

# NHCOA

**NATIONAL HISPANIC COUNCIL ON AGING**

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

## Status of Hispanic Older Adults: Insights from the Field

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## Executive Summary

Although a remarkably resilient population, Hispanic older adults continue to face daunting challenges in the areas of retirement security, healthy aging, housing and access to programs. They are struggling to age with dignity, often facing the specters of homelessness and hunger, as well as chronic disease. Yet, in the midst of these pressing challenges, they are eager to be civically engaged and are ready to share insightful and concrete recommendations to address the challenges they face.

This was illustrated over the course of the past year as the National Hispanic Council on Aging (NHCOA) implemented a national survey and a series of community forums focusing on solutions to critical community problems. Hispanic older adults, their families and caregivers participating in these events were enthusiastic about working to overcome the pressing issues they face. For example, during an NHCOA community forum in Miami, one of the grassroots leaders in attendance urged the attendees, “*Never give up,*” an exhortation that forum participants took to heart as they worked to find solutions to their most pressing problems in the areas of retirement security, healthy aging and access to services.

The challenges faced by the nation’s Hispanic older adults may have seemed immovable over decades, but the dedication of community leaders, Hispanic-focused nonprofit organizations, decision makers and experts, has caused some of these challenges to decrease. Other challenges, however, have refused to budge or have even worsened. For example, although some health disparities, including adult immunization rates, have improved in recent years, the availability of decent, affordable housing stock for older adults has decreased and the high levels of economic insecurity among Hispanic older adults have remained constant. The following report documents these challenges and the spirit of Hispanic older adults to address them, through three different approaches.

The first approach was the implementation of a literature review to compile the existing data on the status of Hispanic older adults. The second approach was the implementation of a series of community forums designed specifically to elicit solutions to the pressing problems faced by the Hispanic older adult community. The third approach was a national survey conducted by NHCOA to understand the perceptions of Hispanic older adults, their families and caregivers in reference to the following three areas: key issues impacting them and their communities; their civic engagement on these issues; and the role of community members in the development and implementation of public policies, programs and services that fit the needs of the diverse older adult population locally and nationwide. Following are summary results of each of these approaches to understanding the status of Hispanic older adults in 2016.

## I. Literature Review

The literature review compiled the data about the most pressing issues faced by Hispanic older adults: retirement security, healthy aging, housing, and access to services. Findings of the literature review are summarized below. Hispanic older adults are the least prepared of any U.S. ethnic group for retirement. Seventy percent of Hispanic older adults are solely dependent on Social Security payments that are lower than the U.S. average, with 18% living below the poverty line.

- Hispanic older adults are unlikely to have retirement savings of any kind, and often do not understand the U.S. retirement system. They are likely to seek to return to the workforce to make ends meet, but because they were likely to have been employed in physically labor-intensive jobs, they need re-training to return to work, and as older people they may face ageism.
- Hispanic older adults face severe health disparities compared with non-Hispanic whites, including levels of hunger, diabetes type 2 incidence and complication rates, Alzheimer's disease rates, and lack of access to health insurance.
- Hispanic older adults also carry a severe silent burden of abuse, which can have highly detrimental effects on their health.
- Hispanic older adults face a severe lack of age-appropriate, decent, affordable housing. Rent takes up a high percentage of Hispanic older adults' low fixed incomes, and often they must decide whether to use the remaining funds to buy food or needed medicines.
- Hispanic older adults struggle to gain access to programs for food, housing, and health, programs for which they are eligible and that would assist them in achieving personal solvency. They often experience cultural and linguistic gaps with service provision personnel, and may lack the level of formal education needed to easily navigate enrollment procedures.
- Hispanic informal caregivers also struggle with finding information and support to assist them in their caregiving roles, which contributes to stress and poor health.

## II. The Community Forums

NHCOA implemented two community forums, one each in Miami and Los Angeles—cities which together broadly span the diversity of the Hispanic population, in terms of time in the U.S. and countries of origin. The focus of the community forums was to listen to seniors' recommendations for addressing their communities' most pressing problems. The goals of the forums were to gather information about the role that local communities play in the development and implementation of policies, programs and services; and 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. Each community forum featured a panel discussion of key issues faced by Hispanic older adults and then opened the floor to group discussion of solutions.

Following are some of the key **community recommendations** regarding retirement security, healthy aging, housing and access to services.

### A. Retirement Security

- Advocate for paid leave so that families can better care for sick or disabled relatives.
- Advocate for fair distribution of resources.
- Provide families with education on financial planning for retirement.
- Provide education and advocacy to protect the community from Medicare fraud.
- Community members should educate themselves about candidates' political platforms and become more civically engaged.
- Provide the community with information on key legislation.
- Trusted local and national organizations should provide community members with information about access to programs and how to enroll.
- Families and community members should assist older adults in accessing services and helping protect them from Medicare fraud.

## B. Healthy Aging

- Advocate for specific community needs in relation to health, and for legislation that is in the health interests of the community, including health-related budget allocations.
- Local and national organizations should provide more health education and health promotion in relation to chronic disease prevention and nutrition.
- Communities should organize healthy social activities for seniors.
- Community organizations should help community members understand the political platforms of candidates in relation to community health.

## C. Housing

- Communities and local and national organizations should advocate for incentives to create affordable, accessible, good-quality housing for seniors through public policy, university programs and construction companies.
- Communities and local and national organizations should advocate for clear, easy-to-navigate and linguistically and age-appropriate enrollment procedures for affordable housing.
- Community organizations should provide information and assistance to seniors and their families to aid in access to affordable and appropriate housing stock.
- Spanish-language media should provide information to the community on affordable housing stock.
- Seniors and their families should report housing abuses.

## D. Access to Services

- Communities should be empowered so that local leaders and community members have the opportunity to learn how to navigate service enrollment and help other community members do the same, and to advocate for needed programs and important legislation.

- Communities should advocate for the expansion of nutrition services and social activities for seniors to combat hunger, malnutrition and depression-causing social isolation.

### III. The Community Engagement Survey

Earlier this year, NHCOA implemented a community engagement survey among 931 Hispanic older adults, their families and caregivers in California, Florida, Texas and Washington, D.C. Sixty-four 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. Findings indicated that most Hispanics are satisfied that they are engaged in their communities, but that they are engaged in informal ways, such as helping their neighbors, rather than through advocacy. This could be because Hispanics are more likely to view 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 his or her neighbors by giving them a ride to appointments, rather than advocating for community shuttle service. Although they were satisfied with their levels of civic engagement, survey participants were generally not involved in the development and implementation of public policies, programs and services, but were willing to be more involved in these areas. However, the enthusiasm among survey participants 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 participate in needed advocacy and community engagement. The survey also found that the main concerns among Hispanic older adults and the areas in which they would like to be engaged civically are health care access, affordable housing, and hunger and nutrition.

### IV. National Recommendations

Building on the findings of the literature review, the community forums and the survey, 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 aging and, particularly, diverse aging communities 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 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 engage with this hard-to-reach 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 in access to benefits. 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 bicultural 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 and coordinate the information gaps between social programs (Social Security, Medicare, Pension Programs, etc.) and those 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 in 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. For working Hispanic adults, it is imperative that they 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 areas of access to mental health and treatment for substance abuse, diabetes, and Alzheimer's disease; access to health insurance and quality healthcare; 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 affordable and 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.***

## Introduction

*“Never give up!”* This message, given by a physically disabled grassroots leader who presented at the National Hispanic Council on Aging (NHCOA) Miami Community Forum, sums up the character of the nation’s Hispanic seniors. Despite the difficult challenges they face, they are prepared to meet them head on with solutions and not give up.

Hispanics are the largest ethnically diverse population in the U.S., making up 17.6% of the total population.<sup>i</sup> They are the fastest-growing aging population. In 2013, Hispanic older adults (those 60 years and older) numbered 3.6 million and made up 8% of the U.S. population 60 and older.<sup>ii</sup> By 2050, older Hispanics are projected to account for 19.8% of the older U.S. population, and to number more than 17 million.<sup>iii</sup> 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. Over the next 40 years, the number of Hispanics aged 65 and older is expected to double, while the number of those aged 85 and older is expected to triple.<sup>iv</sup> 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.<sup>v</sup>

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. Hispanic older adults are a highly vulnerable population, facing multiple barriers and challenges in the areas of retirement security, hunger, health, housing and program access. By statistical standards, they are faring the worst of any senior population group in each of these areas. 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.

Over the past year, the National Hispanic Council on Aging (NHCOA) has conducted a study of the most pressing issues faced by the nation’s Hispanic older adults, through literature review, a series of community forums implemented in areas that have the highest concentration of Hispanics, and a national survey. The literature review was conducted over a period of several months and sought to compile the data on retirement security, healthy aging, housing and access to services.

The 2016 Community Forums were held in Miami and Los Angeles. These two cities broadly span the diversity of the Hispanic population, in terms of time in the U.S. and countries of origin. Both cities have highly diverse Hispanic communities, including Hispanics who are new immigrants and those who have been in the area for many years. They also have a mix of countries

of origin, with Miami Hispanics coming mainly from Cuba, the Caribbean and Central and South America, and Los Angeles Hispanics coming primarily from Mexico and Central America. The community forums incorporated presentations by policy makers, service providers, and community leaders. The central focus of the forums was participant discussion about ways to address their most pressing needs. The goals of the forums were to gather information about the role that local communities play in the development and implementation of policies, programs, and services; and 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. Each community forum featured a panel discussion of key issues faced by Hispanic older adults, and then opened the event to group discussion of solutions. Each 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 931 Hispanic older adults, their families and caregivers in California, Florida, Texas and Washington, D.C. Sixty-four 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 largely satisfied with their levels of civic engagement, but were generally not involved in the development and implementation of public policies, programs and services—though they were eager to be involved.

The following report presents the findings of these three approaches, as well as recommendations for decision and policy makers, academics and community leaders. Findings for the literature review and community forums are organized under categories that most succinctly describe the challenges faced by the Hispanic older adult population: 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 national recommendations

## 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. Eighteen percent of U.S. Hispanic older adults live below the poverty line, compared with only 8% of non-Hispanic white older adults.<sup>vi</sup> Tragically, even among those who live above the poverty line, Hispanic older adults are almost universally economically insecure. This is partly because the majority of Hispanic older adults (70.4%) depend solely on Social Security benefits.<sup>vii</sup> Not only are Hispanics often solely dependent on Social Security for their retirement income; they receive lower payments than other beneficiaries. In 2014, the median income from Social Security received by Hispanic beneficiaries was \$13,559, compared to that of White older adults, whose median income was \$18,056.<sup>viii</sup> 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.

Income data gathered by the Medicare program also illustrates low retirement income among Hispanic older adults. The majority of Medicare beneficiaries are 65 years of age or older. In 2014, the median income per person for black and Hispanic Medicare beneficiaries was \$16,150 and \$12,800, respectively, notably lower than for white Medicare beneficiaries at \$27,450. Moreover, in 2014, 50% of all Medicare beneficiaries 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.<sup>ix</sup> This disparity persisted even when formal education was taken into account. Hispanic Medicare beneficiaries with a college degree had a median income of \$34,800 while White beneficiaries with a college degree had a median income of \$41,400.<sup>x</sup>

A 2014 Prudential survey found that Hispanic older adults did not generally participate in workplace retirement plans and lacked understanding of retirement planning. More than half of Hispanic participants in the survey showed a “poor” or “very poor” understanding of U.S. workplace-based retirement plans. In addition, when compared to the general population, Hispanics generally had limited access (72% versus 83%) to workplace-based retirement plans and when they did have access, they logged low contributions (71% versus 85%) to these plans. Beyond workplace retirement plans, Hispanic participants in the survey indicated that they lacked understanding of the U.S. retirement system as a whole. When they were asked to evaluate their understanding of the U.S. Social Security system and U.S. workplace-based retirement plans, 56% of the Hispanic participants indicated a “poor” or “very poor” understanding in both categories.<sup>xi</sup>

Although Hispanic older adults participating in NHC OA community forums 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. Even though research shows that job performance does not decline with age,<sup>xiii</sup> older job applicants are often perceived more negatively than younger ones.<sup>xiii</sup> 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.<sup>xiv</sup> 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 the NHC OA Community Forums**

NHC OA conducted two community forums, one each in Miami and Los Angeles during 2016. The forums 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 where participants can offer new insights on how Hispanic older adults and caregivers can be involved in their communities and successfully increase their access to social programs. Following is a summary of the community forum discussion, as well as participant recommendations in relation to retirement security.

During the community forums, participants spoke about the continuing difficulty of meeting monthly expenses, given high housing costs in both Miami and Los Angeles. They spoke about their lack of knowledge of available programs and how to access them, as well as the 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 both Miami and Los Angeles. Participants also discussed solutions, including the importance of family financial planning. A community leader, who is also an older adult, had this advice for Hispanic families: *“Analyze in detail your family budget, look for financial education and resources, and educate your kids about the importance of saving for their future.”* Another participant 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.”* A Miami community member stressed the importance of younger generations learning to plan for retirement. *“We have the opportunity to educate younger generations, so they don’t face the same challenges we are facing.”*

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

- Community members should advocate for family leave. They suggested the creation of a paid-off fund, where employers match the hours gained by workers with accumulated time

that could be used to go to the doctor or take care of a family member. This paid time off fund could be used by family members, for example, to care for senior parents or other relatives.

- Community members are interested in being better informed about political candidates' platforms and the possible effects of their ideas on social programs for Latino seniors before they vote.
- Community members want to advocate for fairer regulations on the distribution and allocation of resources, as many seniors reported having been "advised" to get divorced in order to receive welfare assistance.
- Community members are eager to develop an advocacy campaign to reach out to local representatives and legislators, so seniors' needs are heard and addressed.
- Community leaders and members urged the development of an advocacy campaign to ban clinics and health centers from requesting complete Social Security numbers. Only the last four digits of the Social Security should be requested by health and social service providers, to protect against fraud.
- Local organizations must develop an educational campaign to educate Hispanic older adults, their families, and caregivers about the importance of protecting their Medicare ID and Social Security numbers to protect themselves from fraud.

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

- Local community organizations or NHCOPA 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, Medicare fraud prevention, financial security and many other programs, in partnership with trusted national organizations, such as NHCOA.

## II. Healthy Aging

### A. Statistical Summary

Although Hispanics live longer than non-Hispanic Americans, they do not live healthier. The Hispanic paradox, or the fact that Hispanics live longer even with a lower socioeconomic status,<sup>xv</sup> results in Hispanics living about 2.5 years longer than non-Hispanic whites and eight years longer than non-Hispanic blacks.<sup>xvi</sup> Despite longer lives, Hispanics face multiple health disparities and burdens. Over 25.5% of Hispanic older adults lack health insurance, compared to 10.5% of non-Hispanics, making it difficult for Hispanics to access quality healthcare.<sup>xvii</sup> 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, obesity rates also tend to be higher among Latino adults (39.1 percent) than among non-Hispanic white adults (34.3 percent), which puts them at a greater risk of developing diabetes and other chronic health conditions.<sup>xviii</sup> Hispanic seniors are at higher risk for developing Type 2 diabetes than non-Hispanic whites.<sup>xix</sup>

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.<sup>xx</sup> 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 Hispanic community has made recent gains in health, but disparities still remain.<sup>xxi</sup> Following is a brief summary of the health disparities faced by the Hispanic community.

- Cancer is the leading cause of death among Hispanics, accounting for 17.4% (55.4 million out of 318 million) of deaths in the total U.S. population in 2014.<sup>xxii</sup>



- Cardiovascular disease is a serious issue among Hispanics. In 2015, among Hispanic adults aged 20 and older, 48.3% of men and 32.4% of women had cardiovascular disease.<sup>xxiii</sup> The generally higher prevalence of obesity, noninsulin-dependent diabetes, hypertension, and high LDL cholesterol and low HDL cholesterol levels in Hispanics contribute to their risk for cardiovascular disease.
- Substance Abuse Treatment access is greatly needed in the Hispanic community. Between 2003 and 2011, 9.9% of Hispanics and 9.2% of non-Hispanics needed substance use treatment. During those years, approximately 3.1 million Hispanics needed treatment but did not receive it.<sup>xxiv</sup>
- Diabetes is a disease that Hispanics suffer disproportionately. In 2014, the diabetes rate for Hispanics was 8.7, compared to 5.8 among non-Hispanic whites.<sup>xxv</sup> The rate of hospital admissions for uncontrolled diabetes decreased during the period between 2001 and 2012 among all the populations, but still remained higher among Hispanics than whites. Among Hispanics, hospital admission for uncontrolled diabetes decreased from 46.0% to 26.7% during this time period, compared to a decrease from 17.6% to 11.7% among non-Hispanic whites.
- Mental health care is underused among Hispanics. 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.
- Access to health care remains challenging for many Hispanics. In 2013 and 2014, Hispanics were less likely to have a usual place to go for medical care than either blacks or whites. During the same time period Hispanic adults aged 18-64 were less likely to be insured than non-Hispanic whites. Uninsured Hispanic adults are less likely to receive needed care in a timely manner than Hispanic adults who are privately insured.
- Use of restraints in nursing homes is more prevalent among Hispanic residents. In 2012, 2.4% of Hispanics were subjected to daily restraint use compared with 1.8% of non-Hispanic whites.
- Hospice care is less accessible for Hispanics. In 2013, Hispanics and blacks were less likely than whites to receive sufficient help for feelings of anxiety or sadness during the end of life. Also, in that same year, Hispanic and black patients were less likely than white patients to receive care consistent with their end-of-life wishes.

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 is 12% of Hispanic older adults, 11% of black older adults and 8% of white older adults. Disparities in 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.<sup>xxvi</sup> Moreover, lower levels of formal education and other socioeconomic characteristics of these populations may also increase the risk of Alzheimer’s disease. Because of lower access to health care, Hispanics are less likely to be diagnosed with Alzheimer’s disease.<sup>xxvii</sup> As a result, Hispanics are estimated to suffer from Alzheimer’s disease and other dementias at one and a half times the rate of non-Hispanic whites,<sup>xxviii</sup> or at a rate significantly higher than that of 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”.<sup>xxix</sup> The prevalence of food insecurity varies among households with different demographic and economic characteristics, and it severely impacts Hispanics. For example, more than one in five, or 22%, of Hispanic households is food-insecure, as compared to just one in ten, or 11%, of non-Hispanic white households.<sup>xxx</sup> 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.<sup>xxxi</sup>

Another key area that can significantly affect the health of Hispanic older adults is abuse. 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 that 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 who had been abused in the study sample reported it.<sup>xxxii</sup> According to the Centers for Disease Control and Prevention (CDC), the probable consequences for health 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.<sup>xxxiii</sup>

## **B. Findings from the NHCIA Community Forums**

A major consensus in the discussions was that the U.S. healthcare system is difficult to navigate for Hispanic older adults and, in fact, most U.S. citizens. As a gerontologist who presented at the Miami Forum asserted, “*The U.S. health system is not perfect or easy to navigate*

*even for somebody who specializes in elderly populations.”* 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. As one Miami community member remarked, “In our area, we have lots of chronic problems associated with mental health issues and Alzheimer’s.” A major theme across both forums was the need for family members and patients to advocate for themselves in terms of healthcare, including asking questions.

Miami community forum participants made the following recommendations on healthy aging.

- Engage local leaders and community members in one-on-one talks with neighbors, friends, and family members to educate them about healthy eating habits and how to buy healthy foods on a budget.
- Community leaders and members should reach out to legislators and local representatives to advocate for the development of educational campaigns that target Hispanic older adults and families about chronic disease prevention and management.
- Engage local leaders and community members in the promotion and presentation of health-related workshops, so more people can attend them, especially those facing social isolation.
- Local organizations should promote recreational activities and cultural events in local neighborhoods that contribute to fighting social isolation, depression, and mental illness.
- Local organizations should develop a network of volunteers that help seniors become involved in activities that keep them healthy including dancing, singing, and handicrafts in housing facilities and nursing homes.

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 adult’s 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 impacting 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. Today, 55% of the U.S. Hispanic population rents a house, compared to 34.3% of non-Hispanics.<sup>xxxiv</sup> In the years prior to the Great Recession of 2007, the number of Hispanic homeowners grew robustly, 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 offset Hispanic population growth and affect the overall Hispanic homeownership rate, which dropped to 45.4% in 2014.<sup>xxxv</sup>

Hispanic renters face serious household challenges due to combined high rent prices and low income. Household income for very low-income renters dropped 9.9% between 2001 and 2014. Concurrently, the 2014 rental market logged a 44% increase in households burdened by housing costs. Seniors are often especially burdened by high housing costs, given their low fixed incomes. The standard for high burden for housing is 30% of one's monthly income being used for housing.<sup>xxxvi</sup> Hispanic older adults who are dependent on low fixed monthly incomes often meet or surpass this high burden threshold. For example, a senior with \$15,000 annual income would require housing that costs no more than \$375 per month in order to stay under the 30% threshold. In 2011, however, the median monthly cost for residential construction over the previous four years was over \$1,000.

Seniors face additional challenges in finding safe, appropriate housing as they often have special housing needs, including safe entryways and rental units that are not accessed by stairs.<sup>xxxvii</sup> These additional requirements make the housing gap even larger and contribute to the difficulty of seniors finding quality, appropriate housing costing 30% or less of their income. The failure to

find such housing leads to high levels of social insecurity and hunger among Hispanic seniors 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%.<sup>xxxviii</sup>

## **B. Findings from the NHCOA Community Forums**

Housing remains a serious problem in both Miami and 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.”* A 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.”* In Miami, another participant exhorted the community to *“engage family members in the discussion of aging issues as they can help [in accessing] information and resources through online sources and mass media.”* Such assistance in accessing resources and information can be particularly effective in the area of housing, as assistance by family members and friends can sometimes discover better housing situations.

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

- Community leaders and members should advocate for Miami tax incentives for local residents who invest in house renovation and green energy.
- Community leaders should work with state and federal agencies to develop economic incentives for construction companies that invest in accessible housing for low-income people in the area.
- Community leaders and members should advocate for the revision and evaluation of the public housing allocation system to ensure that resources are distributed with the community’s interest in mind.

- Stakeholders should incentivize local universities and research centers to disseminate studies that demonstrate the positive impact of access to quality housing on seniors' lives.
- Spanish radio and TV channels should disseminate information about accessible housing programs for older adults.
- Community leaders and members should advocate for the implementation of a rent control initiative for low-income seniors and families that would limit rent increases on tenants and require landlords to follow regulations on when they can terminate a tenancy.
- Community leaders and stakeholders should reach out to local universities and urban research centers, so architecture and engineering students are trained to build accessible, as well as age-appropriate and environmentally friendly, buildings.
- Community leaders and stakeholders should reach out to congressional offices to advocate for the creation of self-sufficient and green energy programs for low-income families.

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 explore 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 a crucial role in raising awareness about the importance of calling authorities and reporting situations, such as blocked roads, overgrown hedges or trees, etc., that may endanger the lives of 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 needs, including economic insecurity, healthcare access, hunger and housing, Hispanic seniors are not accessing these programs. For example, Hispanic seniors are accessing the Supplemental Nutrition Assistance Program (SNAP) at a lower level than all eligible U.S. seniors. Eighteen percent of the nation's Hispanic older adults face food insecurity, compared to 17% of African American seniors and 7% of non-Hispanic whites.<sup>xxxix</sup> Access to SNAP would alleviate food insecurity for Hispanic seniors, but currently SNAP underserves all seniors nationwide. A 2012 report by AARP and the AARP Foundation reported that only 35% of eligible U.S. seniors benefit from SNAP.<sup>xi</sup> 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.<sup>xli</sup>

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.<sup>xlii</sup> 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.<sup>xliii</sup> 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 completing 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.<sup>xliv</sup> 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 NHCOPA found that Hispanic informal caregivers of patients suffering from Alzheimer’s disease had very little knowledge of the disease and very little sources of formal or informal support in their caregiving role.<sup>xlv</sup>

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.<sup>xlvi</sup> 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. As a result, Hispanics view civic participation as helping their neighbors and communities and are likely to help their neighbor by giving him a ride or providing a meal, 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.

### C. Findings from the NHCOPA Community Forums

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 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 Miami community forum, participants were getting so frustrated that a community leader was compelled to share some words of encouragement, “*What we have is not perfect, so we need to continue working for a better future for all.*” Also, community leaders and presenters stressed the importance of reaching out to local, state and national representatives about challenges and enhancing the ability of family members to navigate U.S. systems on behalf of older adults. One of the community forum participants in Los Angeles 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.*”

Miami community forum participants made the following recommendations in reference to program access and assistance.

- They emphasized the need for empowerment of local communities and individuals to achieve assistance for older adults in addition to accessing public programs.
- Community leaders should create a “talent pool” where local residents’ skills are identified and then used in a network of local volunteers for Hispanic older adults and their families. This initiative could help fight social isolation and depression among the Latino elderly community in Miami, as well as help to create a dynamic of social service and community support among locals.
- Organizations should promote local leadership and civic engagement through the mobilization of seniors, neighbors, and family members in the discussion of common challenges and ways to overcome them. Some of the channels that can be used to get people engaged are one-on-one conversations, distribution of event flyers, and dissemination of information house-by-house. NHCOPA will also continue to promote local leadership through its accredited community leadership training, the Empowerment and Civic Engagement Training (ECET).
- Community leaders should advocate for the creation and expansion of nutrition programs for Hispanic older adults that take into account the cultural and linguistic characteristics of this population.
- Community leaders should promote local recreational activities that fight social isolation, depression, and mental illness.

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

Between June 7, 2016, and September 17, 2016, NHCOA implemented a community engagement survey with seniors, families and caregivers in California, Florida, Texas and Washington, D.C. Surveys were administered in both Spanish and English in partnership with NHCOA local community-based organization and community leaders. The study was designed to target low-income Hispanic communities for inclusion in the sample. Survey participation was voluntary and anonymous. The goal of the survey was to understand the perceptions of Hispanic older adults, their families and caregivers in reference to the following three areas: 1) key issues impacting them and their communities; 2) civic engagement on these issues; and 3) the role of community members in the development and implementation of public policies, programs and services that fit the needs of the diverse older adult population locally and nationwide.

Sixty-four percent of survey participants were older adults. Over 60% of participants lived on incomes of less than \$14,000 per year. The majority of participants had low levels of formal education and English proficiency. Sixty-nine percent of participants identified the most critical and pressing issues they face as access to healthcare and low-income housing, while 45% identified their most pressing issue as access to food.

The survey found that Hispanic older adults understand the key issues that impact them and are eager to engage in the development of programs and policies to address these issues. One important finding of the survey is confirmation that Hispanics view the concept of civic engagement differently than U.S. larger society. Hispanics often view civic engagement in terms of helping others in their community. They engage in their community by helping their neighbors on a personal basis, such as caring for their children or for a sick relative, or providing food. They volunteer their time and effort on behalf of their communities, but generally in an informal manner. Often, they do not relate being civically engaged to participating in the political process, such as contacting their representatives about important topics, attending city hall meetings, or engaging in advocacy or formal voluntarism. Although they were satisfied with their levels of civic engagement, they were generally not involved in the development and implementation of public policies, programs and services, but were willing to be involved.

The findings of this survey should motivate a call to action for Latino communities nationwide to become civically engaged in the process of policy making and advocate for programs and services that address their needs. The survey findings also serve as a basis for national and local advocacy for programs and services that are culturally and linguistically appropriate for Latino seniors, their families, and caregivers. Hispanic older adults continue to face critical challenges in the areas of economic security, healthy aging, housing and access to programs. In part, this is because programs are not designed to address these challenges, and in

part it is because Hispanic older adults and their families are generally not reached by mainstream education efforts. As a result, Hispanic older adults and their families often do not know about available programs or how to access them. Given the rapid growth of the U.S. aging population in general and Hispanic older adults in particular, it is critical that all sectors of U.S. society are committed to ensuring that all of the nation's seniors can age in security and in the best possible health.

## NHCOA Recommendations

Building on the findings from all three reports, 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 aging and particularly diverse aging community needs 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 bicultural 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 mental health and substance abuse treatment access, diabetes, Alzheimer's disease, access to health insurance and quality healthcare, 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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