legislation at a local level, they were more concrete when

addressing this question. However, a critical piece of what both groups said was the

importance of building a broad-based and bi-partisan agenda. Being clear about the

issues and about the audience was a huge component of how the initiative could be

successful, according to respondents in both groups. For example, this advocate said:

> *The challenging thing is thinking about making this bipartisan. Who do you bring
> in that will be supportive of the goals you're trying to achieve but will lend some*

credibility when we move to the other side of the aisle. How do you craft this message to business audiences? I don't think an effort that is completely composed of poverty advocates would necessarily go.

Aside from the three main points, knowing the audience, framing a broad-based and bi-

partisan agenda, and being clear about the issues, both policymakers and advocates

stressed the need for clarity in the mission of the EWI.

The clearer you can be about who your audience is, the better. We are looking for ethnic women's perspectives. Dropping down to a younger age and perspectives will not find a receptive audience among older people.

They also discussed the role of leadership:

We need strong and politically savvy leadership and staffing to coordinate such an effort. We should be realistic in setting goals with awareness for political and budget climate. We need to engage the 'appropriate' community and political leaders to serve as   spokespersons for the effort.

The policymakers talked about the following:

We need to empower people to advocate on behalf of their own rights and dignity.

What I've learned is taking baby steps. It takes time and resources and patience to build a movement. Pick one or two bills every year to write letters on, slowly building pieces together until we can hire staff and do more. Figure out strategically the long-range   plan for EWI, small milestones to accomplish, setting clear and realistic goals for the outcome. It's good to have tangible goals for policy change.

Through these quotes, and others, finding partners for the endeavor across different

political and identity groups. Taking a small piece of the puzzle and working on it until

there was more infrastructure to support the elder women's movement was also

important. Respondents articulated organizing behind strategies that have worked in the

past, and training more legislators. The need for a legislative champion in Sacramento

who is committed to working on elder issues was a crucial point for both groups. Even

though state representative Patty Berg has done important work on aging issues, according to the respondents, she cannot be the sole champion moving forward on these issues. The need for new legislators working on these issues was salient.

While policymakers and advocates diverged on their approaches to the issues, both groups agreed that there is a need for improved services for elder women in California. The two groups complemented each other with their differing perspectives about what was feasible and what the issues were in this case. However, there remained unanswered questions regarding where this movement will go and what success it will have across the state, which I will address in the following section.

Chapter 7: A Call to Action

As of the writing of this paper, the status of the EWI remains unknown, especially with the current global economic downturn. Programs like the Women's Foundation, which is slated to serve as a coordinating body for this movement, have been eliminating all programs that are "unnecessary" for organizational survival. If funding to the project is cut, and halted in its emergent phases, policymakers will send a strong message about how elder women are viewed and valued in California. At present, a report that outlines the findings from the EWI is being presented to policymakers.

Through the interviews and the Speak-Outs, I was surprised that so many of the people with whom we talked were committed to bettering services for elderly women. There is some selection bias inherent in the study, because many of the people we interviewed were already working on elder issues. In the Speak-Outs, we found that the women were striving for universal healthcare and for issues of economic security, but we also saw the need to put real stories to the issues that the women faced. In each city, the women discussed a unique issue that helped to highlight the lack of discussion on that particular point. Therefore, Speak-Outs across California are important because they help create a more comprehensive elder rights agenda.

Across all of the interviews and the Speak-Outs, we found that people were very concerned about the issues of healthcare and economic security. These issues are certainly not unique to elder women, and as the policymakers and advocates continue to

age, even though they are currently in positions of relative power with respect to the women, they themselves will come to face the need for government-based social services. The question of how to better these services was at the forefront of the minds of many participants in this study. No one came up with a clear solution, but recommendations included creating a broad-base of participants who could hybridize their skills in order to lobby, to write reports, and to create liaisons with policymakers state and nationwide to try to fight for single-payer healthcare. Addressing universal healthcare allows for policymakers and advocates to address many other concerns in tandem, like economic security and preservation of entitlements.

We also found that the issues of organization and constituency building were important. Building a group with a broad base of skills is key for negotiating policy change. It is crucial that the elder women lead this movement as they are the best teachers of their own experiences.

THE ROLE OF STATE LEADERS:

It is crucial to consider the experiences of stakeholders in all sides of this debate in order to move forward with the project. One instinct is to blame the policymakers and elected officials for their inaction, yet as they articulated in the interview data above, they are immensely constrained by the budget issues. For some policymakers, preserving entitlements is the silver lining in the project. However, participants felt that a project like the EWI is necessary as California's aging population grows. Virtually no one we interviewed identified "enemies" to the project, with the exception of budget hawks. Conceptually, there was little opposition to it. Unfortunately, elders are fighting with

youth and children for funding, highlighting the inadequacies of the closed system and the necessity for intergenerational, "one-stop shopping" services for both groups.

From the data gathered, it is incumbent upon policymakers to educate themselves about the needs of elder women and their experiences on the ground. The bureaucrats need to familiarize themselves with the constituencies at stake in the debate by listening to the elder women and understanding their experiences directly, not just thinking about the issues in terms of policy. One advocate stated the importance of putting stories and faces to the issues, which was the purpose of the testimonials at the Speak-Outs. However, barely any of the state leaders or advocates that we interviewed attended the meetings, and it is unclear what will be done with the information gathered or how it will be presented.

Elected officials and advocates need to coordinate strong and organized leadership so that they can better meet the needs of elder women. The point that one advocate articulated in regards to legislative champions cannot be overlooked. Currently, the leadership around elder issues is fragmented, which precludes building strong, broad-based constituencies. Whether the state actors are responsible for building the framework for this movement to occur is debatable, but the infrastructure cannot be solely created from the grassroots. The "roots" and the "tops" need to come together in order to create a solid and even blade of grass. The dangers of the movement being "top-heavy" and dictated by policymakers must be considered. The goals of the initiative are to meet the needs of elderly women, and from the interviews we conducted, the policymakers may

64

want to listen more to what the actual needs are, as opposed to what they are perceived to be.

The advocates are in a unique position in the landscape of this project, as they are not bureaucrats, nor the women who the initiative attempts to serve. They occupy a privileged place of understanding the experiences of the women on the ground. Advocates can play an important role in the advocacy process, as they can serve as advocacy allies for women, training them as advocates and helping to facilitate the lobbying process. They can also serve as liaisons between state legislators and community members. The advocates occupy a mid-level position in the debate and can be somewhat flexible in how they might choose to position themselves for advocacy.

THE ROLE OF NON-STATE LEADERS:

For elder women, the question of the role that they will play in advocacy remains outstanding. Many of them may need to rely on allies to advocate for them, especially if they have physical disabilities. The question of leadership is also important, as a strong constituency of leaders will be necessary for the movement. We found that it was indeed possible to build on the associations elder women and their allies are creating through the Speak-Outs. Even if the women are physically unable to attend meetings at the state capital, meetings like the Speak-Outs serve to connect them to other women who are passionate about the policy making process. If the women adopt a framework of non-traditional organizing, such as holding meetings at their homes or other facilities, they may be more successful in their advocacy efforts. Also, using new technologies like video conferencing, which could be available at senior centers, can help to

circumnavigate the challenges that women may face in attending meetings if they are unable to do so.

Some concrete policy recommendations that emerged from the interviews and the testimonials are articulated below:

RECOMMENDATIONS:

1. *Redefine goals and purpose of the EWI:*

- The mission statement of the Elder Women's Initiative is extremely broad. Many participants discussed feeling confused about what the Initiative is trying to accomplish. Clarity of outcomes is a crucial piece in the initiative's success.

2. *Identify potential leaders to spearhead advocacy efforts:*

- Participants in the EWI may want to identify people from each group of stakeholders who can assume a leadership role in the project.

3. *Clearly define roles of each coordinating body and allow the experiences of elder women to dictate advocacy efforts:*

- Through this study, we have learned that each group: the policymakers, advocates, and the women, play a very specific role in this process. These roles often overlap. In order to allow for the maximum amount of elder advocacy, policymakers and advocates must take precautions not to speak for the elder women themselves and allow them room for advocacy.

4. *Revise Outreach Efforts:*

- Conduct extensive outreach to underserved populations like the LGBT population, women with low English proficiency, and low-income women.

Consider organizing differently in order to reach these women, like having meetings after working hours or holding them at an LGBT community center.

5. *Continue to conduct Speak-Outs between policymakers and community members.*

• It is through continued and sustained efforts on behalf of policymakers to listen to the issues and brainstorm about policy change with the elder women that the Initiative will accomplish its goals.

6. *Incorporate missing elements into the debate:*

• Although the testimonials and Speak-Outs cover a significant amount of ground with relationship to the issues at stake, there are many missing elements, like the issue of prescription drugs and relationships with policymakers. It is important also that missing populations like communities of color in San Francisco and Los Angeles are incoporated into the debate.

The Elder Women's Initiative raises more questions than it answers about how state and non-state actors might participate in this collaborative project to improve services for elder women. It is important that each group of actors in the movement clearly define their roles as they envision them and work collaboratively to ensure a comprehensive movement that places elder women at the center. Due to the unique complications elderly women face, the EWI allows for partnerships between the women and those who assume leadership positions at NGOs, as the role of allies is increasingly important in this process. Both the women, the state and non-state actors may want to build on their associations in order to create diverse and productive social networks. Stakeholders in the EWI will have to redefine traditional notions of advocacy and how

they are operationalized. While the testimonials from the elder women provided some variation across geographic region, the main concerns of healthcare and economic security relate to elders statewide. Through the study of the EWI, it is apparent that California, and other states with large aging populations, cannot wait much longer to improve the state of services for elder women and their allies. Regardless of the problems with the Initiative's organizational framework, the project needs committed individuals to sew the seeds of a statewide, community based movement.

Appendix

Interview Protocol for Policy Makers and Advocates:

In state level interviews of policymakers and advocates, discussion questions focused on two areas: (1) understanding the policy landscape and (2) addressing the feasibility of building a movement in relation to achieving the goals of the Elder Women's Initiative.

Three questions focused on understanding the policy landscape:

- What are the current and on-going policy issues pertaining to elder women in California?
- Where are the opportunities in policy pertaining to elder women in California?
- Where are the gaps in policy pertaining to elder women in California?

Questions concerned with addressing the feasibility of building a movement were:

- What are recommendations for framing the policy priorities for elder women and their allies to achieve the initiative's goal?
- What should be the vision (and goals) of such a movement?
- What are lessons learned from past movements on how to lead to policy change?
- What are recommendations on how to plan strategically to lead policy change?

In their answers, policymakers and advocates were asked to keep in mind the unique priorities and dynamics of the diverse and vulnerable (low-income, immigrant, ethnic minority) elder, and "near elder" women in California.

Resulting comments and suggestions for each of the questions are discussed separately below, under the associated main area of focus, policy landscape, or feasibility of building a movement. Summarized thematic answers for each focus question appear in tables within the appropriate sections with asterisks indicating theme agreement among policymakers and advocates.

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