

May 27th, 2015

The Hon. Nora Super
Executive Director
2015 White House Conference on Aging
200 Independence Avenue, SW 637-D
Washington, DC 20201

Dear Ms. Super,

On behalf of the National Hispanic Council on Aging (NHCOA) we wanted to express our enthusiasm in participating in the White House Conference on Aging. We are happy that the Administration has undertaken this effort, given the growth in numbers and diversity of our aging population.

In that spirit we want to take this opportunity to address the four policy briefs that the 2015 White House Conference on Aging released earlier this spring. Overall, we find the briefs to be extremely positive in that they express and analyze key issues facing the U.S. aging population. They do not, however, explicitly deal with the broad challenges that arise when discussing diverse aging populations in the U.S. NHCOA's decades long experience in focusing on reaching, and working with, Hispanic older adults has taught us that the experience of diverse older adults is vastly different than that of the mainstream older adult community. It is important, therefore, to overtly and openly discuss the challenges that face diverse older adults under each White Conference on Aging theme and in each policy brief; otherwise, the Conference runs the risk of allowing diverse aging populations to "fall through the cracks" of final legislation.

A. Overview State of Hispanic Older Adults

Hispanic older adults comprise one of the nation's most vulnerable populations. They face broad and complex challenges in terms of healthy aging, long term services and supports, elder justice and retirement security. Hispanic older adults are also a significant population. Today, they number about five million and make up about 8% of the U.S. population 60 and older, while their numbers are rapidly growing.¹ Following are summaries of the state of Hispanic older adults in the context of these White House Conference on Aging themes.

¹ Annual Estimates of the Resident Population by Sex, Age, Race, and Hispanic Origin for the United States and States: April 1, 2010 to July 1, 2013 Source: U.S. Census Bureau, Population Division. Release Date: June 2014

1. Healthy Aging

Hispanics live an average of an average of two years longer than their non-Hispanic white counterparts,² but do not necessarily live healthier lives. Among the chronic conditions for which Hispanics experience health disparities are Alzheimer's and diabetes type 2. Hispanics develop Alzheimer's at 1.5 times the rate of non-Hispanic whites and are also less likely to be diagnosed because of a lack of access to screening and knowledge about the disease. Hispanics are also disproportionately affected by diabetes, which along with high blood pressure and high cholesterol, is a risk factor for cardiovascular disease;³ The rate of being affected by diabetes in the Hispanic community is 11.3% ,compared to 7.8% of non-Hispanic whites.⁴

Another critical factor in healthy aging is **hunger**. Nearly one in four or 23.7% of all Hispanic households experienced food insecurity in 2013, compared to the national average of 14.3%. Of these, 6.7% faced very high food insecurity, which occurs when one household member's eating is disrupted.⁵ Seniors who are food insecure are at increased risk for chronic health conditions, even when controlling for other factors. For example, 60% of food insecure seniors are at greater risk for depression and 53% are at greater risk of a heart attack. Food insecure seniors are also 52% more likely to develop asthma and 40% more likely to report an episode stemming from congestive heart failure.⁶ Although hunger is a pervasive and insidious problem among Hispanic older adults, Hispanic older adults are underrepresented as recipients of SNAP benefits. In an NHCOA 2015 survey, 34% of survey participants (729 Hispanic adults ages 65 and older) enrolled and received SNAP benefits. Survey participants who did not receive SNAP benefits even though they were eligible cited difficulty in understanding the system and enrollment, saying that the process was too complicated and that they were unaware of the SNAP benefit. These findings are consistent with a 2012 report by AARP and the AARP Foundation which revealed that only 35% of eligible U.S. seniors benefit from the SNAP program.⁷

2. Long Term Services and Supports

Hispanic older adults are underrepresented in most programs designed to provide long term services and supports. Accounting for 8% of the older adult population in total, Hispanic participants accounted for 20.2% of in adult day service centers, 8.4% of home health agency services, 4.6% of hospice care, 5.1% of nursing home services and 2.4% of the residential care

²National Center for Health Statistics. "Health, United States, 2013: With Special Feature on Prescription Drugs." Hyattsville, MD. 2014 <<http://www.cdc.gov/nchs/data/abus/abus13.pdf>> [8].

³Alzheimer's Association. "2014 Alzheimer's Disease: Facts and Figures." *Alzheimer's & Dementia, Vol. 10, Issue 2*. [8].

⁴Centers for Disease Control and Prevention. "CDC Health Disparities and Inequalities Report: United States, 2013." *MMWR 2013 Vol. 62. No. 3*. Table 1: Age-standardized prevalence* of medically diagnosed diabetes among adults aged ≥18 years, by selected characteristics — National Health Interview Survey, United States, 2006 and 2010. <<http://www.cdc.gov/mmwr/pdf/other/su6203.pdf>> [101].

⁵Food Research and Action Center, "Disparities in Food Insecurity"

⁶Feeding America and National Foundation to End Senior Hunger (NFESH). (2014, March). *Spotlight on Senior Health Adverse Health Outcomes of Food Insecure Older Americans*.

⁷AARP, "Hunger Among Older New Yorkers Breaking Down the Barriers," 2012.

community.⁸ These statistics reflect a strong cultural value in the Hispanic community – that Hispanic elders are cared for at home by relatives. Yet, although informal home caregiving is generally more cost effective and contributes to better quality of life among older adults as older adults usually want to stay at home,⁹ there are few long term supports for home volunteer caregivers and their charges. The expenses related to home healthcare are generally not covered by Medicare and besides adult day service centers and home health agency services and some services provided through the Older Americans Act, there are few programs supporting the significant stress and effort of home caregivers. Caregivers are more likely to have symptoms of depression or anxiety, are more susceptible to infectious disease and are more likely to experience serious chronic health problems than the larger population.¹⁰

3. Elder Justice

Among cases of reported elder abuse, Hispanics had a relatively low rate of abuse at 10.4%, compared to black victims at 18.7% and white victims at 66.4%.¹¹ Hispanics older adults, however, are viewed as especially vulnerable to financial abuse and hesitant to report abuse. They also fall into several categories viewed as risk factors for abuse in general and financial abuse in particular. For example, needing assistance with Activities of Daily Living,¹² cognitive impairment¹³ and clinical depression among victims was a risk factor for financial abuse.¹⁴ Social isolation was cited as having a correlation to all types of abuse.¹⁵ A related and strong correlation factor for elder abuse was the presence or lack of social support. According to the 2010 National Elder Mistreatment Study, lack of social support was the strongest predictive factor for elder abuse of all types, including financial abuse. The presence of social support also appeared to be a protective factor. The study acknowledged that lack of social support may have resulted from abuse, but concluded that it was likely both a predictive factor and a resulting factor.¹⁶

Hispanic older adults often express feeling of extreme social isolation and lack of social supports. A study comparing Caucasian and Hispanic random samples in South Texas found that Hispanics indeed experienced higher levels of social isolation especially in terms of “belonging” to the larger society, than Caucasians, although experiencing higher levels of family social supports. The lack of

⁸ Harris-Kojetin, Lauren, Manisha Sengupta, Eunice Park-Lee and Roberto Valverde. *Long-term care services in the United States: 2013 overview*. National health care statistics reports; no 1. Hyattsville, MD: National Center for Health Statistics. 2013. <http://www.cdc.gov/nchs/data/nsltcp/long_term_care_services_2013.pdf>. [34]

⁹ Senior Living. Org., “Why and When to Use Home Care for Seniors,”

¹⁰ Office on Women’s Health, Caregiver Stress, Fact Sheet, U.S. Department of Health and Human Services, July 16, 2012.

¹¹ National Center on Elder Abuse, Bureau of Justice Statistics, Accessed July 7, 2014.

¹² National elder mistreatment Study, National Institute of Justice. March, 2009 Retrieved January 16, 2011, from <https://www.ncjrs.gov/pdffiles1/nij/grants/226456.pdf>

¹³ Elder justice: Stronger federal leadership could enhance national response to elder abuse. United States Government Accountability Office. March, 2011, Retrieved October 20, 2011, from <http://www.gao.gov/products/GAO-11-208>

¹⁴ Elder justice: Stronger federal leadership could enhance national response to elder abuse United States, Government Accountability Office, March, 2011, . Retrieved October 20, 2011, from <http://www.gao.gov/products/GAO-11-208>

¹⁵ Lachs, M.S and Pillemer, K, Elder abuse, *The Lancet*, 2004; 364, 1263-1272

¹⁶ Aciemo, Ron, Phd.; Hernandez, Melba A., MS; Amstadter, Ananda B., PhD.; Resnick, Heidi S., PhD.; Steve, Kenneth, MS; Muzzy, Wendy, BS and Kilpatrick, Dean G., PhD. Prevalence and correlates of emotional, physical, sexual and financial abuse and potential neglect in the United States: The national elder mistreatment study, *Am. J. Public Health*, 2010 February; 100(2): 292-297.

belonging social supports had direct correlations to health outcomes as did family social supports.¹⁷ This lack of social support in the Hispanic community may well make them more vulnerable to financial abuse or abuse in general

4. Retirement Security

Hispanics are the least likely group in the nation to be financially prepared for retirement, without savings plans, highly dependent on Social Security and facing poverty. The poverty rate among Hispanic older adults is high at 20%.¹⁸ Without Social Security benefits, more than one half (50.7%) of older Hispanics would live below the poverty threshold.¹⁹ Yet, even with Social Security, because of lower wages over a lifetime, Hispanics often have extremely low Social Security incomes. In 2012, average Social Security income for older Hispanic men was \$13,295, while for women it was \$10,500. Moreover, in the same year, 40% of Hispanic older adult married couples and 62% of Hispanic older adult single persons relied on Social Security for 90% or more of their income.²⁰

Only about 25% of Hispanic households report participation in a 401(K) or Thrift savings plans and only about 10% have IRA or Keogh accounts. Among white households, 45% had 401(K) or Thrift savings plans and 35% had IRA or Keogh accounts.²¹ A report released on a survey conducted by ING in 2012 found that Hispanics have the lowest average balances in their retirement plans of \$54,000, compared with the average balance across all groups of \$69,000. The report also found that the major reason Hispanics are not saving for their retirement was lack of knowledge about savings options.²²

An additional challenge to Hispanic retirement security is **housing**. The majority of Hispanics rent and currently, 28% of Hispanic homeowners say that they are underwater on their mortgages—they owe more on their homes than what they are worth on the market. As difficult as the financial situation is for Hispanic homeowners, it is worse for those who rent. The U.S. is facing a severe shortage of quality rental units. Demand for rental units has risen steadily since the mid-2000's, with Hispanic households accounting for 29% of this increase. This is a growing problem, as Hispanic households that rent their homes will increase by 2.4 million in 2023, while seniors over 65 as heads of rental households are projected to increase by 2.2 million. In 2011, 11.9 million low-income renters, those with a median income of \$19,000, competed for just 6.9 million affordable units available.²³ According to the Urban Institute, the total gap in affordable housing for extremely

¹⁷ Tomaka, Joe; Thompson, Sharon; Palacios, Rebecca, The relation of social isolation, loneliness, and social support to disease outcomes among the elderly, University of Texas at El Paso and Border Research Solutions, El Paso, Texas, *Journal of Aging and Health*, Vol. 18 No. 3, June 2006 359-384, Sage Publications 2006.

¹⁸ Krogstad, Jens Manuel, Hispanics Only Group to See Its Poverty Rate Decline and Incomes Rise Pew Research Center, September 19, 2014

¹⁹ Torres-Gil, Fernando; Greenstein, Robert; and Kamin, David, The Importance of Social Security to the Hispanic Community, Washington, DC, Center on Budget and Policy Priorities, June 28, 2005.

²⁰ Hispanics and Social Security, Social Security Administration, Accessed January 5, 2015 at <http://www.ssa.gov/people/hispanics/>

²¹ Kochhar, R.; Fry, R.; and Taylor, P. , Twenty-to-one: wealth gaps rise to record highs between Whites, Blacks and Hispanics. Washington, DC: Pew Research Center, July, 2011.

²² Hersch, Warren S., ING Study: Cultural Influences Impact Retirement Planning and Decision Making, LifeHealthPro, February 3, 2012.

²³ Joint Center for Housing Studies of Harvard University, “America’s Rental Housing, Evolving Markets and Needs,” 2012

low-income renters is over eight million units nationwide. Only one in four families who qualify are able to access HUD subsidized housing, and waiting periods for assisted housing can be up to 10 years in some areas of the country.²⁴

The housing reality for seniors is especially severe, with the housing gap having serious implications for Hispanic seniors who tend to live on low fixed incomes and have special housing needs. For example, a senior with \$15,000 in annual income would require housing that costs no more than \$375 per month. Yet, the median monthly cost for housing in 2011 built within the previous four years was over \$1,000. Moreover, seniors often have special needs for their housing, including safe entryways and rental units that are not accessed by stairs.²⁵ This makes the housing gap even larger. The difficulty of finding quality housing which costs 30% or less of a family's total income contributes to high levels of social insecurity and hunger among Hispanic seniors nationwide.

B. Key Issues to be Addressed in Policy Briefs

The reality of Hispanic older adults is especially severe, but it reflects the struggles of diverse older adults nationwide. It is especially true of all older adults who face linguistic and cultural gaps, have low levels of formal education and/or are socially isolated. The overview above reveals three key areas that must be addressed by the White House Conference on Aging and integrated into the policy briefs, if the Conference is to address the needs all U.S. seniors. Following are brief descriptions for these three key areas.

1. Benefits and Program Access

Underlying the challenges faced by Hispanic older adults in all four White House Conference on Aging thematic areas (healthy aging, long term services and supports, elder justice and retirement security) is access to benefits and programs for which they are eligible. Hispanic older adults express their difficulty in navigating systems either online or in person for all of these areas, from available health insurance (including Medicare and Medicaid) and healthcare, to SNAP to services available through the Older American Act to reporting of financial abuse and fraud to retirement planning and funds. Hispanic older adults often simply do not know about available benefits and programs and when they do, they find the system complex and difficult to navigate.

In addition to lack of knowledge, low levels of formal education and the complexity of programs, cultural, linguistic and age-related gaps prevent Hispanic older adults from accessing these programs and benefits. There is a deep disconnect between Hispanic older adults and service provider personnel, even when individual service providers are bilingual. Hispanic older adults, especially those who are Spanish monolingual, often need step by step assistance in applying for, and using, benefits and expect deference because of their status as elders when they speak with younger service providers. If such assistance is not made available in a respectful and culturally, linguistically and age-appropriate manner, Hispanic older adults often simply give up in trying to access benefits. Many times, this series of events leaves Hispanic older adults in dire straits, facing poverty, hunger and lack of access to needed healthcare, even though they are eligible for benefits

²⁴ Urban Institute, Housing Assistance Matters Initiative, 2014

²⁵ Smith, Robin E., "Public Housing for Seniors Must Meet Today's Needs," Urban Institute, 2006

that could have alleviated this situation. It is critical, therefore, that Hispanic older adults have access to programs and personnel who can help them through benefits enrollment and access in a culturally, linguistically and age-appropriate fashion and that agencies providing this assistance systemically support this type of assistance, allowing time, for example for individual counseling on enrollment. Hispanic community-based organizations and other Hispanic focused organizations with experience in reaching and serving the hard-to-reach and socially isolated sector of the Hispanic population can be critically important allies in the effort to ensure that these older adults are able to access benefits and programs. These organizations can share expertise with local agencies or perform outreach, education and enrollment services.

2. Hunger

Hunger is a devastating issue faced by elders across the county. Among Hispanic older adults, it is especially severe. In NHCOA's meetings with older adults, their families and caregivers across the nation, tragic stories of hunger have emerged. Hispanic older adults on fixed incomes are facing choices between meals and needed medications. They are reduced to eating cat food and rummaging through dumpsters for food. Senior centers have been accused of charging for meals and providing meals that are substandard with ingredients that are expired. There can be no fruitful discussion of healthy eating and nutrition if seniors are facing hunger on a regular basis. Healthy food, including fresh fruits and vegetables, is often more expensive than foods high in carbohydrates, but when one is facing hunger the priority becomes finding cheap calories and filling sources of food. Hunger contributes greatly to poor health outcomes, not only because older adults are eating food that is neither nutritious nor healthy, but also because they are not getting enough food and because lack of money for food causes them to defer other needs, including prescribed medications and healthcare.

3. Housing

The lack of affordable housing stock deeply contributes to poor health outcomes, hunger, access to long term services and retirement security. Older adults are often living in housing units that are structurally unsound and plagued by vermin. They are also generally unsafe for older adults, with the necessity to climb stairs or not accessible for those who are disabled. NHCOA has heard many stories of seniors who are essentially homeless and travel between the homes of relatives and friends. Because of the lack of affordable housing stock, the housing which exists is expensive, often requiring up to 80% of low fixed incomes to pay rent, leaving insufficient funds on a monthly basis for food and medical care.

4. Fraud

Hispanics are especially susceptible and often targeted for Medicare and other types of fraud. Their lack of formal education, combined with linguistic and cultural differences and unfamiliarity with how to navigate official systems makes them easy prey. They are also often not trusting of government agencies and so are hesitant to report fraud, fearing some type of reprisal. Those perpetuating fraud often target Hispanic older adults. Local and national organizations with expertise in reaching Hispanic socially isolated and hard-to-reach older adults can be invaluable resources in educating these members of the community to recognize fraud and have the confidence and knowledge to report it. Such organizations can both train agencies charged with outreach and education and provide outreach and education services.

C. Policy Recommendations

Based on these four key issues, NHCOA makes the following recommendations for inclusion in the White House Conference on Aging Policy Briefs. Through these recommendations, NHCOA hopes that all U.S. older adults will have the ability to age in dignity and security.

- In all programs and benefits implementation, to go beyond CLAS standards to ensure that outreach and enrollment is implemented in a linguistically, culturally and age-appropriate manner. This includes more individual time with individual older adults who may not be English fluent, not be technologically literate and may know about the benefits or how to navigate the system. It also requires that agencies implementing outreach and enrollment services are dedicated to cultural and age-competency on a systemic basis, going beyond a few bilingual employees, to a commitment to reaching all eligible seniors in their communities.
- To address hunger among senior populations through increased outreach and enrollment in SNAP as well as other programs that could alleviate financial burdens on seniors. Senior centers and other agencies providing food must also provide free of charge nutritious and appealing meals.
- To launch a nationwide effort to bridge the gap in affordable, quality rental housing stock, especially stock that is responsive to the physical needs of the nation's seniors.
- To continue to fund efforts to combat Medicare and other types of fraud perpetuated on Hispanic seniors and other diverse older adults nationwide.

In closing, we are pleased with your efforts to address the challenges facing the U.S. senior population nationwide. It takes a village to raise a child. It also will take all of us working together to ensure that our increasingly diverse senior population can age in dignity and security. Our seniors have spent their lifetimes providing for their families and contributing to their communities. They deserve to spend their golden years in contentment.

On behalf of NHCOA, I am pleased and honored to collaborate with the White House Conference on Aging. Thank you.

Sincerely,



Yanira Cruz, Dr. PH, MPH
President/CEO
National Hispanic Council on Aging (NHCOA)