

# Our **Equity** Promise





**Aging well  
should be  
a right, not  
a privilege.**





**F**or more than 70 years, the National Council on Aging (NCOA) has built bridges for change alongside generations of families, ensuring their economic, health, and social well-being.

We were the first national voice for older adults and those who serve them. In partnership with the Aging Network—a collaborative of tens of thousands of community-based organizations, private sector partners, and other stakeholders—we worked together to end mandatory retirement, create the Meals on Wheels program, protect and strengthen Medicare and Medicaid, and advocate for community services under the Older Americans Act.

Each stride forward brought progress, improving the lives of older adults—individual by individual. But demographic trends demand more to transcend the tides of ageism and ensure that every person has the opportunity to age with security, dignity, and purpose.

Despite increased longevity and health in the United States, our society's way of thinking about aging is still short-sighted. Our policies are outdated and unresponsive to the real disparities that many Americans face throughout their lives.

**“The ability to **age well** should not be based on luck or any factor outside our control.”**

Yet, women, people of color, LGBTQ+, low-income, and rural older adults are victims of a broken system. Time and again, they are more likely to experience declining health at an earlier age, face higher rates of social isolation, and live near or below poverty.

The most vulnerable communities lack culturally competent services and are at greater risk of premature death because the system that was created to support them failed when it was needed the most. We have seen this in the eye of the pandemic storm, which has claimed hundreds of thousands of older adults in large part due to these socioeconomic factors. COVID-19 shone a bright light on these longstanding inequities and market failures that we have fought since our inception.

This does not have to be who we are. America is still the wealthiest nation in the history of the world. We can and must do better.

The one thing that will happen to every person born in this world is that they will age. By 2030, those of us aged 65+ will increase from 49 million to 71 million. The road older adults travel cannot be wrought with bias, stigma, and seeing us as “less than” once we reach a certain age. After a lifetime of working hard, playing by the rules, raising the next generation, and contributing to our economy and community, we owe it to ourselves to ensure that every older adult has the opportunity to age well regardless of gender, color, sexuality, income, or zip code.

Our nation must finally acknowledge that there are structurally racist and inherently biased failures that entrap future generations of older adults in an inequitable future. This hurts all of us as a nation. We must hold ourselves accountable as well as one another.

**We will work together to  
change this. This movement  
is about empowerment.**

Guided by our goal to improve 40 million lives by 2030, we will focus on the diverse older adult populations that have experienced the most disadvantages because—



# We know...

**More than 25 million older adults are economically insecure, with incomes below 250% of the federal poverty level.<sup>1</sup>** Many are just one bad break away from facing significant financial hardship, and many turn to high-interest credit options to meet basic needs. A disproportionate number are women of color—62% of Latinas and 60% of African American women are aging into economic insecurity.<sup>2</sup>

**Over 75% of older adults experience at least two chronic health conditions that significantly impact their daily life, such as heart disease or arthritis.<sup>3</sup>** Chronic disease accounts for 75% of our national health care budget<sup>4</sup>, but only 1%<sup>5</sup> goes toward actual public efforts to improve overall health.

**Older adults struggle to find work and continue working.** To achieve financial stability, many older adults must work beyond their anticipated retirement or return to work.<sup>6</sup> Yet, older adults face challenges to staying in the workforce. The Hispanic community is one of the nation's largest growing workforces, yet they earn lower wages and fewer benefits. Health problems often force them into premature retirement or limit their potential earnings.

**Women retire with fewer savings and live longer than men.** Over the course of their careers, women have earned less than their male counterparts and often have left the workforce because of caregiving demands. Their longer lifespans mean higher retirement costs, both for daily living and necessary

medical care. Poverty rates for women increase significantly after age 80 as compared to men, calling for a change in how we view retirement.<sup>7</sup>

**Older adults of color are more likely to experience declining health—and at an earlier age—than older adults who are white.<sup>8</sup>** Diabetes and cardiovascular disease are twice as prevalent in adults of color, and the socioeconomic disparities aggravate a poor quality of life. More than 13% of Black and 10% of Hispanic adults<sup>9</sup> live with fair or poor health across the United States, which only exacerbates as they age.

**Older LGBTQ+ adults and those living with HIV face higher rates of social isolation and poverty, as well as a lack of access to culturally competent services and supports** compared to their straight, cisgender, and HIV negative counterparts.<sup>10</sup> They are twice as likely as their heterosexual peers to live alone, which is a contributing factor to lower rates of poverty. LGBTQ+ people experience increased rates of depression and lower rates of preventive screenings.

**Older adults in rural areas<sup>11</sup> tend to experience poverty at a higher rate than older adults in cities.** 55% of rural Americans indicate that their economy is only fair or poor and contributes to a larger issue of financial insecurity.<sup>12</sup> The issue is more striking for Black (68%) and Latinx (62%) communities in rural areas compared to 45% of rural whites. 31% of rural Americans with disabilities indicate they frequently feel lonely or isolated from others as opposed to those without disabilities (12%).<sup>13</sup>





# We value...

## **Financial stability and economic well-being for older adults.**

We value strengthening social insurance programs, expanded job training and placement, money management tools, and access to benefits programs that support financial freedom and provide peace of mind.

## **Access to affordable health care**

### **for all Americans. Health care**

**should be a basic right.** Older adults, as well as Americans of all ages, must have access to quality health care services that meet their needs, including affordable prescription drugs, dental care, and long-term services and supports.

## **Social support systems that create community for older Americans.**

We need access to home and community-based services that keep families together and well supported. We need social services

such as nutrition, transportation, housing, and activities that promote mental health and encourage healthy habits, so Americans can age well by maintaining connections.

## **Evidence-based health promotion and disease prevention programs.**

These proven programs enhance quality of life and lower health care costs, so older adults can age well by preventing illnesses and managing chronic conditions.

## **Action to address injustice and inequity.**

Gender, color, sexuality, income, or zip code should not be a part of the formula for how Americans age.

## **Networks and coalitions that support**

**change.** Working effectively with aligned organizations, leaders, and older adults allows us to deliver meaningful programs and resources while listening to and supporting older adults.



**We work to ensure that every American can age well.**



# We will...

**Demand equity in aging.** To shrink the gap in life expectancy and health disparities among different demographics of older adults, we will confront the socioeconomic factors that contribute to the gap. We will work to address the social determinants of aging while informing older adults about their rights and choices in accessing needed services and supports.

**Advocate for change.** Public policy that supports equitable aging includes, but is not limited to, protecting and strengthening Medicare, Medicaid, Social Security, and Older Americans Act programs that provide community support to keep older adults independent, including nutrition, home care, job training and placement, senior centers, and caregiver assistance. We will work to advocate for public policy change that supports all older adults, particularly those who are struggling, and the community organizations and caregivers who serve them.

**Empower economic security.** Financial stability allows older adults the freedom to age with dignity, choice, and peace of mind. From workforce options to benefits access and a strong safety net, we will develop the tools to help low-income older adults springboard to financial stability.

**Ensure equitable access to health care.** No matter where they live or who they

love, older Americans need affordable, accessible health care.

**Listen and act.** Older adults know what they need. We will work with older adults and trustworthy community-based organizations to develop solutions for their most pressing problems.

**Deploy resources and support.** We will support older adults to increase their economic security by managing debt, leveraging existing assets, accessing public and private community resources, banking effectively, planning for retirement and/or extending work, maximizing enrollment in Medicare and related insurance, and preparing for end of life.

**Use a community-driven and diversity-first approach at every turn.** We will ensure that our outreach meets the needs of communities of color. We will crowdsource local ideas from senior centers, community-based organizations, and older adults themselves, raising them up into our national platform, so the voices of the vulnerable are heard.

**Our fight for equitable aging is one day a time, one step at a time, but most importantly, done together.** It is time to shift the paradigm and generate a national dialogue that your ability to age well will not be based on your gender, color, sexuality, income, or zip code.









**Equitable aging** matters.





## Today, in America

**71  
million**  
Americans will be  
65+ in 2030

**75%**  
of older adults  
have at least two  
chronic health  
conditions

**25  
million**  
older adults are  
financially  
insecure







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- <sup>5</sup> The State of Chronic Disease Prevention: Hearing Before the Committee on Health, Education, Labor, and Pensions. (6) 2011
- <sup>6</sup> University of Rio Grande Valley Texas via Dr. Marie Mora. "The Hispanic-white wage gap has remained wide and relatively study," August 2018.
- <sup>7</sup> Congressional Research Service. "Poverty Among Americans Age 65 or Older," July 2019
- <sup>8</sup> NCBI. "Unequal Effects of Elders' Health Problems on Wealth Depletion across Race and Ethnicity." 2005
- <sup>9</sup> Center for American Progress. "Fact Sheet: Health Disparities by Race and Ethnicity," December 2010
- <sup>10</sup> Clinical Social Work Journal. "Social Isolation Loneliness Amount LGBT Older Adults: Lessons Learned from a Pilot Friendly Caller Program." December 2019
- <sup>11</sup> Rural is defined as not part of a Metropolitan Statistical Area.
- <sup>12</sup> National Public Radio, Robert Wood Johnson Foundation, & Harvard T.H. Chan School of Public Health. "Life in Rural America." October 2018.
- <sup>13</sup> National Public Radio, Robert Wood Johnson Foundation, & Harvard T.H. Chan School of Public Health. "Life in Rural America: Part II" May 2019.





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THE LIVES OF  
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ESPECIALLY  
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