Working to improve the lives of Hispanic older adults, their families and caregivers

Status of Hispanic Older Adults in California: Insights from the Field

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Table of Contents

Acknowledgements........................................................................................................................................ 2
Table of Contents ......................................................................................................................................... 3
Executive Summary ..................................................................................................................................... 4
Introduction .................................................................................................................................................. 6
Findings from the Literature Review and Community Forums.............................................................. 7
  I. Retirement Security .......................................................................................................................... 7
    A. Statistical Summary ..................................................................................................................... 7
    B. Findings from Los Angeles Community Forum ........................................................................... 8
  II. Healthy Aging ................................................................................................................................. 9
    A. Statistical Summary .................................................................................................................... 9
    B. Findings from Los Angeles Community Forum ............................................................................ 11
  III. Housing .......................................................................................................................................... 12
    A. Statistical Summary ................................................................................................................... 12
    B. Findings from Los Angeles Community Forum ........................................................................... 13
  IV. Access to Programs ...................................................................................................................... 15
    A. Statistical Summary .................................................................................................................... 15
    B. Findings from Los Angeles Community Forum ........................................................................... 16
Community Engagement Survey Summary of Findings ........................................................................... 18
NHCOA Recommendations ..................................................................................................................... 19
Sources Cited ............................................................................................................................................... 21
Executive Summary

During the past year, the National Hispanic Council on Aging (NHCOA) conducted a study of the most pressing issues faced by the nation’s Hispanic older adults, with a special focus on California, the state with the largest Hispanic population in the United States. In this process, NHCOA conducted a literature review; a community forum implemented in Los Angeles County, an area with high concentration of Hispanic older adults; and a survey. The literature review was conducted over a period of several months and compiled data on retirement security, healthy aging, housing and access to services.

One of NHCOA’s 2016 Community Forums was held in Los Angeles, as this city broadly spans the diversity of foreign-born Latinos and first-generation immigrants. For example, 40% of Latinos living in Los Angeles between 2006 and 2010 were born in Latin America, compared to 27% of all Californians. Los Angeles has a richly diverse Latino community, including those who are new immigrants and those who have been in the area for many years. Mexicans and Mexican-Americans represent the largest Hispanic ethnic group in the city, followed by Salvadorans and Guatemalans. This community forum incorporated presentations by policy makers, service providers, and community leaders. The central focus of the forum was participant discussion about ways to address their most pressing needs. The goals of the forum were to gather information about the role that local communities play in the development and implementation of policies, programs, and services in California; and to have a solutions-driven discussion in which participants could offer new insights on how Hispanic older adults and caregivers can be involved in their communities and successfully increase their access to social programs in the area. The Los Angeles Community Forum featured a panel discussion of key issues faced by Hispanic older adults, and then opened the event to group discussion of solutions. This forum resulted in community recommendations in the key areas of retirement security, healthy aging, housing and access to programs.

NHCOA implemented its community engagement survey among 254 Hispanic older adults, their families and caregivers in California. Fifty-nine percent of survey participants were older adults. The survey gathered data on participant demographics and their views on, and participation in, community engagement. It also found that community members were generally satisfied with their levels of civic engagement, but were generally not involved in the development and implementation of public policies, programs and services, although they were eager to be involved.

The following report presents the findings of these three approaches in California, as well as recommendations for decision and policy makers, academics and community leaders. Findings for the literature review and Los Angeles Community Forum are organized under categories that most succinctly describe the challenges faced by the Hispanic older adult population in California: retirement security, healthy aging, hunger, housing and access to programs. Each
section of the literature review and community forum findings is introduced by a statistical summary, followed by the summary of the community forum discussion and participant recommendations. These findings are followed by the survey report and state recommendations.
Introduction

Hispanics are the largest ethnically diverse population in California, making up 39% of the state population. They are also one of the fastest-growing aging populations in both the state of California and in the nation. Hispanic older adults (those 65 years and older) numbered over half a million (1,002,180) and made up 7% of the California’s Latino population in 2015.

At the national level, older Hispanics are projected to account for 11.5% of the older U.S. population, and to number more than 17 million, by 2015. By 2019, the Hispanic population aged 65 and older is projected to be the largest ethnically diverse community in this age group in the U.S. Between 1990 and 2020, California’s elderly population is expected to have grown more than twice as fast as the total population. This is an impressive growth rate, given the growth of the U.S. aging population overall. In 2014, adults aged 65 and older numbered 46.2 million, and represented 14.5% of the U.S. population. By 2040, the percentage of the U.S. population made up of older adults is expected to grow to 21.7%. By 2060, it is estimated that there will be about 98 million older adults, or more than twice the number in 2014.

This growth demands prioritization of programs to address the specific needs of U.S. seniors in general and U.S. Hispanic seniors in particular. Moreover, this growth in population makes it imperative that all sectors of society are able to reach, educate and serve the diverse older adult population in the country. In California, Hispanic older adults are an especially highly vulnerable population, facing multiple barriers and challenges in the areas of retirement security, hunger, health, housing and program access. Hispanic older adults, however, are also remarkably resilient and optimistic even while facing the daunting problems before them. They are eager to participate in finding the solutions to their challenges and implementing them in their lives.

The following report addresses the status of Hispanic older adults in California based on data and testimonials that have been collected through regional forums, community surveys, and state statistics. Specifically, this document compiles the qualitative and quantitative results of a literature review, Los Angeles Open Forum, and the California Community Engagement Survey. These findings are presented according to the most pressing needs among Hispanic older adults, including retirement security, healthy aging, housing, and access to social programs.
Findings from the Literature Review and Community Forums

I. Retirement Security

   A. Statistical Summary

   Hispanic older adults are the least prepared for retirement of any ethnic group in the nation, with a high percentage living in poverty and most living in economic insecurity. In California, 16% of Hispanic older adults live below the poverty line, compared with only 8% of non-Hispanic white older adults in the area.\textsuperscript{vii} Tragically, even among those who live above the poverty line, Hispanic older adults are almost universally economically insecure not only in California, but nationwide. This is partly because the majority of Hispanic older adults (70.4%) depend solely on Social Security benefits.\textsuperscript{viii} Not only are Hispanics often solely dependent on Social Security for their retirement income, they receive lower payments than other beneficiaries. In 2015, the median income from Social Security received by Hispanic beneficiaries in California was $14,868, compared to that of white older adults, whose median income was $18,795.\textsuperscript{ix} This income level places Hispanic seniors on a razor-thin line of solvency, where any economic change, such as an illness or a raise in housing costs, can plunge them into poverty or even hunger.

   Moreover, in 2014, 50% of all Medicare beneficiaries nationwide had less than $63,350 in savings, but the amount of savings was seven times greater for white beneficiaries ($91,950) than for black ($12,350) or Hispanic ($9,800) beneficiaries.\textsuperscript{x} This disparity persisted at the state level as the mean retirement income among Hispanic older adults in California was $21,902 in 2015, compared to $32,139 among whites.\textsuperscript{xi}

   Although Hispanic older adults participating in NHCOA community forum in Los Angeles consistently request job training so that they can re-enter the workforce to combat retirement insecurity, ageism might play a negative role in that effort. Research shows that job performance does not decline with age,\textsuperscript{xii} but older job applicants are often perceived more negatively than younger ones.\textsuperscript{xiii} Although discrimination against people aged 40 and over is prohibited by the Age Discrimination Act of 1967, a 2013 survey of 1,502 people aged 45 to 74 conducted by AARP found ageism to be prevalent. A full two-thirds of the survey sample said they had witnessed or experienced ageism.\textsuperscript{xiv} Ageism is an added challenge for older Hispanic adults who often have worked in jobs requiring physical labor during their younger years and need retraining to enter the workforce.
B. Findings from Los Angeles Community Forum

NHCOA conducted a community forum in Los Angeles on August 29th, 2016. The forum had two goals: 1) to gather information about the role that local communities play in the development and implementation of policies, programs, and services; and 2) to have a solution-driven discussion in which participants could offer new insights on how Hispanic older adults and caregivers can be involved in their communities and successfully increase their access to social programs.

During the community forum, participants spoke about the continuing difficulty of meeting monthly expenses, given high housing costs in Los Angeles County. They spoke about their lack of knowledge of available programs and how to access them, as well as their overwhelming feelings of being isolated and forgotten. They requested more information about Social Security and Medicare and about how to prevent Medicare fraud, which is prevalent in the Los Angeles area. Participants also discussed solutions, including the importance of family financial planning. A community leader in Los Angeles urged the community to work together to change the perception of aging. “Life doesn’t end when we turn 50. We need to find ways to see the aging process as an opportunity to continue being productive and active in our communities.”

Los Angeles Community Forum participants made the following recommendations to address issues related to retirement security in their community:

- Local community organizations or NHCOA should develop and implement trainings and seminars about how to save for retirement on tight budgets.
- Local community organizations should offer retirement courses at senior and community centers to educate families on the importance of saving for their golden years.
- Community members should be informed about current legislation being discussed on the national, state and local level; one of those bills was the Retire Choice bill (SB123) for companies with five employees or fewer.
- Families should hire a trusted person or caregiver to help seniors to check their Medicare reports to prevent fraud, which can destroy a senior’s retirement security.
- Local organizations should raise awareness on Medicare fraud and share messages about how to prevent and report Medicare fraud.
- Leaders and community-based organizations should find the best way to share information and resources on Social Security and many other programs, Medicare fraud prevention, and financial security, in partnership with trusted national organizations, such as NHCOA.
II. Healthy Aging

A. Statistical Summary

Although Hispanics live longer than non-Hispanic Americans in California—about three years longer than non-Hispanic whites and eight years longer than non-Hispanic blacks in that area—they do not live healthier lives. Paradoxically, Hispanics in California live longer despite lower socioeconomic status.\textsuperscript{xv} They also face multiple health disparities and burdens. Only 21\% of Medicare beneficiaries in California are Hispanic, compared to 58\% of their white counterparts in California, making it difficult for Hispanics to access quality healthcare.\textsuperscript{xvi}

In addition, Hispanic older adults have a high burden of chronic disease and unhealthy conditions, including heart disease, cancer, diabetes, asthma, obesity, hypertension, arthritis, and liver disease. For example, in California overweight and obesity rates tend to be higher among Latino adults (72 percent) than among non-Hispanic white adults (57 percent), which puts them at a greater risk of developing diabetes and other chronic health conditions. Hispanic seniors are at higher risk for developing Type 2 diabetes than non-Hispanic whites.\textsuperscript{xvii}

In 2014, the leading causes of death among U.S. Hispanic older adults were the following: 1) heart disease; 2) malignant neoplasm; 3) cerebrovascular diseases; 4) diabetes; 5) Alzheimer’s disease; 6) chronic lower respiratory disease; 7) influenza and pneumonia; 8) nephritis (nephrotic syndrome and nephrosis); 9) accidents (unintentional injuries); and 10) chronic liver disease and cirrhosis.\textsuperscript{xviii} Hispanic older adults face a higher burden than non-Hispanic whites of some of these conditions, including diabetes and Alzheimer’s disease.

Health conditions faced by Hispanic older adults reflect the health disparities faced by the Hispanic community as a whole. For example, disparities in access to health care among younger Hispanic adults can lead to higher complication or mortality rates for diabetes among Hispanic older adults. According to the 2014 Agency for Healthcare Research and Quality Report (AHRQ), the U.S. Hispanic community has recently made gains in health, but disparities still remain.\textsuperscript{xix} Health disparities faced by the Hispanic community in California include the following.

- Cancer is the leading cause of death among Hispanics, accounting for 116 deaths per 100,000 Hispanics in California in 2013.\textsuperscript{xx}
- Cultural beliefs such as fatalism, and religious traditions, along with limited access to health care, affect Hispanics’ health. In California, 29\% of Hispanic adults reported “fair or poor health” between 2012 and 2014, compared to 12\% of their white counterparts. \textsuperscript{xxi}
- Mental health care is underused by Hispanics in California. Hispanic adults are less likely than white adults to receive mental health treatment or counseling, even when experiencing a major depressive episode. Tragically, Hispanic suicide deaths have
increased during the last 12 years. In California, 38% of Hispanic adults reported poor mental health status between 2012 and 2014.

- Women’s preventive care access is another health challenge that Hispanic communities face, with 35% reporting that they had no personal doctor/health care provider in 2012-2014, compared to 13% of non-Hispanic white women. Similarly, 24% of Latinas had not seen a doctor in the past 12 months due to cost, compared with 12% of non-Hispanic white women in California, during 2012-2014.

- Access to men’s preventive care is even more limited among Hispanics, with 47% reporting that they had no personal doctor/health provider in 2012-2014, compared to 24% of white men in California.

In addition to the disparities cited above, Hispanics carry a higher burden of Alzheimer’s disease and other types of dementias. Currently, the rate of diagnosed dementias nationwide is 12% among Hispanic older adults, 11% among black older adults and 8% among white older adults. Disparities in 18 other chronic conditions, such as cardiovascular disease and diabetes, increase the risk for Alzheimer’s disease and other dementias, especially among African American and Hispanic populations. Moreover, lower levels of formal education and other socioeconomic characteristics of these populations may also increase the risk of Alzheimer’s disease. Lower access to health care means that Hispanics who have Alzheimer’s disease are less likely to be diagnosed. The rate of Alzheimer’s disease and other dementias among Hispanics is estimated to be one and a half times the rate among non-Hispanic whites, and significantly higher than the diagnosed dementia rate. Hunger among Hispanic older adults has devastating health implications, and stems from retirement insecurity. According to the U.S. Department of Agriculture, food insecurity is a “household-level economic and social condition of limited or uncertain access to adequate food”. The prevalence of food insecurity varies among households with different demographic and economic characteristics, and it severely impacts Hispanics. For example, in California 16% of Hispanic older adults age 65 and older live in poverty, compared to only 8% of whites. Seniors who experience food insecurity are at increased risk for chronic health conditions. A 2014 study by Feeding America and the National Foundation to End Senior Hunger details the health and nutrition implications of food insecurity in seniors aged 60 and older. The study concluded that 60% of these seniors are likely to experience depression and 53% are likely to suffer a heart attack. Other health problems that seniors experience because of food insecurity include asthma and congestive heart failure.

Another key area that can significantly affect the health of Hispanic older adults is abuse. In California, elder abuse levels have been increasing substantially in the last years. The Administrative Office of the Courts reported over 65,000 verified cases of elder abuse in 2005, compared to 53,000 in 2000. A University of Southern California (USC) Davis School of Gerontology report based on a survey of Hispanic elders in Los Angeles in 2012 found that 40% of participants had been abused. According to the study, 10.7% of Latino survey participants had been physically abused, 9% had been sexually abused, 16.7% had been financially exploited.
and 11.7% said they had suffered neglect. Of those who had been physically abused, more than half said that the injuries had been severe. Abuse is a silent burden among Hispanic older adults. According to the USC Davis study, only 1.5% of those in the study sample who had been abused had reported it. According to the Centers for Disease Control and Prevention (CDC), the probable health consequences of elder abuse are numerous. In addition to injury, pain and sleep disturbances, physical abuse can result in premature death, and the psychological consequences of elder abuse can contribute to depression and a host of other disorders.

B. Findings from Los Angeles Community Forum

A major consensus in the discussions was that the U.S. healthcare system is difficult to navigate for Hispanic older adults and, in fact, for most U.S. citizens. During the Los Angeles Community Forum, community members stressed that access to quality health services and other programs for Hispanics required more education to be able to understand how to navigate the programs. They acknowledged the importance of civic engagement in the community to report abuses. Forum participants talked about incidents of abuse in healthcare and the lack of age-appropriate services. They also recognized the disparities in their communities. A major theme across this forum was the need for family members and patients to advocate for themselves in terms of healthcare, including asking questions.

Los Angeles community forum participants made the following recommendations on healthy aging.

• Community leaders and members should reach out to political representatives and local social agencies, so seniors with mental illness can be relocated to places where they can get appropriate care for their conditions.

• Local community leaders and members should form a local committee that advocates for local and common needs.

• Local community leaders and members should advocate for budget increases for local aging initiatives that help older adults access health care and afford prescription drugs.

• Local community leaders and members should engage in community mobilization and discussion in support of bills and proposals that guarantee better access to health care and long-term services for low-income and vulnerable elders.

• Local community organizations should educate community members on the importance of learning about the platforms of each presidential candidate regarding critical health programs, such as Medicare and Medicaid.
III. Housing

A. Statistical Summary

A major factor affecting retirement security among the nation’s Hispanic older adult population is the lack of quality affordable housing. One element of this lack of affordable housing is the relatively low rates of homeownership in the Latino community. Homeownership is a traditional way for families to grow wealth and afford quality living arrangements. In California, 58% of the Hispanic population rent housing, compared to 42% of whites. In the years prior to the Great Recession of 2007, the number of Hispanic homeowners grew robustly nationwide, averaging an increase of 300,000 homeowners annually between 2000 and 2007. Unfortunately, much of that growth was unsustainable. Since 2010, Hispanics have made substantial gains in homeownership, averaging a net increase of 178,000 owner households per year; however, these gains were not enough to keep pace with Hispanic population growth or to have a positive effect on the overall Hispanic homeownership rate, which dropped to 45.4% in 2014.

Hispanic renters face serious household challenges due to the combination of high rent prices and low income. Additionally, Latino seniors are often especially burdened by high housing costs, given their low fixed incomes. The standard for a high burden for housing is 30% of one’s monthly income being used for housing. Hispanic older adults who are dependent on low fixed monthly incomes often meet or surpass this high burden threshold. For example, a Latino senior in California with $14,868 annual Social Security income would require housing that costs no more than $371 per month in order to stay under the 30% threshold. In 2015, however, the median gross rent among Hispanics in California was $1,172.

Seniors face additional challenges in finding safe, appropriate housing as they often have special housing needs, such as safe entryways and units that are not accessible only by stairs. These additional requirements make the housing gap even larger and contribute to the difficulty that seniors face in finding quality, affordable housing costing 30% or less of their income. The situation is not much better for homeowners in California, as 45% of Hispanic homeowners have monthly housing payments that take up 30% or more of the household income, compared to 38% of whites. The failure to find such housing leads to high levels of social insecurity and hunger among Hispanic seniors not only in California, but nationwide.

Hispanic households and Hispanic older adults often fall into a category that describes the worst possible housing scenario, called “worst case needs.” In this scenario, very low-income renters who do not receive housing assistance pay more than 50% of their income in rent and live in severely poor conditions. The occurrence of worst case needs situations expanded by 49% overall between 2003 and 2013. U.S. Hispanics were the hardest hit, with an expansion of 78%.
B. Findings from Los Angeles Community Forum

Housing remains a serious problem in Los Angeles. Community forum discussion on housing reflected the statistics presented above. Quality housing is difficult to find and expensive. One of the service providers attending the Los Angeles Forum explained that there are many people close to losing their houses. “They are one or two paychecks away from being homeless,” she said. “That’s why it is crucial to advocate for financial security programs and make ourselves visible.” Another participant in Los Angeles described the situation as follows. “We have a lot of problems: they raise our rents, the buildings are dirty, there are drug deals happening around the buildings, and we don’t know what more we can do.”

Los Angeles community forum participants made the following recommendations in reference to housing.

- Community leaders and community members should advocate for the creation of funds for senior housing.
- Seniors and their families should reach out to local resource centers to find out what housing resources are available for low-income seniors. Resource centers include community centers, senior centers, the City of Los Angeles, and local libraries.
- Seniors and their families should report housing abuses confidentially to local housing agencies, so inspectors can evaluate the conditions of buildings.
- Community leaders and members should advocate for application procedures that are age-sensitive, and culturally and linguistically appropriate for older adults. It is hard for seniors to apply for low-cost housing, as the paperwork is overwhelming.
- Community leaders and members should help to create awareness and mobilize the community in favor of local initiatives that favor the expansion of affordable housing for older adults, such as Section 8, 202 PRAC, and public housing.
- Community members should develop strategies to make themselves visible, so their voices can be heard and taken into account in the decision-making process.
- Community members should call local authorities and representatives to discuss the number of housing facilities that have been developed with local budgets, and what officials are planning to do in order to address local housing needs.
- Local leaders and organizations should share information and resources on legal counsel in case seniors need to report illegal rent increases, abuses, and lack of maintenance in their residences.
• Local organizations should take on an active role in raising awareness about the importance of calling authorities and reporting situations, such as blocked roads, overgrown hedges or trees, etc., that may present dangers for older adults and people with limited mobility.
IV. Access to Programs

A. Statistical Summary

There is evidence that although many Hispanic older adults are eligible for programs that would help with their most pressing problems, including economic insecurity, healthcare access, hunger and housing, they are not accessing these programs. Hispanic seniors use the Supplemental Nutrition Assistance Program (SNAP) at a lower level than all other eligible U.S. seniors. For example, in California only 18% Hispanics receive SNAP benefits. Sixteen percent of Hispanic adults age 65 and older in California live in poverty, compared to 8% of whites.\textsuperscript{xviii} Access to SNAP would alleviate food insecurity for Hispanic seniors, but currently SNAP underserves all seniors, in California and nationwide. A 2012 report by AARP and the AARP Foundation reported that only 35% of eligible U.S. seniors benefit from SNAP. Barriers to accessing the program included a) difficulty in accessing the SNAP application due to transportation and geographic location; b) stigma and myths surrounding SNAP, such as that it is just for families with children; c) cultural and language barriers; and d) perception that the benefits are too low for the effort required to apply.\textsuperscript{xv}

The Supplemental Security Income (SSI) is another program designed to help older adults and the disabled population across the country. It is intended to provide supplemental income to meet basic needs, such as food, medications, housing, and clothes. Although many Hispanic older adults may be eligible for this program, only 6% of Latino seniors in California have access to SSI.\textsuperscript{x} In addition, Hispanic caregivers often have limited access to programs or information to reduce their burden of care. Hispanics are more likely to receive home-based informal care than members of other U.S. ethnic groups, and the numbers of Hispanic caregivers and Hispanics receiving this type of care are expected to grow. In a national 2005 survey that interviewed people over 70, 44% of Hispanics received home-based caregiving, compared to 34% of blacks and 25% of non-Hispanic whites.\textsuperscript{xiii} About one-third of Hispanic households, or 36%, had at least one informal caregiver. This averages to 1.83 caregivers per household, or 8,147,000 Hispanic informal caregivers in the U.S. Forty-three percent of Hispanic informal caregivers live with those for whom they care, compared to 32% of non-Hispanic caregivers. Hispanic informal caregivers are often in intensive caregiving situations, with 63% providing high-burden caregiving duties, compared to 51% of non-Hispanic caregivers. They spend an average of 37 hours per week on caregiving duties, compared to an average of 31 hours per week among non-Hispanic caregivers, and provide a greater number of activities of daily living (ADLs). Given that their average age is 42, it is logical to assume that these caregivers are balancing their caregiving duties with other responsibilities, including care for their own immediate families and children and jobs.\textsuperscript{xiii} Although caregiver burden among Hispanics seems to vary according to the condition of the person for whom they are caring and their geographic location, a study
conducted by NHCOA found that Hispanic informal caregivers of patients suffering from Alzheimer’s disease had very little knowledge of the disease and very few sources of formal or informal support in their caregiving role.xliv

One cultural difference between the Hispanic and mainstream U.S. cultures is that the Hispanic culture is more collectivist and less individual. Hispanics see themselves as part of their families and communities.xlv As a result, when they mobilize or volunteer, they see it as “helping others,” rather than a formal effort in mobilization for greater access or benefits. For example, they are more likely to help their neighbors by giving them rides or providing meals, but are unlikely to write letters to the editor or to their representatives about access or programs that would help them. For Hispanic communities, therefore, this tendency to collectivistic action and cultural enthusiasm for civic engagement must be channeled toward advocacy for policies, programs, services and systems that are responsive to community needs.

B. Findings from Los Angeles Community Forum

Community forum participants spoke about the difficulty of navigating enrollment and management of programs, citing the level of complexity of the systems and the lack of culturally and linguistically appropriate assistance in program offices. They felt frustrated and isolated, as if they were unimportant, and often felt disrespected by service providers. A theme that emerged during the conversations was empowerment of older adults and their families and encouragement for them not to give up as they sought to address the challenges they face. During the Los Angeles community forum, one participant expressed this as follows: “We should organize ourselves and ask our local organizations to provide us with trainings on how to speak with our representatives. It’s our duty to educate ourselves on how legislation is proposed and what we need to do to support it. Together, we can move forward in favor of many initiatives and garner more visibility for them.” Another Los Angeles participant talked about the importance of engaging in debates at the local and national level, “to be a strong voice for those in need, to share ideas, get organized, and take actions that could make the difference in people’s lives.”

Los Angeles community forum participants made the following recommendations in relation to program access.

- Local leaders should visit the City Council and talk to representatives to advocate for nutrition programs.
- Local leaders should reach out to members of local organizations to receive training on how to advocate and address issues when meeting with congressional members.
- Local leaders should develop advocacy campaigns that include rallies to gain visibility and support on local issues impacting the community.
• Community members should educate themselves on the resources available and how to submit a proposal for a bill.

• Community members should follow up with local and congressional representatives after they or local leaders reach out to them.

• Community members should join efforts with neighbors and local leaders in order to achieve common goals.
Community Engagement Survey Summary of Findings

Hispanic older adults, their families and caregivers are a remarkably resilient population. Over the course of the past year, the National Hispanic Council on Aging (NHCOA), through a national survey, found Hispanic older adults to be enthusiastic about working to overcome sometimes daunting challenges. Hispanic older adults face pressing problems in the areas of economic security, healthy aging, housing and access to services. Earlier this year, NHCOA implemented a community engagement survey among 254 Hispanic older adults and their family members and caregivers in California. Fifty-nine percent of survey participants were older adults.

The survey found that, despite the challenges they face, Hispanic older adults are eager to engage in their communities and seek solutions to their most pressing issues. It found that most Hispanics are satisfied that they are engaged in their communities, but they are engaged in informal ways like helping their neighbors, instead of through advocacy. This could be because Hispanics tend to see community engagement as “helping others” rather than taking on a formal role in the system to achieve community solutions. For example, a Hispanic person may help neighbors by giving them rides to appointments, rather than advocating for community shuttle service. The enthusiasm among survey participants, however, to be civically engaged can translate to real change with the assistance of organizations that specialize in working with this hard-to-reach community, such as NHCOA, and community leaders. Through this effort Hispanic older adults will learn to navigate the system and engage in needed advocacy and community engagement in their communities. The survey also found that the main concerns among Hispanic older adults in California and the areas in which they would like to be engaged civically are: 1) affordable housing, 2) health care access, and 3) hunger and nutrition.
NHCOA Recommendations

Building on the findings from this report, NHCOA has developed a number of recommendations for local, state and national leaders. The report includes recommendations from local community members for communities, community-based organizations and grassroots leaders. The NHCOA recommendations for local, state and national leaders follow.

1. **Prioritize the needs of the aging community, and especially the diverse aging community, in the allocation of resources and funding opportunities.** Hispanic older adults, their families and caregivers tend to fall through the cracks of mainstream outreach, education and service provision because of linguistic and cultural differences. Organizations and outreach workers with deep knowledge of, and expertise in, engaging with these hard-to-reach community members are needed to involve, educate and assist them in enrollment for services.

2. **Preserve and, when possible, expand programs** that address retirement security among the U.S. aging population, including Social Security, Medicare and Medicaid.

3. **Expand job training and placement programs for older adults and ensure that Hispanic older adults are served by these programs** by funding organizations with the ability to reach this population in a culturally and linguistically appropriate manner.

4. **Work to combat ageism in the job market and service provision.**

5. **Ensure that programs and benefits address the needs of the growing Hispanic aging population.** Programs and benefits should be designed to be accessible to older adults with low levels of English proficiency and cultural and formal education gaps, with the goal of reducing the disparity of access to benefits for Hispanic older adults. This entails:
   a. **Enforcing CLAS (Culturally and Linguistically Appropriate Services) Standards.** Personnel must go beyond being simply bilingual to being linguistically and culturally competent.
   b. **Bridging the digital divide.** Enrollment methods must take into account low levels of computer literacy and the need for personalized and culturally and linguistically appropriate service.
   c. **Promoting age sensitivity.** Outreach and education strategies should seek out Hispanic older adults where they live and gather, in a culturally, linguistically, and age-appropriate manner.
   d. **Providing real access to information and assistance** for Hispanic older adults who may have difficulties in accessing transportation. This includes the creation of a senior call center that diverse seniors could contact for information in their native language; the creation of a volunteer education program in which bilingual and
bicultral volunteers help seniors access services and programs in their own communities; the creation of radio and TV programs to inform seniors about available programs and their eligibility or rights, in a culturally and linguistically appropriate manner; and the establishment of more community-based organizations and centers providing assistance in local communities.

6. **Bridge the information gaps and coordinate between social programs (Social Security, Medicare, pension programs, etc.) and people approaching the age of eligibility** by developing an early notification system, so diverse older adults will be more aware of the options available to them and learn how to navigate U.S. systems.

7. **Provide financial literacy training to Hispanic seniors, their families and caregivers**, including training on recognizing and addressing financial abuse.

8. **Establish requirements for employers to provide paid leave, including family leave, for all employees regardless of their employment status**. It is imperative for working Hispanic adults to have time off to care for their senior relatives when they are ill or suffering disability. Most Hispanic seniors are cared for by informal family caregivers, who juggle their jobs, families and older relatives’ needs.

9. **Continue to prioritize and target the closing of health-related disparities among Hispanic older adults, their families and caregivers**, including in such areas as access to mental health care and substance abuse treatment, care for diabetes and Alzheimer’s disease, access to health insurance and quality healthcare overall, access to information on how to identify and report fraud and abuse and access to caregiver support programs and information.

10. **Take immediate steps to increase the availability of quality housing** that is subsidized or otherwise affordable, especially housing stock that is structurally suitable for seniors.

11. **Create culturally appropriate and age-sensitive volunteer networks that work with community-based organizations** and provide seniors with information about social programs and how to access them.

12. **Ensure senior accessibility to SNAP and other culturally appropriate and age-sensitive meal programs**, or otherwise provide access to good-quality, nutritious food. No older adult should go hungry in the U.S.
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