Building Equity in Longevity

A project by AARP inviting thought leaders to imagine how we might close the longevity gap—so that we can all live longer, happier, and more prosperous lives.
What’s Inside

01 Contributors

02 Understanding the Challenge

03 Taking Action

TIP:
Use the navigation at the top of each page to explore each section or return to this page
Contributors
Closing the longevity gap requires new ways of thinking, seeing the complex web of factors that contribute to inequity, and identifying solutions to address those factors. To do this, we’ve convened experts from a wide variety of disciplines to help answer a powerful, yet simple question:

*How might we make longevity more equitable for all?*
Understanding the Challenge
There is no single driver of the longevity gap in the United States. It is fueled and maintained by an intersecting array of factors. In order to understand—and eventually close—the gap, we must look at it through a series of lenses.
Recent events have reaffirmed the importance of economic security. In America, the type of job you work, and the amount of wealth you amass, have a distinct correlation to the number of years you will live.
Building wealth requires two things: a good job and access to capital (to buy a home, start a business, etc.).

“Helping people (especially minority individuals and families) get access to long-term assets, home ownership, and business capital free from predatory lending is key to building wealth.”

Dr. Helene Gayle
President and CEO,
Chicago Community Trust
Getting a well-paying job often requires a college degree and/or specialized training.

Over the past 40 years, only college graduates have experienced growth in their median weekly earnings. Those with less than a college degree have seen their earnings flatline or decrease. Over that time, high school dropouts have seen median weekly earnings drop 22 percent.

Stanford Center on Poverty and Inequality, 2011

Social Security Administration, 2015
The past few decades have seen economic mobility decrease and inequality rise.

The fraction of children earning more than their parents fell from approximately 90 percent for children born in 1940 to around 50 percent for children entering the labor market today.

Science, 2017

Distribution of family wealth in 1963

Distribution of family wealth in 2016

Urban Institute, 2017
COVID-19 and the subsequent recession are accelerating these trends—widening the gap between the top and bottom, while hollowing out the middle.

“Looking at the praise heaped on ‘essential workers’ who have continued to work and serve their communities at risk of their own health, we’ve come to appreciate the vast, invisible web of labor and exchange that makes our economy run, and how dependent we are on one another’s ingenuity and work.”

Brent Orrell
Fellow, American Enterprise Institute

High-wage workers experienced a ‘V-shaped’ recession that lasted a few weeks in terms of employment loss, whereas low-wage workers experienced much larger job losses that persisted for several months.

Opportunity Insights, 2020

One of the reasons low-wage workers have suffered disproportionate job losses is their limited ability to telework. Low-wage workers are six times less likely to be able to work from home than high-income workers.

Economic Policy Institute, 2020
Where you’re born, where you’re raised, and where you live have a profound effect on your longevity. In the United States, policies both past and present have created stark disparities across geographic lines.
In the U.S., there is a staggering gap in life expectancy based on where you live—and it’s growing.

While life expectancy rose in most U.S. counties from 1980 to 2014, the gap between the best- and worst-performing counties widened.

AARP, 2020

In 2014, average life expectancy at birth (for both sexes combined) was 79 years. But for those in the counties with the longest life expectancy, that number was 87; while for those in counties with the shortest life expectancy, that number was 67—a gap of over 20 years.

JAMA, 2017
Perhaps the greatest driver of this trend is unequal access to critical resources such as stable housing, good schools, health care, fresh food, and greenspace.

“In Philadelphia, there are neighborhoods that don’t have a health clinic, an urgent care, an ambulatory center, or any other kind of accessible way to get medical help without access to a car.”

James Johnson-Piett
Principal and CEO, Urbane Development

People with limited resources experience higher rates of inadequate and unstable housing.

They also lack access to the public transportation needed to commute to employment, find a better job, or reach a supermarket, reliable childcare provider, or health care services.

“The equitable distribution of access to services and outcomes should be a basic human right.”

Liz Ogbu
Principal, Studio O

Urban Institute, 2015
Environmental discrimination also plays a key role, as large, toxic infrastructure (e.g., highways, airports, factories, landfills, waste treatment plants) is often built near underserved communities.

Both polluters and pollution are often disproportionately located in communities of color. Black people are exposed to about 1.5 times more particulate matter than white people, and Hispanics have about 1.2 times the exposure of non-Hispanic whites. The study found that people in poverty have about 1.3 times more exposure than people above poverty.

The Atlantic, 2018

Low-income residents are less likely to be able to afford living in neighborhoods that are free of pollutants (from busy highways, factories, and other sources of air and water pollution)—and often lack the opportunities to move to better neighborhoods.

Urban Institute, 2015
COVID-19 has made place more important than ever, as travel restrictions and financial limitations have made many (but not all) Americans more dependent on their immediate communities.

Roughly 5 percent of New York City residents—or about 420,000 people—left the city between March 1 and May 1, 2020. In the city’s very wealthiest blocks, residential population decreased by 40 percent or more, while the rest of the city saw comparably modest changes.

COVID-19 highlighted the importance of safety-net programs in underserved communities. A recent study found that Medicaid expansion was associated with lower rates of self-reported health declines and a higher likelihood of maintaining baseline health status over time. Researchers concluded that states could improve the health of their low-income residents by accepting expansion funds or otherwise extending coverage to low-income residents.

Social inequities are patterned by place, and opportunities to be healthy vary markedly at the neighborhood level. The problem of segregation is not residing among persons of the same race, but the clustering of social disadvantage and systematic disinvestment in marginalized communities.

The New York Times, 2020
Health Affairs, 2020
JAMA, 2020
Social Connection

The strength and depth of your relationships have a huge impact on your day-to-day life—and they also affect your long-term health.
One of the most powerful drivers of physical and emotional well-being is social connection.

People who are more socially connected report lower anxiety and depression while loneliness and social isolation is linked to poor physical health and lower life expectancy.

NASEM, 2020

Studies have found that social isolation and loneliness can be worse for health than obesity—and equivalent to smoking 15 cigarettes a day.

NASEM, 2020
Restrictions caused by COVID-19 are worsening isolation and loneliness in older adults—interventions to reduce the health impact are needed.

According to the UCLA loneliness scale, among adults age 45 and older, more than one-third (35 percent) are lonely. While this number is unchanged from the previous loneliness study conducted in 2010, approximately 5 million more midlife and older adults are lonely due to growth in this age group.

AARP, 2018

In a study of older adults underway since April 2020, 85 percent said they were socializing less often, rarely or never; 88 percent said they weren't involved in the community, and 41 percent reported worsening loneliness.

Wall Street Journal, 2020
Health

At the end of the day, your health is the most important driver of longevity. Anything that makes it harder for us to get healthy, stay healthy, or recover when we’re sick will inevitably widen the longevity gap.
When it comes to health outcomes, Americans are lagging behind the rest of the world. And within the country, disparities in health and access to health care continue to grow.

“Americans across all ages have poorer health than in other countries and it’s not confined just to Americans who are poor, or to minority communities. Affluent, white Americans also experience a disadvantage relative to peers from other high-income countries.”

Dr. Rishi Manchanda
President and CEO, HealthBegins

Health disparities by race and ethnicity are widening. Rates of obesity, hypertension, and diabetes are increasing nationally, but they’re rising more dramatically in minority populations.

Health Resources and Services Administration, 2019

The U.S. spends more on health care as a share of the economy—nearly twice as much as the average OECD country—yet has the lowest life expectancy among the 11 nations. It also has the highest suicide rate, the highest chronic disease burden, and an obesity rate that is two times higher than the OECD average.

The Commonwealth Fund, 2020
For many communities, even the most basic forms of preventative care (e.g., health screenings, eating healthy food, exercising) are hard to achieve.

Low-income communities tend to have limited access to greenspace, recreational programs, and facilities for regular exercise and active living. Their neighborhoods are often less conducive to walking or cycling to school, work, or shopping.

Urban Institute, 2015

Studies suggest that the large differences in price between healthy and unhealthy food contribute to the large portion of the US population that fails to eat a healthy diet.

International Journal of Environmental Research and Public Health, 2017

Every 10 additional primary care physicians per 100,000 population were associated with a 51.5-day increase in life expectancy.

JAMA, 2019
Good, affordable health care is out of reach for many.

In 2018, 8.5 percent of Americans, or 27.5 million, did not have health insurance at any point during the year. The uninsured rate and number of uninsured increased from 2017 (7.9 percent or 25.6 million).

US Census Bureau, 2019

According to the National Center for Health Statistics, 8.3 percent of US adults did not get needed medical care, and 9.7 percent did not take medication as prescribed, in order to save money in the second half of 2019.

CDC, 201
COVID-19 accelerates the impact of existing health disparities because it is more harmful to people with preexisting conditions such as diabetes and obesity.

There is increasing evidence that some racial and ethnic minority groups are being disproportionately affected due to COVID-19. These disparities in the social determinants of health, such as poverty and health care access, affecting these groups are interrelated and influence a wide range of health and quality-of-life outcomes and risks.

People of color have higher rates of hospitalization and death due to COVID-19. These disparities persist after controlling for sociodemographic characteristics and underlying health conditions.

KFF, 2020

Elevated incidence of COVID-19 among Black and Hispanic communities, largely attributable to social and structural vulnerabilities, seems to drive the differences in mortality among Black, Hispanic, and White populations.

JAMA Netw Open, 2020
Race and Social Justice

Racism and discrimination drive and exacerbate many of the inequities we see in the United States. The longevity gap is no exception.
Though we have come a long way in the fight for justice, racism remains a powerful force in our culture and institutions, and on our health.

Experiencing everyday racism can lead to an accumulation of physiological stressors that can have a significant negative effect on your health (e.g., heart disease, high blood pressure, diabetes, depression, anxiety). This phenomenon is often referred to as “weathering.”

NASEM, 2020
NIMH, 2019

In 2017, there were 1,549 black prisoners for every 100,000 black adults—nearly six times the imprisonment rate for whites (272 per 100,000) and nearly double the rate for Hispanics (823 per 100,000).

Each year in prison takes two years off an individual's life expectancy.

Pew Research Center, 2019
Prison Policy Initiative, 2017

School districts that predominantly serve students of color received $23 billion less in funding than mostly white school districts in the United States in 2016, despite serving the same number of students.

The New York Times, 2019

Residential segregation between black and white Americans remains both strikingly high and deeply troubling. While the nation is also seeing increasing residential segregation by income, racial segregation today remains starker and more pervasive than economic segregation.

The Century Foundation, 2019
Generations of discriminatory policies have left people of color at a huge disadvantage, making it difficult—if not impossible—to make up ground.

A well-documented history of mortgage market discrimination means that blacks are significantly less likely to be homeowners than whites, which means they have less access to the savings and tax benefits that come with owning a home.  

Center for American Progress, 2018

African American wealth today is 10 percent of white wealth, though income is 60 percent of white income. This is entirely attributed to unconstitutional housing policy practiced in the mid-20th century that has never been remedied and determines ongoing racial inequalities we have today.  

The Color of Law, 2017

It took black counties until 2008, or 28 years, to catch up and have the same life expectancy at age 50 as counties with less than 5 percent black residents back in 1980. Meanwhile, majority white counties continued to race ahead.  

AARP 2020
The disproportionate effect of COVID-19 on communities of color is yet another reminder of the long and ongoing history of racial inequality in this country.

Black Americans are 4.7 times more likely to be hospitalized due to COVID-19, and 2.1 times more likely to die than white, non-Hispanic Americans.  

Discrimination exists in systems meant to protect well-being or health such as health care, housing, education, criminal justice, and finance. Discrimination, which includes racism, can lead to chronic and toxic stress, and shapes social and economic factors that put some people from racial and ethnic minority groups at increased risk for COVID-19.  

Racial and ethnic minority groups are disproportionately represented in essential work settings such as health care facilities, farms, factories, grocery stores, and public transportation and are at greater risk due to several factors, such as close contact with the public or other workers, not being able to work from home, and not having paid sick days.
Taking Action
Building equitable longevity in the United States requires bold and collective action. Here are a series of provocations and strategies for closing the longevity gap that were generated by our conversations with thought leaders across a variety of topics and sectors.

Creating pathways to wealth
Designing with those in the margins
Rethinking community investment
Distributing power to workers
Measuring outcomes not outputs
Collaborating across sectors
Taking the long view
Strengthening social bonds
Prioritizing diversity, equity, and inclusion

TIP: Click “Taking Action” at the top left of any page to return to this list

AARP Building Equity in Longevity 2021
What if we empowered people with more accessible ways to build wealth?

1. Democratize and demystify investment tools
2. Provide incremental pathways to home ownership
3. Build innovative pathways to credit worthiness
“It is counter-productive when people talk about poverty solely as a problem instead of fully seeing their opportunity. These communities have natural assets, both human capital, infrastructure, mindsets (scarcity is a real driver of innovation)—why don’t we invest in and amplify these solution points instead of focusing only on the problems that need to be ‘fixed?’ Why can’t we invest in communities with the same level of rigor and risk tolerance that we do for things like developing an app? It starts with policies that democratize access to investment, and with investors who see potential in under-invested communities in the same way they see potential in a new startup.”

James Johnson-Piett  
Principal and CEO, Urbane Development

We’re already seeing movement in the space—specifically around equity crowdfunding for individuals who have a secure baseline saved for retirement and are interested in more aggressive investing. Platforms such as SeedInvest, WeFunder, and CircleUp allow people with discretionary spending ability to purchase equity in a wide range of startups, regardless of net worth.

Tracey Richburg, CEO of the Savannah Sauce Company, is just one success story from the WeFunder platform. She and her 82 micro-investors are building wealth off the success of her delicious products.

How can you ensure access to investment in your industry?
2. Provide incremental pathways to homeownership

“Creating a ladder of affordable housing—ideally mixed within one building or neighborhood—prevents people from being priced out as soon as investment dollars come in. Having just two rungs (market rate and low income) accelerates the negative forces of gentrification. The ladder of affordable opportunity is not just about types of housing, but also about complementary and interconnected programs that support different income levels as well as upward economic mobility.”

Liz Ogbu
Principal, Studio O

There are a range of efforts and tools available to help people access affordable housing. One of these efforts is called Missing Middle Housing. It focuses on building a variety of house-scale buildings with multiple units in walkable neighborhoods, by adopting policies and programs that expand housing options. In doing so, developers can increase options for people with a range of housing needs that can include space for a family caregiver, more affordable housing choices, and income generation through rental units.

How might you support more mixed-use housing in your community?
“If your credit score goes up, from a 620 to a 680, suddenly you qualify for a whole new set of financial tools at a much lower price point.

Financial institutions do not see the full picture in their current risk assessments and increase the cost of financial tools for those with the least money to spend.”

James Johnson-Piett
Principal and CEO, Urbane Development

Cities for Financial Empowerment (CFE) Fund's "Bank On" coalitions are locally led partnerships between local public officials; city, state, and federal government agencies; financial institutions; and community that work together to help improve the financial stability of tens of thousands of unbanked and underbanked individuals and families in their communities with access to education as well as safe and affordable accounts.
What if we designed for and with people in the margins?

1. Engage communities fully—taking time to listen deeply, to understand what they want and need

2. Design solutions based on the needs of those at the margins and not exclusively those in the middle
1. Engage communities fully—taking time to listen deeply, to understand what they want and need

“If we want to develop projects that are more community centered, then we have to actually go to the people who’ve been most harmed by the conditions of the past. Almost all of my projects start by identifying who those populations are and going to talk with them. Not in the form of a big meeting, which unidirectional, and is often performative. We have individual and small group conversations—I’m actually going to them, to their homes, or to places in which they feel comfortable.”

Liz Ogbu
Principal, Studio O

Artist and activist Ariana Faye Allensworth’s project Staying Power documents the stories of New York City Housing Authority (NYCHA) residents. She uses deep listening to create a living archive of residents’ lives in order to preserve their history, envision futures, and shift narratives around public housing.

How might you listen to marginalized communities to build equity in your work?
Design solutions based on the needs of those at the margins and not exclusively those in the middle

“An anti-racist approach requires centering those in the margins, rather than making decisions based on the mean/median.

For example, when choosing employee healthcare benefits, a company could start by auditing employee data to identify those who are stuck with the highest out-of-pocket expenses and design a benefit offering to ensure they are protected. Instead of offering high-deductible plans for lower-income employees to save on premiums, they might consider a wage-based approach—one in which premiums are set based on employee income.”

Dr. Rishi Manchanda
President and CEO, HealthBegins

Companies such as GE and Pitney Bowles have been offering salary-based health insurance premiums for over 20 years.

For employees who are not able to secure employer-sponsored coverage, buying health insurance through the U.S. government’s Health Insurance Marketplace can qualify them for a “premium tax credit” that sets premiums based on household income.

SHRM provides helpful guidance for HR professionals interested in implementing salary-based premiums in their companies.

How might you design solutions for those in the margins in your day-to-day work?
What if we reimagined how we invest in our communities?

1. Invest in communities like we invest in startups

2. Invest in the fight for equitable longevity like we invest in grassroots organizing and campaigns

3. Shift the way we think about under-invested communities, looking first at what they have, not what they lack
Invest in communities like we invest in startups

“3 out of 4 venture capital investments fail to produce return commensurate with the risk involved in the investment, with most ventures going out of business. We’re OK with pouring billions of dollars into startup funding with those odds, but we don’t consider taking the same risks with the same level of investment in pursuit of solving our most intractable societal problems. In my mind, the longevity gap is a result of our existing investment infrastructure. We’re not investing in people and places like we do in companies.”

James Johnson-Piett
Principal and CEO, Urbane Development

Pacific Community Ventures is a nonprofit committed to investing in small-businesses, creating good jobs for working people, and making markets work for social good. They help small business owners grow and create good local jobs by providing services that are usually out of reach for small-business owners. This includes fair and affordable loans with pro-bono advising, as well as incentives to profitably create good jobs with strong wages and benefits.

What organizations or leaders are doing great work in your community? What could additional investment help them achieve?
Invest in equitable longevity like we invest in political campaigns

“There is no political action committee (PAC) for health inequities. When it comes to a candidate, when it comes to a political party, we have a whole mechanism in place to fund political campaigns, but we don’t use that mechanism to decrease inequities. Why is that? We can use this kind of model to help address local challenges.”

Dr. Rishi Manchanda
President and CEO, HealthBegins

Social Finance is a nonprofit dedicated to mobilizing capital to drive social progress. They pioneered the concept of social impact bonds, which bring together partners from the public and private sectors to fund effective social services through performance-based contracts. Impact investors provide the capital to scale the work of high-quality service providers, and then government repays those investors if and when the projects achieve outcomes that generate public value.

What investment tools work best for you? How could we repurpose them to help communities in need?
3. Shift the way we think about under-invested communities, looking first at what they have, not what they lack

“In neighborhoods where there's been vast disinvestment, we need to work with the private and public sectors to help them see those neighborhoods as investment-worthy. We're doing a lot of work on that to shift the narrative, from a deficit to more of an asset mindset.”

Dr. Helene Gayle
President and CEO, Chicago Community Trust

The Asset-Based Community Development Institute (ABCD) at DePaul University is at the center of a large and growing movement that considers local assets as the primary building blocks of sustainable community development. They provide a number of tools to help community members and potential investors see the full strengths and value a community has to offer.

How might you find assets in places you typically see deficits?
What if workers were empowered and organizations focused on outcomes over outputs?

1. Help workers develop the skills they need to find and maintain jobs that will sustain them and their families over the long run.

2. Give employees more control and flexibility.

3. Provide wages and benefits that ensure employees have what they need to thrive.
Help workers develop the skills they need to find and maintain jobs that can sustain them and their families over the long run.

“We need to empower workers, especially those at or near the bottom of the labor market, to seek the education and training they need to not just survive but thrive on the job. One way to do this is to provide the financial resources they need through Personal Reemployment Accounts. By promoting and enabling access to family-sustaining jobs, we can address income and wealth disparities for low-income and minority individuals, families, and communities.”

Brent Orrell
Fellow, American Enterprise Institute

The Joint Center for Political and Economic Studies’ Future of Work Program is focused on identifying the challenges and opportunities of the changing nature of work for Black communities. What if give lower-paid Black workers (like nursing assistants and personal care aides) pathways to move into good jobs with above-average pay and benefits (like MRI techs and physical therapy assistants)?

What is one skill you’ve learned that has served you throughout your life? Where and how did you learn it?
“When people don’t have control over their time or their work, they often experience chronic stress, which degrades health regardless of the underlying health system. We need to help workers regain a sense of control and agency. One way to do that is to encourage employers to give them a say in how and when they do their work. To stop using practices like automated workforce scheduling. Right now we’re seeing machines running people’s schedules, we’re seeing spreadsheets dictating their lives.”

Ari Wallach
Executive Director, Longpath

Holacracy is an approach to structuring and running an organization that replaces the conventional management hierarchy. Instead of operating top-down, power is distributed throughout the organization—giving individuals and teams freedom while staying aligned to the organization’s purpose. Today there are over 1,000 organizations worldwide using Holacracy to move faster, adapt to change, and scale up without losing their entrepreneurial culture.

Perhaps the largest and best known organization to adopt the model is Zappos. One way they practice Holacracy is to help individuals and teams understand exactly what is expected of them and then empower them to do what they think is best to get it done.

Where have you seen great examples of power sharing in the workplace? How did it improve the lives of the people involved?
Taking Action > Measuring outcomes not outputs

3. Provide wages and benefits that ensure employees have what they need to thrive

“One of the best ways for those in the private sector to help people who are economically vulnerable is to provide good jobs. And to do that you have to start by looking inwards, to assess whether you’re providing the kinds of wages and benefits that will allow your employees to sustain themselves, sustain their families, and thrive economically. Providing health care but also other benefits that allow them to be financially resilient.”

Tawanna Black
Founder and CEO, Center for Economic Inclusion

The Good Jobs Institute is a nonprofit helping companies thrive by creating good jobs and redefining what it means to run a successful business. Their goal is to help business leaders who want to improve the jobs and lives of their employees in a way that improves the performance and competitiveness of their companies. The institute was co-founded by Zeynep Ton, a professor at MIT Sloan School of Management and author of *The Good Jobs Strategy: How the Smartest Companies Invest in Employees to Lower Costs and Boost Profits*.

How do you define a good job?
What would it take to manifest this approach?
What if collaboration between the public, private, and nonprofit sectors were the norm?

1. Invite everyone to the table to develop and launch multi-stakeholder solutions
Taking Action ➔ Collaborating across sectors

1.

**Invite everyone to the table to develop and launch multi-stakeholder solutions**

“Social innovation is about bringing together the state, civil society, and the market to create new shared value and social impact—by identifying, investing in, and scaling disruptive solutions. In our work we focus on doing this through a racial equity lens, centering and supporting organizations by and for people of color.”

Cheryl Dorsey
President, Echoing Green

**Connect Capital** is an initiative of the Center for Community Investment, which helps communities across the country improve the lives of their residents and increase access to opportunity. As part of the initiative, cross-sector teams in selected communities are supported in establishing shared priorities across stakeholders, creating pipelines of investable projects, and strengthening the policies and practices required to achieve their goals. The teams also receive coaching, facilitate peer learning, and offer a two-year $200,000 grant from the Robert Wood Johnson Foundation to fund a local staff position dedicated to advancing the team’s work.

What is one challenge in your community in need of a multi-stakeholder solution? Which stakeholders would you most like to see at the table?
What if we took the long view?

1. Improve long-term outcomes by focusing on preventative care
2. Reimagine longevity—focusing on how you live your life from beginning to end
3. Measure quality not quantity
1. Improve long-term outcomes by focusing on preventative care

Beyond walking, GirlTrek's active members support local and national policy to increase physical activity through walking, improve access to safe places to walk, protect and reclaim green spaces, and improve the walkability and built environments of 50 high-need communities across the United States. GirlTrek, in partnership with various organizations, has developed a world-class training for African American women to serve as health professionals in the areas of fitness, mental health, nutrition, and environmental stewardship. GirlTrek's mission is to inspire one million African American women and girls to develop a daily habit of walking.

What kinds of preventative care would most benefit your community?
“Americans are living longer than ever before, but measuring success based on life expectancy alone paints an overly rosy portrait. The length and quality of individual lives varies substantially, and this variability is not due to luck or chance. Rather, structural and institutional practices systematically advantage some groups over others throughout their lives. Looking at these challenges through the lens of a full life course is essential for understanding these inequities and the impact that they ultimately have on all of us, as individuals and as a society.”

Laura Carstensen
Director, Stanford Center on Longevity

The Stanford Center on Longevity is working to accelerate and implement scientific discoveries, technological advances, behavioral practices, and social norms to ensure that longer lives are also healthy and rewarding, and that advances in longevity are distributed broadly across the population. Through its New Map of Life initiative, the Center is striving to build a world in which the majority of people thrive in old age, no matter who they are or where they come from.

What is one thing that would help you thrive in your later years?
“Part of our job is to make sure that our private and philanthropic dollars are going to the most effective organizations that are performing the most important social service work. And part of our responsibility is to make sure that we have policies that are not putting people and keeping people in poverty.”

Wes Moore
CEO, Robin Hood

GiveWell is a nonprofit dedicated to helping donors decide where to give. Unlike charity evaluators that focus solely on financials and assessing administrative or fundraising costs, GiveWell conducts in-depth research to determine how much good a given program accomplishes (e.g. lives saved, lives improved) per dollar spent. Their goal is to reward charities for effectiveness in saving and improving lives, and help donors maximize the impact of their gifts, no matter the size.

How do you measure the impact of your work? How has measurement helped you improve outcomes over time?
What if we focused our attention on strengthening the bonds between us—across the street, across the country, and across generations?

1. Spend time with those you love, every day
1. Spend time with those you love, every day

In May 2020, a few months into the COVID-19 pandemic, 57 percent of Americans reported that they were using video chat platforms to build and maintain social connection. Thirty-eight percent said they had never used a video chat platform prior to the beginning of coronavirus-related lockdowns. These platforms are largely used to see friends and/or family members (73 percent). Forty-six and 32 percent use them for work or education-related reasons, respectively.

How do you stay connected with those you love?
How has that changed, if at all, in the face of COVID-19?
What if every organization treated DE&I as a mission-critical initiative?


1. Don’t stop at diversity. Strive to create a truly equitable and inclusive workplace

2. Create mechanisms to hold leaders accountable, not just for good intentions but for measurable impact. Track and report progress over time
Don’t stop at diversity. Strive to create a truly equitable and inclusive workplace

“We need to have awareness and education. We need to start listening, learning, and activating. It’s about having conversations, knowing you’re safe and secure and encouraged and rewarded for having them. That’s how change will happen.”

Shelley Zalis
CEO, The Female Quotient

Salesforce has a unique approach to building and maintaining an inclusive company culture. First, they encourage their employees to create and join groups around their shared identities (e.g., gender identity, sexual orientation, race and ethnicity, religion). Then, they actively support these groups in elevating the issues they care about most—both within the company and across the industry. Finally, they utilize diversity scorecards to help leaders create and maintain truly inclusive teams, and hold them accountable when they don’t.

What is your organization doing to increase diversity, equity, and inclusion? What has been most effective?
Create mechanisms to hold leaders accountable, not just for good intentions but for measurable impact. Track and report progress over time.

“I think it’s not that the C-suite is not aware of racial inequities—they’ve been aware. They just haven’t been held accountable. With George Floyd, we all experienced it. You can’t ignore what happened. It’s front and center and now leadership is being held accountable by their boards. Every CEO has a boss. There’s no turning back.”

Shelley Zalis
CEO, The Female Quotient

Starbucks is committed to increasing diversity across the organization, with the goal of reaching 30 percent Black, Indigenous, and people of color (BIPOC) among corporate employees and 40 percent among retail and manufacturing employees by 2025. To ensure they hit their targets, the company has decided, for the first time, to link executive pay to its diversity and inclusion efforts.
For more information, please visit: aarpinternational.org

#BuildEquity