

2019 Status of Hispanic Older Adults Annual Report: Insights from the Field - Immigration Reform Edition

September 17, 2019

National Hispanic Council on Aging



Immigration Reform /,imə'grāSH(ə)n rə'fôrm/

Immigration reform is a blanket term for changes/attempts to change laws governing immigration and immigrants.

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Note: Throughout this report, we use the terms Hispanic and Latino interchangeably.

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Executive Summary

Immigration reform is an issue that currently divides our great nation, offering opportunities for positive change and for the U.S. to demonstrate its continued commitment to humanity. As in generations past, new waves of immigrants challenge established populations of the U.S. with cultural and linguistic differences, leading to resistance in the face of change. Waves of immigrants from Ireland, Italy, Eastern Europe and Mexico faced the backlash of older U.S. populations and the fear that differences in culture, faith and language would tear the U.S. apart. Yet, historically, immigrants have rather been a key to U.S. success rather than a wedge tearing us apart. Each new wave of immigrants has brought with it ingenuity, and cultural richness, as well as qualities common to all immigrants – hard work, determination, entrepreneurship, and optimism. Studies and data indicate that Hispanic immigrants of recent decades mirror the positive qualities that have marked each wave of U.S. immigrants since the nation's founding.

Today, these qualities are needed more than ever. The U.S. stands at a crossroads where it will need a highly trained and motivated technical, professional workforce to lead the world economy of the future, but has overall, an aging population. The young, Latino immigrant community is needed to staff the nation's workforce. In fact, the workforce is dependent on the success of Latino youth – within only a few decades, the U.S. workforce will be 40% Latino with a burden to support the nation's aging population, as baby boomers retire. A key area that has workforce gaps is in the medical field, where trained personnel are needed as technicians, older people caretakers, geriatricians, general practitioners and nurses. Moreover, the U.S. needs to retain an upwardly mobile young population to continue to make up the largest market in the world. Beyond economic considerations, the U.S.'s core values establish it as a beacon of humanity. It needs to stand on the right side of history in terms of humane handling of social challenges, including immigration. For these reasons, immigration reform is the right thing to do. This sentiment is strongly supported by the National Hispanic Council on Aging's (NHCOA's) constituency – the U.S.'s Hispanic older adults, their families and caregivers – a group that has recently come into its own as a powerful political force.



Photo Source: Getty Images

Taken From: <https://thehill.com/opinion/immigration/460213-it-is-time-for-lawmakers-to-come-together-on-immigration-reform>

Studies show that U.S. immigrants are an economic boon to the country, as well as a societal gain. For example, a recent study by the Center for American Progress projects the economic benefits of giving today's undocumented immigrants legal status and a path to citizenship. In particular, the study shows U.S. GDP could grow by an additional \$1.4 trillion, Americans could earn an additional \$791 billion, and 203,000 jobs would be created yearly in the decade following reform that provides immigrants with a legal path to citizenship.

As detailed in the following report, immigration benefits the United States in the following ways:

- **Provides a net gain economically:** Immigrants have a high level of workforce participation, as well as a high entrepreneurial rate. For example, between 2000 and 2008, Hispanic business ownership almost doubled while U.S. native-born business ownership declined. Immigration reform could increase this gain, as current undocumented Hispanic workers could look forward to a gain of about 5% in wages, increasing their spending power and their tax contributions, upon naturalization.

- **Has the potential to ensure continued economic growth, addressing the national debt:** The immigrant influence on entrepreneurship is so strong, that it statistically provides a great hope for the continued expansion of the U.S. economy, providing jobs and the ability to pay down the national debt. As an illustration, between 1995 and 2005, skilled immigrants helped found 25 percent of U.S. engineering and technology companies, producing \$52 billion in sales and creating 450,000 jobs. Naturalization would encourage currently undocumented immigrants to act on their entrepreneurial ideas.
- **Offsets the aging U.S. population with younger workers, providing the country the ability to support its older adults:** By 2030, 20% of the U.S. population will be older adults with the continuing aging of the Baby Boom generation. The U.S. needs younger workers to fill the gap, especially in terms of Social Security contributions that can help to support the system that will strain under the higher percentage of recipients compared to contributors. Immigrants are both younger than the native-born U.S. population and have higher fertility rates, ensuring a supply of workers to support an aging native-born society. Undocumented immigrants often do not contribute to Social Security. Naturalization would increase their wages, raising their contributions and ensure that they contribute, helping to support the nation's retired population.
- **Fills critical jobs in areas needed by the U.S.:** This is especially true in health and technical areas. By 2030, approximately 3.5 million more healthcare professionals and direct-care workers will be needed to meet the demand created by an aging society. Immigrants already make up 18 percent of those in healthcare support jobs and 14 percent of those in healthcare technician and practitioner occupations. In addition, to engender economic expansion in an increasingly technical economy, the U.S. needs the innovation of immigrants in science, technology and mathematics heavy fields. As stated above, the entrepreneurial drive of immigrants in these fields tends to expand job opportunities, not contract them, for native born citizens. The current system greatly limits legal immigration on the basis of technical or health-related skills or education, crippling the U.S.'s ability to fill its employment gaps.

In addition to the compelling economic and societal reasons for immigration reform summarized above, there are equally compelling humanitarian reasons. For example, highly motivated immigrant youth who have grown up from childhood in the U.S. are today finding that they have no path to achieving naturalization. These youths are high school and college educated with great potential to contribute to the U.S. as their country and yet, can face repatriation to a country they have never really known. Older adults who have worked all their lives in the U.S. and have raised families, find themselves ineligible for Social Security, Medicare and Medicaid, sometimes even if they are now legally in the U.S. and even if they have contributed to the Social Security system. They often find themselves destitute and without access to healthcare even while facing chronic health issues or they find themselves forced to return to work in advanced age. Ultimately, their health problems can cost the system more without health care, as health problems progress to a critical stage before they are treated or managed. Undocumented workers face poor working conditions, low wages, no workers' protections and no benefits. With a path to citizenship, all of these immigrants will have the opportunity to make a better life for themselves while contributing to their adopted country – in talent, labor, entrepreneurship, taxes, and as consumers. Technically qualified people who are seeking the ability to immigrate legally, as well as adult family members are often faced with decades' long wait for a visa and families are split by deportation, leaving families divided across national lines and desperately needed qualified workers languishing in their native countries.

This report, therefore, makes the following policy recommendations:

- Making immigrants eligible for Social Security based on their contributions after they have earned their naturalization;

- 🏢 Facilitating access to Medicare and Medicaid for immigrants who are eligible through culturally- and linguistically- appropriate resources and support to enable their navigation and encourage their use of both insurance programs;
- 🏢 Broadening the categories of immigrants considered eligible for Supplemental Security Insurance to lessen the vulnerability of the nation's immigrants;
- 🏢 Passage of the DREAM Act;
- 🏢 Facilitating the entry of immigrants who seek to work in direct care and caregiving;
- 🏢 Facilitating a pathway to citizenship or authorized for those workers who have no workplace protections;
- 🏢 Facilitating family unification;
- 🏢 Facilitating the entry highly technically qualified workers in science, technology, engineering and mathematics (STEM) fields through H-1B visas;
- 🏢 Facilitating the entry of in-need low-skill workers.

Immigration reform represents an opportunity for the U.S. to not only capitalize on the strength, energy, skills and entrepreneurial spirit of its immigrants, but to honor its values and history as a country that has long welcomed the poor and oppressed from around the world and cares for those who have contributed to its success, especially the aging.

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Immigration Reform: A Pathway to Prosperity in an Aging Society

Introduction

The U.S. is a nation of immigrants. The vitality, diversity, and risk-taking positive spirit that immigrants bring to the nation is the source of our “Yankee ingenuity.” Statistics cited in this report illustrate that in this aspect, newer waves of immigrants are no different than historical ones. Immigrants have been good for the U.S. – their energy and entrepreneurial spirit a drive for economic growth. Today, the nation needs this drive and entrepreneurial spirit as much as at any time in its history. This is because three major trends are converging to shape U.S.’s destiny. How the U.S. responds to each, and especially how it deals with their interactive effects, will determine how well the nation and its people will fare in the twenty-first century.



Taken from: <https://www.telegraph.co.uk/travel/news/New-Yorks-Ellis-Island-reopens/>

The trends are as follows:

The need for jobs: The 2008 economic downturn sparked an urgent need to find new ways to create more jobs, increase productivity, and generate more revenue to pay off long-term debt while reviving the nation’s economy.

An aging population: By 2030 the number of adults aged 65 and older will increase to 72 million people and make up 20% of the U.S. population.¹ Thus, the aging of America has significant implications for the U.S. workforce, its caregiving infrastructure, and the scientific and medical fields that will be under pressure to meet the demands of an aging population.

A changing demographic: The nation’s population will become “majority-minority” by the year 2043, according to the U.S. Census Bureau.² The nation’s changing racial and ethnic demographics—in part driven by the immigration of an estimated 11.5 million undocumented individuals living in the U.S.³—presents the need to ensure the “rising majority” are treated equitably so they can maximize their contributions to the U.S. labor market and society.

The fate of the nation’s economy, its aging population, and its growing racial and ethnic diversity are inextricably intertwined. Because of immigration’s influential role in contemporary U.S., how the nation chooses to treat and integrate immigrants, especially those who are undocumented, will have long-lasting micro- and macro-economic effects and will determine how well we will meet the challenges of an aging society. Comprehensive immigration reform, therefore, should be carefully crafted to offer attainable, multi-generational solutions for everyone.

Immigration is Good for the U.S. and the Nation’s Future

Many studies cite the ability of immigrants to grow the U.S. economy and bring net benefits to U.S. society. For example, a recent study by the Center for American Progress projects the economic benefits of giving today’s undocumented immigrants legal status and a path to citizenship. In particular, the study shows U.S. GDP could grow up to an additional \$1.4 trillion, Americans could earn an additional \$791 billion and 203,000 jobs would be created yearly in the decade following

reform that provides immigrants with citizenship in 2013.⁴ These numbers would be only slightly smaller were the reform to include a five-year, instead of immediate, path to citizenship. In addition, these newly authorized individuals would begin to contribute even more in both federal and state taxes – up to \$116 billion to the federal government and \$68 billion to state and local governments.⁵ The increase in tax revenue would provide much-needed funding to Social Security and Medicare, ensuring the viability of these taxpayer-funded programs for the long-term.⁶ This benefit to U.S. society goes beyond economic contributions and higher tax revenues to filling critical job gaps in the U.S. economic landscape. Below are descriptions of some particular ways in which immigration is good for the U.S.

Entrepreneurship



Statistically, immigrants have a higher rate of entrepreneurship than native born Americans and generate jobs through their business creation. Immigrant entrepreneurs make up an increasing percentage of those who own their own businesses, according to a 2010 Small Business Administration report. The percentage of native-born self-employed business owners declined from 87.3% to 83.3% between 2000 and 2008.⁷ Over the same period of time, the number of self-employed Hispanics more

than doubled; their portion of self-employed workers rose from 5.6% to 10.2%.⁸ The same report asserted that the rates of job creation from the expansion of minority-owned establishments were higher than those of Caucasian-owned businesses.⁹ Moreover, between 1995 and 2005, skilled immigrants helped found 25% of U.S. engineering and technology companies, producing \$52 billion in sales and creating 450,000 jobs.¹⁰

SPOTLIGHT: Jorge Fierro

The origins of Jorge Fierro's businesses in Salt Lake City, Utah, started more than 15 years ago with two ordinary emotions: hunger and frustration.

Fierro came to the United States in 1985 after leaving college in Latin America. As an undocumented worker who spoke little English, he took any job he could – from herding sheep in Wyoming to washing dishes in Utah – while attending classes to increase his language skills. For a time, he was even homeless. But nothing stopped his drive to succeed.

It was in 1997, after a long day of work that his epiphany occurred. He had bought

some refried beans to make dinner. "The beans disgusted me," Fierro said; he couldn't eat them. It was then that Fierro realized that the fact that he had long lamented - Americans didn't realize how good Latin American food could be – was his opportunity. Fierro began to sell at a farmers' market 32-ounce containers of pinto beans cooked with garlic, onions and salt. The response was so promising that he applied to the Utah microenterprise loan fund for \$10,000 to launch his business. He rented a little place and hired a few people to help him assemble products.

Today, Fierro runs a facility 18,000 square feet in size to produce 125 different Latin American food products under his label, Rico's, and transport them to Nevada, Wyoming, and Utah. He owns a Mexican restaurant, Frida Bistro. Fierro is a U.S. citizen now, and his businesses employs 85 people.

But he never forgets his early experiences. Every week Fierro has employees distribute 1,000 burritos to the homeless. "You aren't just feeding them rice and beans, you're feeding them hope and love,"

Fierro said. To contribute to the economy, he tries to hire those who are unemployed, rather than those who are already working. Fierro, who is married with five children, is proud that he creates jobs, and earns enough to contribute to his community and support his family here and in Latin America – especially his widowed mother.

“I love what I do for a living,” Fierro said, saying that he hopes someday to market his products nationwide. “My father died in 1999, and he never lived to see what I have accomplished... I still get excited to go to work every day. This is a beautiful country.”

Closing the Social Security Funding Gap

The debate about Social Security’s future remains a consistent part of the national policy landscape. Social Security, also known as the Old Age, Survivors, and Disability Insurance (OASDI) program, was created in 1935 to ensure that older adults who could no longer work had income to sustain themselves after retirement. Prior to that time, and still today, many employers did not offer private retirement plans that afforded workers a modicum of economic security after their retirement. Social Security was a social insurance program created to fill that gap. Later, Social Security was expanded to provide benefits for the spouse and dependent children of retirees, disabled workers and surviving dependents of covered workers who are deceased.



Issues of class, race and ethnicity influenced the design of the original Social Security program, which excluded agricultural and domestic workers—the very employment categories in which workers of color, particularly African Americans, were disproportionately represented. Today, Latinos are heavily represented in these job categories. Even though workers in these occupations are now eligible for Social Security, their coverage remains spotty due to employers’ inconsistent wage reporting and widespread use of undocumented immigrant laborers who remain ineligible for Social Security benefits.¹¹

As of December 2011, the Social Security program covered 55 million people who received benefits totaling about \$65 billion in that month.¹² The question of Social Security’s long term financing looms large in the national debate about aging in the U.S. The Social Security trust funds are projected to experience a funding shortfall of approximately 25 cents on every dollar of promised benefits in the year 2033, if Congress chooses to do nothing to shore up its finances in advance.¹³ A variety of solutions exist to ensure that Social Security benefits are fully funded for several generations beyond the baby boom generation.

The cause of Social Security’s long-term funding gap can be attributed to several factors, including a growing wage inequality that places more earnings above Social Security’s cap on taxable earnings,¹⁴ the loss of payroll tax receipts due to higher unemployment rates caused by the recession and a demographic imbalance that projects fewer workers contributing to, but more retirees receiving, Social Security.¹⁵ Regarding the demographic question, conventional wisdom asserts that U.S. citizens are living longer while having fewer children. The ratio of workers to retirees is considered important because Social Security is a partially pay-as-you-go system that requires the contributions of current workers to help sustain the benefits of current and near retirees. As a result of demographic projections asserting that U.S. citizens live longer—particularly those in the upper half of the income distribution—while having fewer children, there has been significant concern that there will be too few younger workers to help finance the cost of supporting older retirees in the future.

Comprehensive immigration reform is one option that could help to offset the expected worker-to-retiree imbalance while boosting Social Security’s finances.¹⁶ Latino workers are younger, with a strong work ethic and higher fertility rates than other population groups in the U.S. Second generation immigrants often grow up to have higher rates of educational attainment and earn higher wages, both

of which lead to increased contributions to Social Security.¹⁷ Offering undocumented immigrants U.S. citizenship would be an asset to the Social Security trust funds, to older Americans in and near retirement, and to the stability of the system's long-term finances by expanding the pool of younger workers who can support the ongoing social insurance needs of an aging population.

Social Security, and the country as a whole, can only stand to benefit from immigration reform that increases legal immigration limits, a recent Social Security Administration (SSA) study asserts. The SSA specifically assessed the “Gang of Eight” immigration reform bill that several U.S. senators – four Democrats, four Republicans – introduced in April of 2013. The SSA affirms that this bill, titled the Border Security, Economic Opportunity, and Immigration Modernization Act (S. 744), would have significant net economic benefits, including improved solvency of the Social Security trust funds.¹⁸

Although many undocumented immigrants pay taxes, an important number of the roughly 11.5 million undocumented immigrants living in the U.S. have been working in the underground economy and not paying taxes, according to the SSA report. With the passage of the proposed bill, SSA expects approximately eight million of these immigrants will apply for, and receive Registered Provisional Immigrant (RPI) status, meaning they will enter the formal economy and begin paying taxes. While requirements to renew RPI status after six years could diminish their number, SSA estimates suggest those immigrants with RPI who work and pay taxes would go up dramatically as a result of the bill's changes to legal immigration limits. These taxes would greatly bolster the financial viability of the Social Security trust funds, adding an extra \$300 billion to the funds over the next 10 years. SSA also expects the proposed changes in the immigration bill to grow U.S. Gross Domestic Product (GDP) by 1.63 percent and create 3.22 million jobs in that same time period.¹⁹

The National Committee to Preserve Social Security and Medicare (NCPSSM) assessed other proposals included in S. 744 related to provisions for verifying immigrant work authorization. Two provisions, one involving the use of E-Verify and another mandating the use of a universally-required work identification document, would be extremely costly. According to NCPSSM, because both options target the enforcement of work authorization, if they are implemented their costs should be born by general treasury funds, rather than by the Social Security trust funds to safeguard its long-term viability.²⁰

Offering undocumented immigrants U.S. citizenship would be an asset to the Social Security trust funds, to older Americans in and near retirement and to the stability of the system's long-term finances by expanding the pool of younger workers who can support the ongoing social insurance needs of an aging population.

Need for Caregivers and Direct Care Workers in an Aging Society



Immigrants make up 18% of workers in healthcare support jobs and 14% of those in healthcare technician and practitioner occupations.²¹ Actively recruiting and training this population to help care for the baby boom generation will ensure that a trained and ready workforce will be available when needed.

This workforce will be needed sooner rather than later, as the aging of the baby boom generation is already triggering the need for a bolstered health

care system. Furthermore, as the population of older adults increases, so is its demand for health care. The sheer size of the baby boom generation means the number of caregivers and healthcare workers will need to grow dramatically; by 2030, approximately 3.5 million more healthcare professionals and

direct-care workers will be needed to meet demand.²² Yet, despite this growth in demand, the supply of caregivers and direct-care workers has not grown proportionally. There is an expanding “care gap” in the U.S. as the supply of caregivers and direct-care workers, traditionally women between the ages of 25 and 50, is not increasing at the same rate as the demand for direct-care.²³ This gap is becoming especially wide in the personal care and home health aide sectors, which make up the third and fourth fastest growing occupations in the U.S.²⁴

With 70% of aging baby boomers expected to need long-term care and 40% expected to need nursing home care,²⁵ the problems the direct-care workforce experiences will have serious implications for the well-being of older adults in the future. High turnover rates, vacancies, and a dearth of well-trained, qualified caregivers characterize today’s direct-care industry.²⁶ Because care for older adults is largely paid for by Medicare and Medicaid, providers have little room to increase wages, especially when combined with extra costs incurred by having to continually recruit and train new or contracted staff.²⁷ Caregivers themselves deal with extreme workloads and stressful work conditions, yet receive little supervision or specialized training in the core competencies of geriatric care.²⁸ The simultaneous decrease in qualified, committed workers giving direct care and increase in individuals needing direct-care services could significantly impact millions of older people’s quality of life.

The instability of the direct-care industry, not to mention the growing shortfall in qualified caregivers, has significant financial implications as well. The expense of industry turnover can reach \$2,500 per worker, with direct costs ranging from hiring and training replacements to increased worker injuries.²⁹ Indirect costs are harder to estimate, though are expected to be substantial. These costs include lost productivity, reduced service quality, client loss, and decreased organizational culture and morale.³⁰ Studies have shown better quality and consistent availability of direct care improves health outcomes, including the reduced use of health care resources (medications or instruments, for example) and fewer health complications.³¹ With the spike in demand for direct-care services expected in the near future, the costs of an unprepared and unstable workforce can only go up, burdening providers, patients, and their families.

Immigrants, already a critical group providing family caregiving and direct care, will be crucial to fulfilling the demand for this form of care in the coming years. Today, immigrants make up nearly a quarter of the direct-care workforce.³² In the in-home healthcare sector, the large majority of workers are immigrant women (90%) and a little more than half are from racially and ethnically diverse groups.³³ Due to the informal nature of direct care work, estimates of the number of undocumented immigrants in the field, ranging as high as one in five, are likely underestimate.³⁴ Immigrant direct-care workers, on average, are more educated, earn slightly higher wages, and are more likely to have long-term full-time positions compared to their U.S.-born counterparts.³⁵ In general, however, direct-care workers are poorly compensated for work that is often stressful, has a higher rate of on-the-job injuries, and lacks the workplace protections of other industries.³⁶

Immigration reform has the potential to boost the ability of the direct-care workforce to meet the needs of the growing population of U.S. older people, who not only have longer life expectancies, but who often have at least one chronic health condition.³⁷ As a result, more individuals will need short-term and long-term geriatric care. Baby boomers in particular are more diverse than previous generations, as well as more educated, have more widely dispersed families, fewer children, and more female children who work full time.³⁸ Diversifying the direct-care workforce is critical to providing culturally sensitive care to the aging members of an increasingly eclectic U.S. population.³⁹ Additionally, smaller, dispersed families and working children mean parents can less often rely on family members for care and support in their old age, shifting this reliance for care to the U.S. health system.

Today’s immigration system must facilitate, not hinder, the entry of immigrant caregivers and direct-care workers. The system today makes it exceedingly difficult for caregivers and direct-care workers

to enter the U.S. There are no visas, permanent or temporary, that fit well with the needs and qualifications of immigrant direct-care workers.⁴⁰ As a result, many do not qualify for employment visas, leaving them with few options for legal immigration and increasing their vulnerability to exploitation, low wages, and rights violations.⁴¹

Immigration reform must focus on increasing the number of visas available as a way to encourage foreign-born caregivers and direct-care workers to come to the U.S. This increase could be accomplished by creating new types of employment visas that require qualifications normally held by direct-care workers.⁴² Additionally, offering a path to citizenship for those undocumented caregivers and direct-care workers who currently live in the U.S. could begin to stabilize the direct care industry, helping to ensure a better quality of life for the nation's older adults older people.

SPOTLIGHT: Benita Martinez

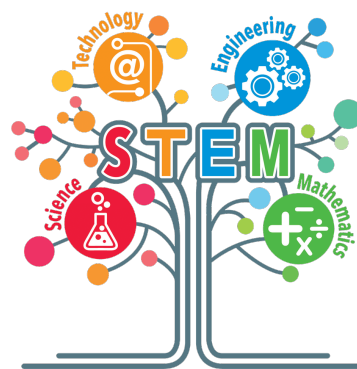
Benita Martinez emigrated from Mexico in 1942 when she and her parents crossed the Rio Grande to enter Texas. She was just two years old. “I was just a baby,” she said. Martinez, who lives in McAllen, Texas, didn’t go to school until she was eight or nine years old. “In those days, they didn’t care if you were of age. If there was work, they told you to just go do it,” she said.

Martinez spent her days picking tomatoes, bell peppers, and cotton until Census Bureau workers told her mother she had to go to school. Her mother had wanted to send her to school, Martinez said, but she was afraid they would all be deported. They were not, and the family all became American citizens by the time Martinez was about 12. She has two siblings who were born in the U.S.

The habit of her life has been hard work. Even when she was 11 or 12, after school, Martinez worked for 35 cents an hour cleaning houses and taking care of children. “I’ve worked all my life,” she said. For 18 years she lived in Chicago, working as a waitress and, eventually, for General Motors, where she was an inspector on a factory line. When her husband died, she moved back home to Texas and sold baked goods door to door. Now 73 and retired, she is a volunteer senior companion to three older people in varying degrees of infirmity, comforting them, reading to them and trying to ease their lives.

Need for STEM Workers in a High-Tech Economy

While some believe foreign-born science, technology, engineering and math (STEM) workers take opportunities away from those born in the U.S., they actually create jobs for U.S. workers due to their contributions to innovation, research and development. For example, a Partnership for a New American Economy report showed immigrants helped found 18% of all Fortune 500 companies. These companies now generate \$1.7 trillion in revenue every year and employ 3.6 million workers around the world.⁴³ U.S. economic recovery and future growth could be greatly facilitated were immigration reform to remove the limited quotas on scientists and engineers allowed to immigrate.



SPOTLIGHT: Dr. Alfredo Quinones-Hinojosa, MD, FAANS, FACS

Dr. Alfredo Quinones-Hinojosa, “Dr. Q” to just about everyone, uses a movie analogy to describe the complex brain tumor surgeries he performs several times a week at The Johns Hopkins Bayview Medical Center.

“It’s just like the movie ‘The Hurt Locker,’ deactivating a bomb that could explode in front of my eyes. I even ask myself some of the same questions – ‘Do I disconnect this? Do I disconnect that?’”

Dr. Quinones said, when recalling a particularly grueling operation the day before. “But by grace of God and help of my team, I fixed the things that were going wrong.”

It is a far cry from the life he once led as an undocumented worker, working on a railroad and picking cotton beside his cousins. Dr. Quinones grew up in Mexicali, Mexico, but at 19, came to the United States in 1987. He has a picture in his office of the decrepit trailer in which he lived during that time. One day, when he spoke about his dream of a better life, his cousin replied that working as a laborer was all he could hope to attain.

That motivated him to go to school, where his talent for math and science helped him get a scholarship to the University of California at Berkeley. His uncles, who were still migrant laborers, helped by bringing him food and giving him money for his bills. When the time came to choose between going to law school or medical school, Dr. Q thought of his grandmother, who was a curandera, or village healer, in Mexicali. He chose medicine, and became a U.S. citizen while studying at Harvard Medical School. In 2008, he was named as one of the 100 most influential Hispanics in the U.S.

Yet Dr. Quinones has retained the wide-eyed wonder of someone who cannot quite believe his good fortune. When asked how many lives he has saved during the thousands of surgeries he has performed, he is quick to answer, “Not as many as I wish I could. I don’t keep track of that; it would be arrogant of me. I’m nothing special.”

Others beg to differ. Dr. Quinones leads complex surgeries as head of the medical center’s Brain Tumor Surgery Program, writes books and papers, leads a team of 20 scientists in researching a possible cure for brain cancer using stem cells and always, always finds time to speak to low-income students.

When asked what is missing from the U.S. immigration debate, Dr. Quinones doesn’t hesitate, “We are so blessed to live in a beautiful country. We can make it better and we can help the countries around us. Instead of building borders, we can build bridges to help others around the world,” he said. “I am not a politician. I spend my life trying to find a cure for brain cancer. But what I try to remind myself when I walk into the operating room is the human factor. When I begin to operate, I understand that am not operating on a brain alone; they are humans. When I am connected to my patients, I feel their emotions and their anxieties, and it makes me a better human being and by definition better surgeon. It sounds to me sometimes that the human factor is missing... and that sometimes the human factor is equally or more important than the medical or political factors we may encounter. The interest of the American public is in making this world a better place. We need to keep the human factor in that equation as we discuss these issues, both with the American public and the immigrants caught in this dilemma. This is the only country in the world where dreams can come true,” Dr. Quinones continued. “My life is a testament to what the American public can do. This is a testament to what America can do, not what Dr. Q can do.”

Opportunity for Growth in the Current U.S. Immigration System

Lost Potential: The Nation's Immigrant Youth



In most states, undocumented immigrant youth live in the shadows of a system that allows them to attend primary and secondary school but disqualifies them from obtaining a higher education. Although the Obama Administration has implemented temporary administrative measures to alleviate this challenge, the potential educational disenfranchisement of an entire generation of young immigrants has serious consequences for the U.S. labor market. Why disenfranchise

talented students who can feed the pipeline of jobs and opportunities in important fields, including STEM, geriatrics and public health? From home health aides and technicians to nurses, pharmacists and physicians, if properly educated and trained, these young people can fill critical gaps in the healthcare workforce needed to care for our aging society.

SPOTLIGHT: Lizbeth Mateo

Lizbeth Mateo hasn't stopped dreaming since she came to America from Mexico with her family at the age of 14. Now 28, she has evolved from a naïve teenager to an immigration activist fighting to attain citizenship for herself and others.

Mateo came to the U.S. hungering for an education, but adjusting from a small Mexican school of 300 to a high school with 3,000 students in Los Angeles was a shock. When she was still in school, California became the second state after Texas to allow non-citizens to pay in-state tuition at California colleges. Mateo obtained a B.A., but became frustrated when she couldn't legally hold down a job using her education. "I did everything that I could do to get a degree, but I couldn't use it," she said. Then she became involved in the immigration issue on a political level.

"I began to work on deportation cases and I realized that, as difficult as it was for me, I was lucky to have a family 100% behind me and a state that allowed me to pay in-state tuition. Other families have been torn apart by deportations," Mateo said. Organizing with others to lobby for passage of the DREAM Act – and even engaging in a peaceful sit-in on behalf of the bill – was a turning point for her. The DREAM Act offered a pathway to citizenship to undocumented immigrants who came to the U.S. as minors and have graduated from high school. It passed the House of Representatives in 2010 but failed by a few votes to be considered in the Senate. After her hard work, the courage of others kept her heart from breaking.

"When it failed it was a disappointment, but I was happy to see the reaction of others who I worked with. We all had the same mindset – 'We will talk to more young people, we will mobilize, this will give us more energy and more determination,' everyone said. It was enough for me to see that we had not failed," Mateo said. "Yes, I don't have legal status, but it doesn't mean that I can't do many things," she added.

Mateo wants to become a lawyer and work on immigration issues. The fall of 2013 will bring her one step closer to her goal, when she enters Santa Clara University Law School on a merit scholarship.

Lost Potential: Productivity, Tax Income and Unnecessary Public Expenses of Undocumented Workers

The needs of working age adults should also be a primary consideration in immigration reform. To date, the U.S. economy has taken advantage of the lower-wage skills provided by undocumented workers without affording them access to supports that U.S. citizens receive for the same contributions. The contributions of undocumented workers have helped to fuel several dominant sectors of the U.S. economy. In most instances, however, undocumented immigrant workers have contributed to the nation's economic productivity without receiving fringe benefits—such as access to health insurance or workers compensation—that would provide them with economic and health security as they mature. Even though many of them contribute taxes that help to finance public programs, it is their inability to access public benefits that lies at the heart of the uncertainty that undocumented immigrants and their families face when confronted with medical and economic crises.

Non-citizen Hispanics face great barriers in attempting to provide for their families and move securely into retirement. Simply put, citizenship increases economic well-being. Authorization increases immigrant wages, enabling them to take better care of themselves and their families. Whether extending from improved English language skills or from a greater ability to inspire confidence in employers, the wage gap lessens when immigrants gain citizenship: the average annual earnings for authorized immigrants stood at around \$43,000 compared to less than \$29,000 in earnings for non-citizen immigrants in 2010.⁴⁴

The types of jobs immigrants hold, and therefore the benefits they receive, can also shift with a change in legal status. Most undocumented immigrants work in agriculture, food service, construction, maintenance or other low-wage, low-skill industries that lack workplace protections and benefits. Authorized immigrants, however, have increased access to jobs in the public sector, healthcare, community services and education.⁴⁵ Working in fields such as these give authorized immigrants access to benefits like employer-based health insurance. While undocumented immigrants often forgo regular visits to the doctor and other preventative care services, those who have health insurance are less likely to have medical emergencies, develop poor health outcomes, and strain public health services.

In addition, authorization can greatly improve the socio-economic conditions for many older Latinos, who often have little accumulated wealth to maintain them in retirement and are more likely to be ineligible for Social Security or Supplemental Security Income.⁴⁶ With the receipt of a valid Social Security number or legal permanent resident status, Hispanic older people can gain much needed access to these and other important programs, all a vital source of income older Hispanics use for their daily and unexpected expenses.

In general, the higher incomes and expanded access to health insurance associated with citizenship means older Latinos would be less likely to have poor health, experience medical emergencies and demand care from the public health care system. Citizenship for Hispanic immigrants, and especially for older people, can therefore do a great deal to boost their economic and health security, while simultaneously lessening the burden on public services, expanding the tax base for tax-funded social programs and improving the productivity of U.S. businesses. Moreover, the citizenship for those who have spent decades and lifetimes working in the U.S. helps to ensure an economically secure and healthy older age in a nation that takes seriously its moral obligation to care for its elders.

SPOTLIGHT: Luz, a native of Bolivia

Luz, a 50-year-old Bolivia native, came to the U.S. 27 years ago to help her family study and obtain a better life. She couldn't get a visa from her home country, so she crossed the Mexican/U.S. border and made her way to Virginia.

Luz found work as a nanny for two lawyers who wanted their two young children to grow up understanding Spanish. They helped her get a green card so she could work in the U.S., encouraged her to get an education and helped her become a citizen. Luz ended up working for the family for a decade. During the day she spoke Spanish to the children, and their parents spoke English to them at night, enabling them to grow up effortlessly bilingual. In the meantime, Luz sent money home to her parents, brothers and sisters and attended community college classes at night, obtaining an associate's degree in Early Childhood Education.

Now Luz has taught at a Montessori School in Virginia for 15 years. She was able to pay for a new house for her parents and help support her siblings. She keeps in touch with the family who employed her as a nanny and whose early kindness she never forgot.

She is invited to family gatherings. The children she cared for so carefully are in their 20s and speak Spanish without an accent, she marvels, and her own son plans to attend Virginia Tech in the fall of 2013.

"I never get anything from the government," Luz said. "I always worked, I always pay my taxes. Immigrants don't come here to commit crimes. We come here to escape crimes, and earn an honest living for our families ... we deserve a path to citizenship since we have supported so many businesses at the most basic manual level."

Lost Generation: The Plight of Immigrant Older Adults

Older immigrant adults live in highly difficult circumstances in the U.S. Vulnerable from an economic, health, and social perspective, many older undocumented immigrants have spent their working years contributing to the U.S. economy only to "retire" in deep poverty, poor health and in some cases without the ability to lean on immediate family members for assistance. Their vulnerability is increased dramatically because they lack access to vital programs like Medicare, Medicaid and Social Security even in retirement and, in many cases, despite their contributions to financing these programs. Extending fundamental decency and fairness to retired undocumented immigrants who have paid into these programs should be a critically important aspect of comprehensive immigration reform.

General Population Profile

While much of today's rapidly growing Hispanic population is skewed younger, Hispanic older people, both authorized and undocumented, still represent a sizeable portion of the Latino immigrant group. In 2010, they made up 31% of all older immigrants in the U.S.⁴⁷⁻⁴⁸ Just as the entire Latino population is expected to increase dramatically in the coming decades, so will the number of older Hispanics. By 2050, the number of Hispanic older people living in the U.S. is expected to rise from 7% of the U.S.'s total population of older adults to nearly 20%.⁴⁹ Most of these older Hispanic adults originated in Mexico, echoing the country of origin patterns in the larger Latino immigrant population. Specifically, in 2010, 15% of Latino older people came from Mexico, followed by 6% from Cuba.⁵⁰ Also like the majority of Hispanic immigrants, Latino older people live in a few main states. As of 2008, 70% lived in four states: 27% in California, 19% in Texas, 16% in Florida and 9% in New York.⁵¹⁻⁵²

Older Hispanic immigrants share a variety of characteristics that define their socioeconomic experience in the U.S. In general, they face difficulties of poverty, health and limited education that make their daily lives more challenging and impact their ability to flourish while in the U.S.

Health

Hispanic older people have longer life expectancies than their counterparts from other U.S. racial and ethnic groups, but have a greater chance of living with chronic health problems. Older Hispanic men and women aged 65 and older are expected to live to ages 85 and 89, respectively, compared to a life expectancy of 82 and 85 for non-Latino men and women of the same age.⁵³ While Hispanic adults have a longer life expectancy, studies demonstrate that this does not mean they are healthier during those years of life.⁵⁴⁻⁵⁵ Fifty-six percent of Latino elders report living with a chronic condition like diabetes or diabetes-related complications.⁵⁶ In addition, Hispanic older people are more likely to have face challenges to their independence based on health and physical limitations than older people individuals born in the U.S. For example, 64% of Mexican older adults have difficulties with daily activities compared to 43% of their native-born counterparts.⁵⁷



Hispanic older people often do not have health insurance coverage and, as a result, experience considerable difficulty paying for out-of-pocket medical costs. Mexican immigrants, in particular, are most likely to lack health insurance.⁵⁸ Mexican Americans often hold jobs that do not offer health insurance, and even when eligible for Medicare, 7% of Mexican older people do not participate.⁵⁹ The situation is even worse for undocumented older Latino immigrants of all countries of origin; 60% lack health insurance, despite living with a high risk for disability and other health problems.⁶⁰⁻⁶¹

Education



Older Hispanics, regardless of immigration status have lower levels of educational attainment than other groups in the U.S. While 81% of non-Hispanic whites age 65 or older graduated at least high school, only about half as many Hispanic older people could say the same in 2007.⁶² Foreign-born and non-citizen older Hispanics, in particular, are much less likely to be educated, with 70% lacking a high school diploma.⁶³ Fewer years of education mean these immigrants, authorized or not, have a harder time accessing vital services and information related to everything from health care to prudent savings habits, compounding their socio-economic struggles after coming to the U.S.

English language proficiency similarly impacts the daily life of Latino older people. Many older Hispanics have poor English language skills, though skill level is higher for naturalized immigrants compared to non-citizens. In 2010, out of all immigrants living in the U.S. with limited English language proficiency, nearly half spoke Spanish as their first language.⁶⁴ In particular, Cuban older adults have the lowest level of English proficiency at 54%, followed by Puerto Ricans at 36% and Mexican Americans at 28%.⁶⁵ Projections for the future, however, are more positive. The number of Hispanic older people lacking high school education is expected to decrease significantly by 2050 (24% will lack a high school diploma compared to 41% in 2007).⁶⁶

Economic Insecurity

While economic insecurity affects Hispanics of all ages, the struggles experienced by immigrant older adults (the majority of whom are Hispanic) are even more severe: 40% of immigrant older people live in low-income families (compared to 30% of native-born older adults), and 18% of Hispanic older adults live in poverty (compared to 27% of the Latino population as whole and 6.8% of their non-Hispanic white counterparts).⁶⁷⁻⁶⁸



Older Hispanics are much less likely than other groups to have saved for retirement or participate in employer-sponsored retirement plans. Over half of Hispanic households headed by an older adult aged 55-59 have no assets saved in 401(k)s or IRAs.⁶⁹⁻⁷⁰ They save less, not only because many possess fewer financial resources, but also because they lack financial literacy. Fully 43% of all Hispanic workers report having no knowledge of how to invest or save for retirement, compared to 12% among the general population.⁷¹ As a result, more than half of Hispanic older people experience daily economic insecurity and 90% will not have adequate resources to last their lifetimes.⁷²

Unsurprisingly, Social Security represents a huge source of support for Hispanic older people. Without it, more than half of those receiving Social Security benefits would live in poverty.⁷³ Out of the three quarters of Hispanic older people receiving Social Security, 55% use Social Security for 90% or more of their income and 43% have it as their sole income source.⁷⁴⁻⁷⁵

Despite the great need for Social Security support, many older Hispanics do not receive benefits. Eligibility for immigrants is complicated by a few different factors: many do not have authorized status and are therefore ineligible; many work in industries which do not report Social Security contributions; or they have not earned enough during their time in the U.S. to reach the 40 credits necessary for eligibility.⁷⁶⁻⁷⁷ As a result, twice as many older people Hispanic couples go without desperately needed Social Security payments than do their non-Hispanic white counterparts.⁷⁸

Even when Latino older people receive them, benefits payments are often inadequate to cover substantial costs like housing or medical expenses. For example, two cities in which a large portion of older Hispanic adults reside see an alarming imbalance between rental prices and Social Security payments. For Hispanic adults ages 65 and older, Social Security payments average \$1,018 for men and \$795 for women, while the average rental cost is \$1,061 for a one bedroom apartment in Los Angeles and \$1,195 in New York.⁷⁹

Challenges Presented by Immigration Status

Lack of citizenship or authorized permanent residency presents a challenge to immigrants when attempting to access everything from workplace protections to health care. Mexican immigrants account for 60% of all undocumented individuals residing in the U.S., with another 12% accounted for by immigrants from Central American countries.⁸⁰ Because they are undocumented, often using unauthorized Social Security numbers, these individuals cannot access Social Security – even when the jobs they hold are covered and they pay into the system.⁸¹ As a result, only 25% of undocumented workers are covered.⁸²

Additionally, the wait periods to become eligible for other long-term support programs like Medicare and Medicaid (five years for both) can be burdensome for older Hispanics. This wait time puts inordinate pressure on Hispanic older people who have achieved legal permanent resident status, but may need financial support throughout the years they must wait before becoming eligible for these

programs.⁸³ Those who are not granted authorization must forgo any help that could be provided by such programs.

Labor Market Experiences



The labor market experience of older Hispanic adults relates to and compounds the difficulties they face in their personal lives. While the participation rate of older Hispanics in the labor force decreases with age, 71% of Hispanic men and 51% of Hispanic women between the ages of 50 and 69 were employed or looking for work in 2007.⁸⁴ Higher rates of working older adults within the Hispanic community suggest they have financial needs that

make it difficult or impossible for them to retire.

Compounding these financial needs, authorized and undocumented Hispanic individuals of all ages earn noticeably less in wages and receive fewer benefits than their non-Hispanic white counterparts. This gap in earnings is especially true for Latino older people. Hispanic men aged 50 to 69 earn a median annual income of \$30,400 (compared to \$50,600 for non-Hispanic white male workers) and Hispanic women of the same ages earn \$24,300 (compared to \$36,400 for non-Hispanic white women).⁸⁵

Lower lifetime incomes mean Latino older people face considerable challenges when attempting to save and build wealth. Hispanics are the group least likely to have access to retirement pensions.⁸⁶ Coverage levels for Hispanic workers, already quite low, have declined over time, dropping from 38.2% to 22.6% between 1979 and 2006.⁸⁷ These challenges, especially in light of the recent economic downturn, meant Hispanic households saw their net worth drop from \$18,359 to \$6,325 in just four years (2005-2009).⁸⁸

The nature of employment for most of the Latino immigrant population partially explains the wage disparity, as does their lower level of educational attainment. Latino older people often work in low-skill industries like agriculture, food service, maintenance and construction that generally pay less and offer few benefits to their employees. As a result, older Hispanics earn barely three-fifths as much as their non-Hispanic white counterparts.⁸⁹ Being native-born also increases earning power. Hispanics born in the U.S. earn more annually than their foreign-born counterparts.⁹⁰ For older Latinos, those with higher levels of education see higher rates of labor force participation and lower rates of layoffs.⁹¹

Compounding difficulties of poverty and poor health, Hispanic immigrant workers, especially those who are undocumented, do not receive any of the typical workplace protections enjoyed by citizens. Undocumented immigrants, vulnerable to employers who may use immigration status as a way to take advantage of them, often have limited or no options for recourse when their rights are violated.⁹² In addition, labeling undocumented workers as “independent contractors” has become commonplace for employers who want to avoid paying taxes, Social Security, unemployment, and overtime.⁹³ As a result, these undocumented workers often lack protection against discrimination and unsafe working conditions, access to fair wages, and benefits like Social Security coverage and paid time off.

Hispanic workers also tend to hold impermanent, physically demanding jobs that put them at higher risk for job-related injuries or layoffs. Older Latino workers have higher rates of disability and occupational injuries.⁹⁴ Given the cyclical nature of certain industries in which Latinos find employment (e.g. construction), and their lower rates of education, immigrants are more vulnerable to layoffs.⁹⁵ The recent economic downturn hit these workers especially hard, with the unemployment

rate among foreign-born construction workers more than tripling during the first 15 months of the recession.⁹⁶

In short, the labor market experiences of immigrant Hispanic older adults limits their ability to save for retirement or receive retirement benefits allowing them to retire with economic security. As a result, many Hispanic older adults remain in the workforce in physically demanding jobs that are more likely to result in injury or disability and with greater likelihood of being laid off.

Excessive Bureaucracy and Difficulty Addressing the Looming U.S. Skill Gap

Naturalization could alleviate many of the challenges undocumented individuals face, yet numerous barriers within the immigration system make it exceedingly hard to achieve citizenship. Hispanic immigrants have the lowest rate of naturalization of all immigrant groups living in the U.S.⁹⁷ Excessive wait periods, no path to legal residency or citizenship for immigrants on temporary visas and a misconceived approach to employment-based visas are just a few of the broken aspects of today's immigration system.

Expensive, overly complex visa application processes force potential immigrants, family members and employers to spend valuable time and money navigating today's immigration system. The cost of the visa application process itself can be extremely prohibitive. One study found that 20% of legal permanent residents living in Texas did not apply for citizenship because of associated costs.⁹⁸ These costs add up to approximately \$680, though this number represents the lower end of expenses that the process often incurs. It does not include the time and money spent on English courses or obtaining legal services to navigate the system, for example.⁹⁹ Visa applications can incur even higher fees, with costs sometimes rising to thousands of dollars.¹⁰⁰ Given that, for example, 38% of non-citizen Mexicans live below the poverty line and 52% of legal permanent residents of all backgrounds are low income,¹⁰¹⁻¹⁰² the need to make the process of applying for citizenship both more affordable and more straightforward remains blatantly clear.

When immigrants do choose to navigate the lengthy, complex application process, wait periods and unrealistic visa quotas still stand in the way. Today, country- and employment-based visa quotas do not realistically reflect demand. The backlog in visa applications stems from a fundamental glitch in the system: the number of visas available annually is much less than the number of people who want them.¹⁰³ As a result, excessively long wait lists for both family unification and work visas mean potential immigrants often wait years without the option to travel to the U.S. in the meantime. While no cap exists for immediate family members (i.e. minor children, spouses, or parents of U.S. citizens), petitions for family unification can last as long as two and a half years. As of August 2012, immediate family members of legal permanent residents received visas if they entered the wait list before March of 2010.¹⁰⁴ All others attempting to join their relatives in the U.S. must deal with a ceiling of 25,600 visas per country – meaning the wait for an available visa can last more than a decade.¹⁰⁵ In general, no adult family member, with the exception of spouses and parents, waits less than seven years for green-card eligibility.¹⁰⁶

Visa quotas and associated wait times also affect U.S. employers, especially those seeking to hire immigrants in the STEM fields. Arbitrary employment-based visa quotas mean immigrants often do not meet the skill needs of U.S. employers, and the demand for highly-educated professionals with STEM backgrounds remains unmet.¹⁰⁷ The limit on H-1B visas, reserved for those with at least a Bachelor's degree and who work in "specialty occupations," means those in-demand STEM immigrants often cannot enter the country without enduring a backlogged system. Not only is the quota for H-1B visas set unnecessarily low, but they are given out on a first-come, first-serve basis. As a result, eligible workers seeking entry on H-1B visas often have to wait years before a visa becomes available.¹⁰⁸

Lack of Fairness in Terms of Public Benefits

There is a question of fairness in reference of public benefits and immigration reform, as detailed below.

Social Security

The fairness of Social Security especially should be considered during immigration reform. It is estimated that undocumented immigrants contribute tens of millions to the Social Security trust funds on an annual basis. While annual figures vary, the Social Security actuaries estimate that the amount contributed increased to \$13 billion in 2007 and to about \$12 billion after deducting the amount paid out to the legal dependents of undocumented workers employed in covered jobs.¹⁰⁹ While undocumented workers do improve the health of the Social Security trust funds, supporting older retirees and near retirees through their contributions, these workers are ineligible to draw down on benefits they earned while using unauthorized Social Security numbers not matched to their names.

This has not always been the case. Undocumented workers were once able to get Social Security numbers matched to their names in case they became legally eligible to draw down benefits. Over time, restrictions added to U.S. laws have made it impossible for undocumented workers to have payroll tax contributions credited to their own Social Security record.¹¹⁰ This limitation has direct negative implications for retirees who performed undocumented work in jobs covered by Social Security.

Today it is hard for native-born Americans to imagine a time in U.S. history when younger generations had responsibility for meeting the daily living expenses of older retirees, including their medical, shelter, food, and clothing costs. Prior to the enactment of Social Security, however, this type of financial burden was the norm. Older retirees with no family members upon which to rely were frequently destitute. Unfortunately, this antiquated approach to retirement remains the rule for undocumented immigrant families. Many undocumented immigrants have worked a lifetime in low-wage employment only to have no form of old age insurance to help meet their living expenses in retirement. This means that younger family members of undocumented workers who have retired are struggling to make ends meet as they seek to care for their aged loved one. Often in lower wage jobs themselves, the financial obligations of fully providing for an older relative take a toll on younger workers and have the effect of exacerbating the racial and ethnic wealth gap that exists in the U.S.¹¹¹

For all these reasons, comprehensive immigration reform must facilitate a way for undocumented workers to claim the Social Security credits they earned while working.

Medicare and Medicaid

Undocumented workers are also ineligible for Medicare, despite the fact that many contribute a portion of their payroll taxes to the Hospital Trust Fund that helps finance Medicare Part A. Undocumented workers contributed about \$2 billion to Medicare's Hospital Trust Fund in 2010, estimates say.¹¹² Navigating the system is often so challenging for those immigrants who are eligible for Medicare and Medicaid that they sometimes forgo the use of these social insurance programs altogether. Cultural and linguistic barriers make it particularly difficult for immigrants to understand eligibility requirements, enrollment processes, potential fees, how to access subsidies or reimbursement programs, or the litany of other options available to them.¹¹³ The lack of appropriate resources and support for immigrants whose first language is not English means these individuals often avoid accessing the support offered by Medicare and Medicaid, heightening their vulnerability to high out-of-pocket health care costs.



The prohibitive cost of medical care imposes significant health consequences on older, undocumented immigrants who lack access to Medicare. If they face serious illness, the financial health of their families is also at risk.

Although research indicates that non-older people foreign-born immigrants are more likely to be healthy and to have lower healthcare utilization rates,¹¹⁴ it also suggests that Latino older adults are more likely to be in poor health even though they live longer than their peers of other racial and ethnic backgrounds.¹¹⁵ The probability of living longer with a poorer health status and no health insurance presents a social, financial and ethical dilemma. Already living in poverty, undocumented immigrant older adults and their family members are least likely to be able to pay for health-related out-of-pocket expenses, especially for regular doctor visits or medical events that require hospitalization. Avoiding seeking care even when it is needed likely contributes to their poorer health status as they age. Moreover, the fact that many older adult immigrants paid into the system only to be denied the ability to access Medicare when they need it is a tragic consequence of a deeply flawed system. Reversing this situation should be a primary component of comprehensive immigration reform.

Although individuals are eligible for emergency care under Medicaid regardless of citizenship status, the law generally prevents Medicaid coverage for undocumented immigrants. With some state exceptions, Medicaid eligibility for authorized immigrants is extended after a five-year wait period. The standard for access to publicly financed health care, and also for the Affordable Care Act's health exchanges, is severely restricted for undocumented immigrants in almost all circumstances, however.¹¹⁶

SPOTLIGHT: Margie Omero

Margie Omero takes complex issues in stride. She is accustomed to assessing and commenting on complicated political topics for major media outlets, since she is the founder of Momentum Analysis, LLC, a Democratic public opinion research firm (recently acquired by Purple Strategies). But none of that quite prepared her for the maze-like experience of helping her aging father, Costas Omero, get the health care assistance he needed.

Mr. Omero immigrated to the United States in 1964 and gained permanent residence status. Ms. Omero moved him into her Washington, D.C. area home while he was in his 70s. "He hadn't seen a doctor in decades," she said. When he began to have health problems such as a stroke and breathing problems, Ms. Omero went to work figuring out for what assistance he was eligible.

It wasn't easy. Ultimately, she determined – with some help from Capitol Hill – that he was eligible for Medicaid, but not Medicare. Navigating the rules and regulations proved to be a challenge. But she wanted to keep her father living with her as long as possible – and get him the best care she could.

"It's hard enough to sort through red tape that comes with taking care of an aging parent," Ms. Omero said. "I can't imagine how tough it must be for people for whom English is not their first language. Yet it's a challenge most of us face sooner or later."

Supplemental Security Income

The Supplemental Security Insurance (SSI) program is a federal program designed to provide cash assistance to low-income individuals who are aged, blind or disabled. When SSI was created in 1972, it allowed qualified immigrants to access benefits. Immigrants were considered qualified if they were lawfully admitted permanent residents or if they were permanently residing in the U.S. under color of law (PRUCOL).¹¹⁷ Eligibility for certain qualified immigrants was restricted after the passage of the Personal Responsibility and Work Reauthorization Act of 1996. As a result, with the stroke of a pen, the law created further economic insecurity for a category of people who were already experiencing hardship. After passage

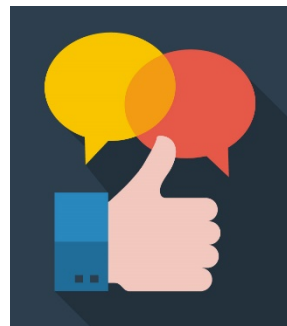
of the 1996 law, the use of SSI by authorized immigrants declined by 32%.¹¹⁸ A reconsideration of these categories should be a part of comprehensive immigration reform.

Recommendations

For Hispanic Older Adults

A Path to Citizenship

A path to citizenship for older Hispanic adults would do much to stabilize the Hispanic community as a whole. Citizenship would dramatically increase the wages earned by older Hispanic immigrants and boost their capacity to provide for themselves and their families. By earning citizenship, today's Hispanic immigrant workers would make up to 25.1% more income in five years if they were given legal status immediately.¹¹⁹ In addition, citizenship would give Hispanic older people greater access to support systems like Medicare and Social Security that would further improve their economic security. They would also gain rights only conferred upon U.S. citizens, such as the right to vote, run for political office and hold public-sector jobs, enabling fuller participation in U.S. society and facilitating the processes of integration.¹²⁰



Shorter Wait Time and More Visas for Family Unification

Reuniting families remains a vital tool for building stable, secure Hispanic communities. In general, the number of family-based visas does not meet demand. As of now, family members must often wait up to a decade or more to receive a visa to join their relatives in the U.S. While this time is shorter for immediate family members, the wait time for family reunification visas combined with arbitrary quota limits for certain preference categories of family-based immigration (e.g. siblings) can make reunification nearly impossible.¹²¹

Many older Hispanics provide for, or depend upon, their families for financial and health care support. One study demonstrated that families provide a vital source of financial support for foreign-born Mexican Americans ages 65 and older. Another showed that 23% of Hispanic older people depend on family for support, compared to only 10% of non-Hispanic whites.¹²²⁻¹²³ Alternatively, the 890,000 caregivers who care for the 3.5 million individuals with intellectual and developmental disabilities are age 60 or older.¹²⁴ Reform to streamline visas and expedite the process of family unification would greatly benefit the psychosocial well-being of Hispanic older people and their families, help stabilize Hispanic communities and expand the ability of both Hispanic workers and older people to contribute to U.S. society.¹²⁵

A Chance to Earn Public Benefits and Take Charge of Economic Security and Health Outcomes

Allowing all older Hispanics to receive benefits from Social Security, Medicare and Supplemental Security Income would keep them out of poverty, help them to meet daily needs and provide extra economic stability in times of emergency. Additionally, citizenship for today's immigrant population would increase their wages by at least 5%, boosting the earnings of those immigrants already eligible for naturalization from \$21 billion to \$45 billion in just one decade.¹²⁶ It would also recognize immigrants' political rights, which would help them integrate into U.S. society.¹²⁷

The combination of greater earnings with an increased availability of employer-sponsored retirement and pension plans could also drastically change the economic outlook for aging non-native Hispanics. Today, foreign-born Hispanic individuals have a much lower participation rate in employer-sponsored retirement plans (26.9% compared to 49.6% of white, salaried employees).¹²⁸ Giving them access to such plans would help them better prepare for retirement and ensure their security in their post-working

years. Additionally, legal status is key to giving undocumented Hispanic older people greater access to employer-based health insurance, a vital factor for older Hispanics who are both at a greater risk for chronic diseases and have substantially fewer assets available to pay out-of-pocket for medical care.

Finally, many studies have shown the positive impact of legal status on immigrants' health, economic and educational outcomes. In the U.S., naturalized citizens are more educated, have better language skills, and possess greater professional skills than noncitizens. Citizenship also confers upon immigrants the ability to inspire more confidence in employers, increasing their access to more stable, higher paying jobs as a result (including jobs in the public-sector), enabling them to avoid deportation, and giving them a strengthened ability to weather economic downturns.¹²⁹ Finally, the reduction in socioeconomic stresses experienced by temporary or undocumented immigrants could have positive implications for the long-term health of older Latinos as they gain access to better financial support systems and health care and aging services.¹³⁰

Policy Recommendations

The U.S. population is growing both older and more diverse even as the nation struggles with the aftereffects of the Great Recession. A fair and just comprehensive immigration reform law will be crucial in determining how well the nation responds to the multiple 21st Century challenges it faces. Reforms must focus on multi-generational solutions for both authorized and undocumented immigrants so they and their families have the best chance possible to flourish in the U.S. while making solid contributions to the wellbeing of the nation. The following recommendations will facilitate achievement of this goal:

Contribution-Based Eligibility for Social Security

All authorized immigrants who contribute to Social Security, before or after the granting of authorized status, should be made eligible to receive its benefits under the same provisions as all others who apply. Ensuring that immigrants lawfully working in the U.S. have access to Social Security would significantly enhance the sustainability of the social insurance fund and help safeguard its ability to support aging adults today and in the future.

Access to Medicare and Medicaid

Limitations on eligibility for public health insurance remain unchanged by the Affordable Care Act and will heighten the difficulty for the country to meet the health care needs of immigrants now and in the future.¹³¹ To help support those immigrants who are eligible, reforms must facilitate their use of Medicare and Medicaid, including culturally-and linguistically- appropriate resources and support to enable their navigation and encourage their enrollment in both insurance programs. Comprehensive immigration reform should also provide a pathway for undocumented immigrants to become eligible for these programs.

Broaden Eligibility Supplemental Security Insurance (SSI)

Comprehensive immigration reform should broaden the categories of immigrants considered eligible for SSI. The limitations on immigrant eligibility implemented by the Personal Responsibility and Work Reauthorization Act of 1996 need to be reconstituted to reverse the heightened insecurity they caused and provide much-needed support to the country's most vulnerable immigrants.

Passage of the DREAM Act

Immigration reform must encourage and support the talented immigrants who can fill critical gaps in the workforce and contribute to the health of the nation. Congress must pass the DREAM Act to ensure

all undocumented immigrants who came to the U.S. as minors and have graduated high school have a viable path to citizenship, a higher education and a career.

Facilitation of Entry for Direct-Care Workers and Caregivers

Immigrant direct-care workers and caregivers are essential to guaranteeing the U.S. health system can meet the growing demands of its expanding population of older people. Reforms must specifically facilitate the entry of the immigrants seeking to work in direct care by providing them with more options to qualify for temporary and permanent employment visas, providing them with training and enhanced job mobility, and offering a solid path to citizenship to those already working in the U.S.

Access to Workplace Protections

Immigration reform must provide a path to citizenship to those immigrants currently working without any protection of their rights in the workplace. A path to citizenship would offer immigrants the chance to gain these legal protections, as well as to greater opportunities for job mobility and public sector employment.

Expansion of Family Unification Visas

The visa process for family unification must be reworked to ensure immigrant older people have viable opportunities to reunite with the family networks on which they rely for care and support. Immigration reform should increase the number of family-based visas so quotas more adequately meet demand and eliminate excessive wait times.

Expansion of H-1B Visas

H-1B visas are key to encouraging much-needed immigrant workers in STEM occupations to come to the U.S. Reform must remove the cap on H-1B visas and facilitate the application process so these STEM workers can more easily enter the country, be trained within the U.S. education system and fill critical gaps in this country's STEM fields.

Visas for In-Demand Workers

Reform must rework the visa system to facilitate the entry of in-demand low-skill workers, especially those in the direct-care industry. Creating new categories of visas with requirements targeting the qualifications of these workers, in addition to providing them with a path to citizenship, would better enable them to compensate for the critical gaps in the U.S. workforce that native-born workers have been unable to fill.

Conclusion

Today's most recent waves of immigration, like those of the nation's past, are a positive force for the U.S. economy and its society. Immigrants bring to the U.S. unsurpassed energy, ingenuity, entrepreneurial spirit, positivity and a drive to succeed that results in a tremendously strong work ethic. Immigrants today are acculturating on the same path as those of the past. English fluency and comfort in their new nation is sometimes achieved generationally, but hard work, sacrifice and entrepreneurship is invested as heavily by the first generation as generations following.

Immigration reform is an opportunity for the U.S. to benefit from the strengths, skills, abilities and drive of its newest wave of immigrants and it comes at a critical time. Faced with critical workforce gaps in STEM fields and direct care, as well as a need for workers to pay into the Social Security system to support an aging society, the U.S. needs the energy of its immigrant population like never before.

Immigration reform is also an opportunity for the U.S. to live up to its reputation and ideals as a compassionate nation, to honor its roots as an immigrant nation and the inscription on one of our most beloved national symbols – the Statue of Liberty. In the present as in the past, the poor, the tired, the huddled masses have become the U.S.’s strength and drive. As a nation, it is incumbent upon U.S. citizens to honor the toil and sacrifice and contribution of its immigrants, especially those who are aging and have given lifetimes to providing the critically needed labor for U.S. industry and homes. Documented and undocumented, older adults deserve honor and care and the opportunity to live out their golden years in contentment and security.

Immigration & Caregiving

Shortage of Caregivers and how immigrants can fulfill those roles.

As the older population continues to exponentially grow in the United States, there will be an increased need for health care professionals, including direct-care workers, majority of whom are immigrants. A 2016 study, found that non-US-born individuals represent a large percentage of health care profession workforce.ⁱ

The United States health care system depends on the work of over three million immigrants, who represent 18.2 percent of all health care workers. In the United States, a majority of migrant health care workers come from Caribbean countries, Mexico, and the Philippines.ⁱⁱ Particularly, more than one in four direct care workers are immigrants. We must take into account that immigrants also work in service industry jobs in healthcare settings such as conducting of housekeeping and maintenance in hospitals and nursing homes. Direct care workers are the primary providers of paid care for more than thirteen million older people and disabled Americans. Many of these workers help people stay in their homes by providing assistance with daily tasks such as bathing, dressing, and eating. They also help individuals in nursing facilities when living at home is not possible or during transitions home after hospitalization.ⁱⁱⁱ

According to a recent study by the Annual Social and Economic Supplement of the 2018 Current Population Survey, compared to U.S. born healthcare workers, immigrant workers on average were 44 years of age or older. They were also more likely to have completed a four-year college degree and more likely to be Hispanic, non-Hispanic Asian or non-Hispanic Black. In addition, nearly one in three immigrant healthcare workers (30.4%) were employed in long-term care settings, compared to 22% of U.S. born workers.^{iv}

Despite the increase in job availability in this sector, nursing homes and agencies providing home health aides services often struggle to provide enough staff to meet their patients' needs. The reason is that most of these workers are underpaid. They earn about \$10-\$11.00 per hour. This is due largely to low reimbursement rates from government programs that pay for the care provided to those in need. These workers often receive little to no benefits and have no social protections. For example, nursing homes in Wisconsin and Minnesota have been forced to not accept thousands of patients in recent years because they lacked sufficient staff.⁵

Many immigrants assist the older people, convalescents, mentally impaired or persons with disabilities with activities of daily living, which can have emotional (subjected to verbal abused), and physical (occupational injuries) impacts.^v Across the country, patients with disabilities and the older people who receive home health services in remote areas have gone without services in recent years, as agencies providing home health aides have reported staff shortages of up to 30 percent.⁴ Unfortunately, communities outside of metropolitan areas also have greater demand for direct care workers due to higher rates of patients with disabilities.

The caregiving burden is a serious and highly prevalent health care challenge and supporting those going through it must move up on our national health priority list. Below are some recommendations concerning the caregiving shortage and how immigrants can fulfill that role:

- Implementation of programs in favor of immigrants caring for a loved one, for example caregiving visas.
- Prioritize the care demands of populations aging across the globe and the development of a viable eldercare workforce.
- Extend the Fair Labor Standards Act to home health aides.

- Extend the Temporary Protected Status (TPS) for nationals from Haiti, El Salvador, and Honduras, as well as the Deferred Action for Childhood Arrivals (DACA) in the US. A considerable number of these immigrants currently fill personal care aide jobs. The majority of the nursing homes and agencies providing home health services nationwide already employ immigrant workers, some with TPS and DACA-based employment authorization. Terminating these immigration programs will potentially leave long-term care facilities severely understaffed.
- Extend the EB-3 visa to more workers. Relatively few direct care workers in the United States enter through a managed migration mechanism—a permanent employment EB-3 visa. This visa program primarily is reserved for skilled workers with a bachelor’s degree and two years of work experience; lesser-skilled workers can qualify through an “other workers” category. EB-3 visas, however, are capped at just 5,000 workers per year, suggesting that only a few direct care workers are recruited through this route.

Footnotes:

- I. <https://jamanetwork.com/journals/jama/article-abstract/2717463>
- II. https://www.asaging.org/sites/default/files/files/S16_Gene_40_1_Stone_99-105.pdf
- III. <https://aspe.hhs.gov/system/files/pdf/76186/CNAchart.pdf>
- IV. <https://www.reuters.com/article/us-health-immigrants-caregivers/immigrants-play-big-role-in-caring-for-older-people-and-disabled-in-us-idUSKCN1T52KK>
- V. <http://www.dewittllp.com/news-education/posts/2018/05/14/caregiver-industry-braces-for-workers-shortage-as-thousands-lose-employment-authorization-in-the-u.s>

NHCOA's Leadership Training: Caring for the Caregiver



Photo Source: Tang Yau Hoong/Ikon Images/Getty Images
Taken From: <https://www.npr.org/sections/health-shots/2018/07/06/621110042/shared-tips-support-help-prevent-burnout-among-alzheimers-family-caregivers>

In 2019, NHCOA developed and launched its new leadership training: Caring for the Caregiver. This leadership training is a 2-day that was developed based on the feedback gathered from our 2018 Thought Leaders Roundtables and our annual caregiving surveys. During these events, we identified the elements necessary for our strategy on how to effectively support Latino family caregivers.

The Caring for the Caregiver has been hosted in Los Angeles, California, and Miami, Florida. It will also be held in El Paso, Texas and Tampa, Florida. Day one of this training focuses on “Accepting Oneself as a Caregiver” and “Becoming a Better Caregiver”.

During Day 1, participants learn about the following topics:

- Accepting the role of caregiver
- Understanding your values as a caregiver
- Self-care (mental and physical)
- Accessing and identifying caregiving tools and resources
- Chronic care management
- Stress management techniques
- Pathways to effective communication
- Nutrition Education

Day 2 focuses on caregiver empowerment. Caregivers learn about key federal legislation affecting them in their roles, including the:

- CARE (Caregiver, Advise, Record, Enable) Act,
- RAISE (Recognize, Assist, Include, Support and Engage) Family Caregivers Act,
- FAMILY (Family and Medical Insurance Leave) Act, and
- National Family Caregiver Support Program.

The Caring for the Caregiver Training targets Hispanic caregivers and caregivers providing care to Hispanic older adults. At the culmination of the trainings, caregivers are presented with a certificate for their participation.



Stress Relief Tips for Caregivers

Regional Events

Miami, Florida

On May 31, 2019, the National Hispanic Council on Aging (NHCOA), brought together community organizations, elected officials, social advocates, service providers and Hispanic older adults for our annual Town Hall ***“Health and Wellbeing of Older Adults”*** that was held at the Miami Dade College-Inter American College.

This linguistically and culturally safe space gave those present the opportunity to discuss solutions to issues such as caregiving, smoking cessation, Florida’s aging safety net, reframing aging, research and precision medicine.

This Town Hall was part of a three-day regional conference that included a two-day Leadership Training: Caring for the Caregiver— NHCOA’s newly launched training program for Latino caregivers.



Dr. Yanira Cruz, President & CEO of NHCOA, providing welcoming remarks



Some of the Family Caregivers with their certificates of completing the NHCOA's Family Caregiving Training

Dr. Maritza Fuentes from Buena Vida, MegaTV Program, moderated the day, which was split into two panel presentations followed by guided discussions and problem solving sessions. The first panel focused on caregiving and featured the following panelists:

- Aaron Tax, Director of Advocacy, SAGE
 - Spoke about training the Aging Network to provide culturally competent care for LGBT older adults
- Ivonne Fernandez, AARP-Florida
 - Highlighted Florida’s local and national caregiving resources
- Guadalupe Barroso, Jackson Health System
 - Discussed the importance of smoking cessation
 - Dr. Olveen Carrasquillo, Professor of Medicine and Public Health Science, University of Miami, Miller School of Medicine



Linda Schotthoefer speaking about Reframing Aging Initiative at the Miami Town Hall

- Discussed the All of Us Research Program

The second panel focused on health and wellness and featured the following panelists:

- Josefina Carbonell, Senior Vice President, Long Term Care & Nutrition – Independent Living System
- Highlighted Florida's Aging Safety Net
- Linda Schotthoefer, Senior Director of Community Initiatives, United Way of Miami, Dade County
- Spoke about reframing aging
- Dr. Matt Childers, Director of Research and Policy,

Florida Health Justice Project

- Provided information on the public charge issues in Florida
- Guadalupe Barroso, Jackson Health System
 - Discussed the importance of smoking cessation

Ms. Carbonell shared information on Florida's agencies that manage elder care programs. One such program highlighted was Florida's Community Care for the Older people Program, which provides community-based services in a continuum of care to help elders with functional impairments to live in the least restrictive and most cost-effective environment suitable to their needs. Some of the services provided include case management, transportation, home health aides, and respite services.

Ms. Schotthoefer discussed the different ways society and we see aging in her discussion on reframing aging. "The last acceptable prejudice is prejudice against our own future selves." When discussing reframing aging, words matter. "While 'older adults' is the current preferred term among leading progressive voices in the aging field, this term calls to mind someone in their mid-fifties. Advocates should consistently use the term 'older people', as this term evokes, in the public mind, people aged 60 or older, and at the same time, brings with it the most positive, least paternalistic views of the age group described."

Ms. Barroso highlighted the reasons why people smoke cigarettes, these reasons include, "stimulation, manipulation, pleasure, relaxation, cravings and habit." However, quitting smoking is not impossible. Jackson Health System and the Florida Area Health Education Centers (AHEC) provide free, statewide group services to stop tobacco use. AHEC programs are led by a tobacco cessation specialist and provide evidence-based resources to prevent and stop tobacco use. As part of the Tobacco Free Florida (Florida Tobacco Free) program of the Florida Department of Health (Florida Health Department), all group services to stop tobacco use, including nicotine replacement therapy, are FREE.



Josefina Carbonell speaking at the NHCOA Miami Town Hall

Dr. Carrasquillo spoke about the importance of precision medicine and the All of Us Research Program. “The All of Us Research Program uses a transformational approach to enhancing diversity in research.” The All of Us Research Program seeks participants from all backgrounds and lifestyles and of all health statuses. All of Us wants to build a community with people from all across the US and the data collected includes surveys, physical evaluations, blood and urine samples, data from electronic health records, and eventually will include data from wearable technologies.



Attendees asking questions at the Miami Town Hall

The Town Hall ended with Nestor Plana, President & CEO of Independent Living Systems closing remarks.



Dr. Olveen Carrasquillo speaking about the All of Us Research program

Los Angeles, California

On July 12, 2019, the National Hispanic Council on Aging (NHCOA), held another Town Hall at the California Endowment in Los Angeles, CA.

This linguistically and culturally safe space gave those present the opportunity to discuss solutions to issues such as caregiving, leaves that pay, immigrant older adults and public charge test, CVS workforce and work opportunities for caregivers, Los Angeles Caregiver Resource Center, smoking cessation, caregiver empowerment and research and precision medicine.

This Town Hall was part of a three-day regional conference that included a two-day Caregiving Academy— NHCOA’s newly launched training program for Latino caregivers.

Hilda Solis, a member of the [Los Angeles County Board of Supervisors](#) for the 1st district, opened the day and offered welcoming remarks. Actris Bel Hernandez, moderated the day, which was split into two panel presentations followed by guided discussions and problem-solving sessions. The first panel focused on caregiving and featured the following panelists:



- Teresa Delgadillo, Family Caregiver - MAOF
 - Spoke about her role as a caregiver taking care of her mother who has Alzheimer’s disease
- Donna Benton, PhD, Director USC FCSC/ LACRC
 - Highlighted Los Angeles’ local caregiving resources
- Adriana Mendoza, AARP

- Discussed the state of caregiving
- Melissa Acoba
 - Discussed Leaves that Pay in CA
- Tami Hutchins-Nunez, CVS
 - Addressed CVS' workforce and work opportunities for those who are caregivers



The second panel focused on health and wellness and featured the following panelists:

- Denny Chan, Senior Staff Attorney, at Justice in Aging
 - Public charge issue, benefits that have been cut for LGBT population and those individuals that don't speak English and its consequences for healthcare
- Dr. Sue Kim, USC
 - All of Us Research Program
- Samantha Trad, California State Director, Compassion and Choices
 - Spoke about empowering caregivers: planning for end of life
- Rigo Saborio, MSG, President/CEO of St. Barnabas Senior Services
 - Discussed the importance of increasing Latinos and diverse populations in the healthcare field, specially areas focusing on older adults, such as geriatrics

Donna Benton shared information on the Los Angeles Caregiver Resources Center. Their taskforce developed recommendations on family caregiving that included supporting diverse needs - including cultural awareness, cultural competency, and sensitivity, person- & family-centered care, establishing work-life balance, providing choices & options for caregivers, and supporting paid caregivers. In Los Angeles, CA, the average caregiver is 54 years old, a woman (81%), has a bachelor's degree or higher (60%), speaks (73%) and reads (78%) English well and is unpaid (82%).

Ms. Trad discussed how to assist caregivers for planning for the end of life. "While most people want to have a peaceful death and to die at home with our loved ones, the truth is that most people die at a medical facility. with information and planning, it is possible to chart an end-of-life journey that is consistent with your values and priorities." It can be very difficult to talk about what you want at the end of life. Many times, we don't know. Plan a time to talk about end of life plans with your loved one. Make sure you know what your options are. You can bring up the subject by talking about family members and their end of life experiences. It is so important to make sure that your family and friends know what you want at the end of life and you shouldn't put it off.

Attorney Denny Chan explained that a public charge for immigration purposes is a person who is considered likely to become primarily dependent on the government for subsistence. The government weighs multiple factors when making this determination. Some of those factors include: age, health, family status, financial status, education/skills, and their affidavit of support. This comes up when a person applies to enter the United States, applies to adjust status to become a Lawful Permanent Resident, or a green card holder leaves the United States for more than 180 consecutive days and then reenters the United States. There is currently

a push to change the public charge regulations. The proposed change would define a public charge as a person who is receiving one or more public benefits—even if those benefits are not the person's main source of support. Additionally, the totality of the circumstances test would change to include new detailed negative factors that would make it nearly impossible for a senior with limited income and resources to pass the test. Lastly, the public benefits that will be considered would be greatly expanded beyond cash assistance and institutional long-term care to include many of the programs older people rely on to meet their basic needs such as SNAP benefits, Housing Assistance, Medicaid, and the Medicare Part D Low-Income Subsidy. It is important to note that this regulation is not final, and you can speak out against it! Right now, this is just a PROPOSAL to change the current policy. Before finalizing the proposed regulation, the government must give the public a chance to give their opinions and must read all of the public's comments. Contact your congressperson to speak about this proposed change.

Dr. Kim spoke about the importance of precision medicine and the All of Us Research Program. “The All of Us Research Program uses a transformational approach to enhancing diversity in research.” The All of Us Research Program seeks participants from all backgrounds and lifestyles and of all health statuses. All of Us wants to build a community with people from all across the US and the data collected includes surveys, physical evaluations, blood and urine samples, data from electronic health records, and eventually will include data from wearable technologies.

The Town Hall ended with closing remarks from Cindy Padilla. All solutions and recommendations discussed during *NHCOA's Regional Conferences: Health and Wellbeing of Older Adults* will be presented on a national level in NHCOA's *State of Hispanic Older Adults Report*, a publication that is released annually on Capitol Hill during the fall.



Endnotes

- 1 Gassoumis, Z.D., Wilber, K.H., Baker, L.A., and Torres-Gil, F. (2010). *Latino Baby*
- 2 *Boomers: A Demographic and Economic Profile*. Los Angeles, CA: UCLA Center for Policy Research on Aging. Retrieved on April 3, 2013, from www.latinoeconomicsecurity.org/PDF/LES-PB5-May2010.pdf.
- 3 U.S. Census Bureau. (2012). 2012 National Population Projections. *U.S. Census Bureau Newsroom*. Retrieved on April 22, 2013, from www.census.gov/newsroom/releases/archives/population/cb12-243.html.
- 4 Greenstone, M., Looney, A., and Marks, H. (2012). *The U.S. Immigration System: Potential Benefits of Reform*. Washington, DC: The Hamilton Project. Retrieved on April 3, 2013, from www.hamiltonproject.org/papers/the_u.s._immigration_system_potential_benefits_of_reform.
- 5 Lynch, R. and Oakford, P. (2013). *The Economic Effects of Granting Legal Status and Citizenship to Undocumented Immigrants*. Washington, DC: Center for American Progress. Retrieved on April 2, 2013, from www.americanprogress.org/issues/immigration/report/2013/03/20/57351/the-economic-effects-of-granting-legal-status-and-citizenship-to-undocumented-immigrants.
- 6 Ibid.
- 7 Caldwell, J. and Coates, J. (2013) *Immigration Reform: Key Issues for Older Adults*
- 8 *and People with Disabilities*. Washington, DC: National Council on Aging, Caring Across Generations, and National Hispanic Council on Aging. Retrieved on April 9, 2013, from www.diverseelders.org/2013/04/08/immigration-reform-key-issues-for-older-adults-and-people-with-disabilities.
- 9 SBA Office of Advocacy. (2010) *The Small Business Economy: A Report to the*
- 10 *President, 2010*. Washington, DC: U.S Small Business Administration (SBA) Office of Advocacy. Retrieved on May 14, 2013 from www.sba.gov/sites/default/files/sb_econ2010.pdf.
- 11 Ibid.
- 12 Ibid.
- 13 Greenstone, M., Looney, A., and Marks, H. (2012). *The U.S. Immigration System: Potential Benefits of Reform*. Washington, DC: The Hamilton Project. Retrieved on April 3, 2013, from www.hamiltonproject.org/papers/the_u.s._immigration_system_potential_benefits_of_reform.
- 14 Grillo-Chope, L. and Ramos, C. (2006). *Domestic Workers Working Hard to Sustain American Families, Compromising Their Social Security*. Washington, DC: National Council of La Raza. Retrieved on June 1, 2010 at [www.nclr.org/images/uploads/publications/41906_file_WP_DomesticWkrs_FNL.p df](http://www.nclr.org/images/uploads/publications/41906_file_WP_DomesticWkrs_FNL.pdf).
- 15 Office of Retirement and Disability. (2012). Annual Statistical Supplement, 2012, *U.S. Social Security Administration*. Retrieved on April 22, 2013 from www.ssa.gov/policy/docs/statcomps/supplement/2012/oasdi.html.
- 16 U.S. Social Security Administration. (2012). The 2012 OASDI Trustees Report. *The Official Website of the Social Security Administration*. Retrieved on April 22, 2013, from www.ssa.gov/oact/trsum/.

- 17 Baker, D. (2013). *The Impact of Upward Redistribution of Wage Income on Social Security Solvency*. Washington, DC: Center for Economic and Policy Research. Retrieved on April 22, 2013, from www.cepr.net/index.php/blogs/cepr-blog/the-impact-of-the-upward-redistribution-of-wage-income-on-social-security-solvency.
- 18 Reznick, G.L., Shoffner, D., and Weaver, D.A. (2006). Coping with the Demographic Challenge: Fewer Children and Living Longer. Social Security Bulletin, Vol. 66, 4. *U.S. Social Security Administration Office of Policy*. Retrieved on May 10, 2013, from www.ssa.gov/policy/docs/ssb/v66n4/v66n4p37.html.
- 19 Ewing, W.A. (2012). *The Future of a Generation: How New Americans Will Help Support Retiring Baby Boomers*. Washington, DC: Immigration Policy Center. Retrieved on May 10, 2013, from www.immigrationpolicy.org/just-facts/future-generation-how-new-americans-will-help-support-retiring-baby-boomers.
- 20 Government Relations and Policy. (2013). *Immigration Reform and Social Security*. Washington, DC: National Committee to Preserve Social Security & Medicare. Retrieved on May 9, 2013, from www.ncpssm.org/PressRoom/NewsReleases/Release/ArticleID/1142/Immigration-Reform-and-Social-Security#.UYujWfo6WyN.
- 21 Gross, S.C. (2013). *Letter to Senator Marco Rubio*. Baltimore, MD: Social Security Administration. Retrieved on May 9, 2013, from www.rubio.senate.gov/public/index.cfm/files/serve/?File_id=a50b5f91-a3b3-47bc-ac02-f5bf1f4f4abb.
- 22 Ibid.
- 23 Government Relations and Policy. (2013). *Immigration Reform and Social Security*. Washington, DC: National Committee to Preserve Social Security & Medicare. Retrieved on May 9, 2013, from www.ncpssm.org/PressRoom/NewsReleases/Release/ArticleID/1142/Immigration-Reform-and-Social-Security#.UYujWfo6WyN.
- 24 Ewing, W.A. (2012). *The Future of a Generation: How New Americans Will Help Support Retiring Baby Boomers*. Washington, DC: Immigration Policy Center. Retrieved on April 3, 2013, from www.immigrationpolicy.org/just-facts/future-generation-how-new-americans-will-help-support-retiring-baby-boomers.
- 25 Eldercare Workforce Alliance. (n.d.). Geriatrics Workforce Shortage: A Looming Crisis for Our Families. *Eldercare Workforce Alliance*. Retrieved on May 7, 2013, from www.eldercareworkforce.org/research/issue-briefs/research:geriatrics-workforce-shortage-a-looming-crisis-for-our-families.
- 26 Polson, D. (2011). *By Our Sides: The Vital Work of Immigrant Direct Care Workers*. New York, NY: Direct Care Alliance. Retrieved on May 7, 2013, from
- 27 http://blog.directcarealliance.org/wp-content/uploads/2011/06/The-Vital-Work-of-Immigrant-Direct-Care-Workers_policybrief-8_.pdf.
- 28 Polson, D. (2011). *By Our Sides: The Vital Work of Immigrant Direct Care Workers*. New York, NY: Direct Care Alliance. Retrieved on May 7, 2013, from
- 29 http://blog.directcarealliance.org/wp-content/uploads/2011/06/The-Vital-Work-of-Immigrant-Direct-Care-Workers_policybrief-8_.pdf.

- 30 Calmus, D.R. (2013). *The Long-Term Care Financing Crisis*. Washington, DC: Center for Policy Innovation, The Heritage Foundation. Retrieved on May 7, 2013, from www.heritage.org/research/reports/2013/02/the-long-term-care-financing-crisis.
- 31 Stone, R.I. The Long-Term Care Workforce: From Accidental to Valued Profession. In D.A. Wolf and N. Folbre (Eds.), *Universal Coverage of Long-Term Care in the United States: Can We Get from There to Here?* (pp. 155-178). New York, NY: Russel Sage Foundation. Retrieved on May 7, 2013, from www.russellsage.org/sites/all/files/Wolf_LTC/Wolf_Universal-LTC_Chapter-8.pdf.
- 32 Ibid.
- 33 Ibid.
- 34 Ibid.
- 35 Ibid.
- 36 Ibid.
- 37 Polson, D. (2011). *By Our Sides: The Vital Work of Immigrant Direct Care Workers*. New York, NY: Direct Care Alliance. Retrieved on May 7, 2013, from
- 38 http://blog.directcarealliance.org/wp-content/uploads/2011/06/The-Vital-Work-of-Immigrant-Direct-Care-Workers_policybrief-8_.pdf.
- 39 Hess, C. and Henrici, J. (2013). *Increasing Pathways to Legal Status for Immigrant In-Home Care Workers*. Washington, DC: Institute for Women's Policy Research.
- 40 Retrieved on May 6, 2013, from www.iwpr.org/publications/pubs/increasing-pathways-to-legal-status-for-immigrant-in-home-care-workers.
- 41 Ibid.
- 42 Polson, D. (2011). *By Our Sides: The Vital Work of Immigrant Direct Care Workers*. New York, NY: Direct Care Alliance. Retrieved on May 7, 2013, from
- 43 http://blog.directcarealliance.org/wp-content/uploads/2011/06/The-Vital-Work-of-Immigrant-Direct-Care-Workers_policybrief-8_.pdf.
- 44 Population Reference Bureau. (2010). *Aging and the Healthcare Workforce*. Washington, DC: Population Reference Bureau. Retrieved on May 7, 2013, from www.prb.org/Reports/2010/agingandhealthcare.aspx.
- 45 Institute of Medicine. (2008). *Retooling for an Aging America: Building the Health Care Workforce*. Washington, DC: Institute of Medicine. Retrieved on May 7, 2013, from www.iom.edu/Reports/2008/Retooling-for-an-Aging-America-Building-the-Health-Care-Workforce.aspx.
- 46 Ibid.
- 47 Population Reference Bureau. (2010). *Aging and the Healthcare Workforce*. Washington, DC: Population Reference Bureau. Retrieved on May 7, 2013, from www.prb.org/Reports/2010/agingandhealthcare.aspx.
- 48 Hess, C. and Henrici, J. (2013). *Increasing Pathways to Legal Status for Immigrant In-Home Care Workers*. Washington, DC: Institute for Women's Policy Research.

- 49 Retrieved on May 6, 2013, from www.iwpr.org/publications/pubs/increasing-pathways-to-legal-status-for-immigrant-in-home-care-workers.
- 50 Ibid.
- 51 Ibid.
- 52 Immigration Policy Center. (2013). *Always in Demand: The Economic Contributions of Immigrant Scientists and Engineers*. Washington, DC: Immigration Policy Center. Retrieved on April 3, 2013, from www.immigrationpolicy.org/just-facts/always-demand-economic-contributions-immigrant-scientists-and-engineers.
- 53 Pastor, M. and Scoggins, J. (2012). *Citizen Gain: The Economic Benefits of Naturalization for Immigrants and the Economy*. Los Angeles, CA: Center for the Study of Immigrant Integration. Retrieved on April 3, 2012, from <http://csii.usc.edu/CitizenGain.html>.
- 54 Ibid.
- 55 Angel, J.L. and Whitfield, K.E. (2005). *Hispanic and Mexican American Health and Aging in a New Century: An Overview*. Austin, TX: Lyndon B. Johnson School of Public Affairs, University of Texas and the National Alliance for Hispanic Health. Retrieved on April 9, 2013, from www.utexas.edu/lbj/caa/scaia_summary_report.pdf.
- 56 Population. *Federal Interagency Forum on Aging-Related Statistics*. Retrieved on April 15, 2013, from www.agingstats.gov/Main_Site/Data/2012_Documents/Population.aspx.
- 57 Batalova, J. (2012). *Senior Immigrants in the United States*. Washington, DC: Migration Information Source. Retrieved on April 9, 2013, from www.migrationinformation.org/usfocus/display.cfm?ID=894.
- 58 National Hispanic Council on Aging. (2012.) *State of Hispanic Older Adults: An Analysis and Highlights from the Field*. Washington, DC: National Hispanic Council on Aging. Retrieved on April 15, 2013, from www.nhcoa.org/wp-content/uploads/2012/10/State-of-Hispanic-Older-Adults-Brief-2012-.pdf.
- 59 Batalova, J. (2012). *Senior Immigrants in the United States*. Washington, DC: Migration Information Source. Retrieved on April 9, 2013, from www.migrationinformation.org/usfocus/display.cfm?ID=894.
- 60 National Hispanic Council on Aging. (2012.) *State of Hispanic Older Adults: An Analysis and Highlights from the Field*. Washington, DC: National Hispanic Council on Aging. Retrieved on April 15, 2013, from www.nhcoa.org/wp-content/uploads/2012/10/State-of-Hispanic-Older-Adults-Brief-2012-.pdf.
- 61 Talamantes, M. and Sanchez-Reilly, S. (2010). *Health and Health Care of Hispanic/Latino American Older Adults*. Stanford, CA: Stanford University School of Medicine. Retrieved on April 16, 2013, from <http://geriatrics.stanford.edu/ethnomed/latino>.
- 62 Vega, W.A. and Gassoumis, Z.D. (2011). *Primer: Impact of Social Security and Proposed Benefit Changes on the Latino Population*. Los Angeles, CA: USC Edward R. Roybal Institute on Aging. Retrieved on April 16, 2013, from http://roybal.usc.edu/news/social_security_and_latinos_report.html.
- 63 Angel, J.L. and Whitfield, K.E. (2005). *Hispanic and Mexican American Health and Aging in a New Century: An Overview*. Austin, TX: Lyndon B. Johnson School of Public Affairs, University of Texas

and the National Alliance for Hispanic Health. Retrieved on April 9, 2013, from www.utexas.edu/lbj/caa/scaia_summary_report.pdf.

- 64 Villa, V.M., Wallace, S.P., Bagdasaryan, S., and Aranda, M.P. (2012). Hispanic Baby Boomers: Health Inequities Likely to Persist in Old Age. *The Gerontologist*, 52(3):166-176. Retrieved on May 10, 2013, from www.ncbi.nlm.nih.gov/pmc/articles/PMC3304894/pdf/gns002.pdf.
- 65 Angel, J.L. and Whitfield, K.E. (2005). *Hispanic and Mexican American Health and Aging in a New Century: An Overview*. Austin, TX: Lyndon B. Johnson School of Public Affairs, University of Texas and the National Alliance for Hispanic Health. Retrieved on April 9, 2013, from www.utexas.edu/lbj/caa/scaia_summary_report.pdf.
- 66 Ibid.
- 67 Ibid.
- 68 Ibid.
- 69 Caldwell, J. and Coates, J. (2013) *Immigration Reform: Key Issues for Older Adults and People with Disabilities*. Washington, DC: National Council on Aging, Caring Across Generations, and National Hispanic Council on Aging. Retrieved on April 9, 2013, from www.diverseelders.org/2013/04/08/immigration-reform-key-issues-for-older-adults-and-people-with-disabilities.
- 70 Angel, J.L. and Whitfield, K.E. (2005). *Hispanic and Mexican American Health and Aging in a New Century: An Overview*. Austin, TX: Lyndon B. Johnson School of Public Affairs, University of Texas and the National Alliance for Hispanic Health. Retrieved on April 9, 2013, from www.utexas.edu/lbj/caa/scaia_summary_report.pdf.
- 71 Talamantes, M. and Sanchez-Reilly, S. (2010). *Health and Health Care of Hispanic/Latino American Older Adults*. Stanford, CA: Stanford University School of Medicine. Retrieved on April 16, 2013, from <http://geriatrics.stanford.edu/ethnomed/latino>.
- 72 Gassoumis, Z.D., Wilber, K.H., Baker, L.A., and Torres-Gil, F. (2010). *Latino Baby Boomers: A Demographic and Economic Profile*. Los Angeles, CA: UCLA Center for Policy Research on Aging. Retrieved on April 3, 2013, from
- 73 Batalova, J. (2012). *Senior Immigrants in the United States*. Washington, DC: Migration Information Source. Retrieved on April 9, 2013, from
- 74 Between 1995 and 2005, skilled immigrants helped found 25 percent of U.S. engineering and technology companies, producing \$52 billion in sales and creating 450,000 jobs.⁶⁴
- 75 Talamantes, M. and Sanchez-Reilly, S. (2010). *Health and Health Care of Hispanic/Latino American Older Adults*. Stanford, CA: Stanford University School of Medicine. Retrieved on April 16, 2013, from <http://geriatrics.stanford.edu/ethnomed/latino>.
- 76 Johnson, R.W. & Soto, M. (2009). *50+ Hispanic Workers: A Growing Segment of the U.S. Workforce*. Washington, DC: AARP. Retrieved April 15, 2010, from www.aarp.org/research/surveys/money/work/employment/articles/hispanic_workers_09.html.
- 77 Batalova, J. (2012). *Senior Immigrants in the United States*. Washington, DC: Migration Information Source. Retrieved on April 9, 2013, from www.migrationinformation.org/usfocus/display.cfm?ID=894.

- 78 National Hispanic Council on Aging. (2012.) *State of Hispanic Older Adults: An Analysis and Highlights from the Field*. Washington, DC: National Hispanic Council on Aging. Retrieved on April 15, 2013, from www.nhcoa.org/wp-content/uploads/2012/10/State-of-Hispanic-Older-Adults-Brief-2012-.pdf.
- 79 Meschede, T., Sullivan, L. and Shapiro, T. (2011). *The Crisis Of Economic Insecurity For African-American And Latino Older people*. New York, NY: Demos and The Institute on Assets and Social Policy. Retrieved on January 3, 2013, from www.demos.org/sites/default/files/publications/IASP%20Demos%20Senior%20of%20Color%20Brief%20September%202011.pdf.
- 80 Orszag, P.R. and Rodriguez E. (2005). *Retirement Security for Latinos: Bolstering Coverage, Savings and Adequacy*. The Retirement Security Project and National Council of La Raza. Retrieved on April 9, 2013, from www.pewtrusts.org/our_work_report_detail.aspx?id=19344.
- 81 Ibid.
- 82 Meschede, T., Sullivan, L. and Shapiro, T. (2011). *The Crisis Of Economic Insecurity For African-American And Latino Older people*. New York, NY: Demos and The Institute on Assets and Social Policy. Retrieved on January 3, 2013, from www.demos.org/sites/default/files/publications/IASP%20Demos%20Senior%20of%20Color%20Brief%20September%202011.pdf.
- 83 Grillo-Chope, L. (2009). *Reducing Poverty for Latino Older people: A Way to Improve Social Security Benefits for Latinos and Other Low-Wage Workers?* Washington, DC: National Council of La Raza. Retrieved on April 9, 2013, from www.nclr.org/images/uploads/publications/55784_file_IB19_Reducing_Poverty_for_Latino_Older_people_1.pdf.
- 84 Center on Budget and Policy Priorities. (2012). *Policy Basics: Top Ten Facts about Social Security*. Washington, DC: Center on Budget and Policy Priorities. Retrieved on April 16, 2013, from www.cbpp.org/cms/?fa=view&id=3261.
- 85 Grillo-Chope, L. (2009). *Reducing Poverty for Latino Older people: A Way to Improve Social Security Benefits for Latinos and Other Low-Wage Workers?* Washington, DC: National Council of La Raza. Retrieved on April 9, 2013, from
- 86 Between 1995 and 2005, skilled immigrants helped found 25 percent of U.S. engineering and technology companies, producing \$52 billion in sales and creating 450,000 jobs.⁷⁵
- 87 Vega, W.A. and Gassoumis, Z.D. (2011). *Primer: Impact of Social Security and Proposed Benefit Changes on the Latino Population*. Los Angeles, CA: USC Edward R. Roybal Institute on Aging. Retrieved on April 16, 2013, from http://roybal.usc.edu/news/social_security_and_latinos_report.html.
- 88 Fry, R., Kochhar, R., Passel, J. and Suro, R. (2005). *Hispanics and the Social Security Debate*. Washington, DC: Pew Hispanic Center. Retrieved on April 16, 2013, from www.pewhispanic.org/2005/03/16/iii-the-role-of-social-security-for-older-hispanics.
- 89 National Council of La Raza. (2005). *The Social Security Program and Reform: A Latino Perspective*. Washington, DC: National Council of La Raza. Retrieved on April 9, 2013, from www.nclr.org/index.php/publications/the_social_security_program_and_reform_a_latino_perspective/.

- 90 Vega, W.A. and Gassoumis, Z.D. (2011). *Primer: Impact of Social Security and Proposed Benefit Changes on the Latino Population*. Los Angeles, CA: USC Edward R. Roybal Institute on Aging. Retrieved on April 16, 2013, from http://roybal.usc.edu/news/social_security_and_latinos_report.html.
- 91 Burtless, G. and Singer, A. (2010) *The Earnings and Social Security Contributions of Documented and Undocumented Mexican Immigrants*. Washington, DC: The Brookings Institution. Retrieved on April 9, 2013, from www.brookings.edu/research/papers/2010/12/07-immigrant-earnings-burtless-singer.
- 92 Burtless, G. and Singer, A. (2010) *The Earnings and Social Security Contributions of Documented and Undocumented Mexican Immigrants*. Washington, DC: The Brookings Institution. Retrieved on April 9, 2013, from www.brookings.edu/research/papers/2010/12/07-immigrant-earnings-burtless-singer.
- 93 Ibid.
- 94 Caldwell, J. and Coates, J. (2013) *Immigration Reform: Key Issues for Older Adults and People with Disabilities*. Washington, DC: National Council on Aging, Caring Across Generations, and National Hispanic Council on Aging. Retrieved on April 9, 2013, from www.diverseelders.org/2013/04/08/immigration-reform-key-issues-for-older-adults-and-people-with-disabilities.
- 95 Johnson, R.W. & Soto, M. (2009). *50+ Hispanic Workers: A Growing Segment of the U.S. Workforce*. Washington, DC: AARP. Retrieved April 15, 2010, from www.aarp.org/research/surveys/money/work/employment/articles/hispanic_workers_09.html.
- 96 Ibid.
- 97 Meschede, T., Shapiro, T.M., Sullivan, L. and Wheary, J. (2010). *Severe Financial Insecurity Among African-American and Latino Older people*. Waltham, MA: The Institute on Assets & Social Policy and Demos. Retrieved on January 4, 2013, from <http://iasp.brandeis.edu/pdfs/Author/meschede-tatjana/Severe%20Financial%20Insecurity.pdf>.
- 98 Meschede, T., Shapiro, T.M., Sullivan, L. and Wheary, J. (2010). *Severe Financial Insecurity Among African-American and Latino Older people*. Waltham, MA: The Institute on Assets & Social Policy and Demos. Retrieved on January 4, 2013, from <http://iasp.brandeis.edu/pdfs/Author/meschede-tatjana/Severe%20Financial%20Insecurity.pdf>.
- 99 National Hispanic Council on Aging. (2012.) *State of Hispanic Older Adults: An Analysis and Highlights from the Field*. Washington, DC: National Hispanic Council on Aging. Retrieved on April 15, 2013, from www.nhcoa.org/wp-content/uploads/2012/10/State-of-Hispanic-Older-Adults-Brief-2012-.pdf.
- 100 Johnson, R.W. & Soto, M. (2009). *50+ Hispanic Workers: A Growing Segment of the U.S. Workforce*. Washington, DC: AARP. Retrieved April 15, 2010, from www.aarp.org/research/surveys/money/work/employment/articles/hispanic_workers_09.html.
- 101 Ibid.
- 102 Ibid.
- 103 Immigrant Workers' Rights and Remedies. *National Employment Law Project*. Retrieved on April 17, 2013, from www.nelp.org/site/issues/category/immigrant_workers_rights_and_remedies.

- 104 Goodwyn, W. (2013). Texas Contractors Say Playing By The Rules Doesn't Pay. *National Public Radio*. Retrieved on April 17, 2013, from www.npr.org/2013/04/11/176777498/texas-contractors-say-playing-by-the-rules-doesnt-pay.
- 105 Vega, W.A. and Gassoumis, Z.D. (2011). *Primer: Impact of Social Security and Proposed Benefit Changes on the Latino Population*. Los Angeles, CA: USC Edward R. Roybal Institute on Aging. Retrieved on April 16, 2013, from http://roybal.usc.edu/news/social_security_and_latinos_report.html.
- 106 Johnson, R.W. & Soto, M. (2009). *50+ Hispanic Workers: A Growing Segment of the U.S. Workforce*. Washington, DC: AARP. Retrieved April 15, 2010, from www.aarp.org/research/surveys/money/work/employment/articles/hispanic_workers_09.html.
- 107 Ibid.
- 108 Pastor, M. and Scoggins, J. (2012). *Citizen Gain: The Economic Benefits of Naturalization for Immigrants and the Economy*. Los Angeles, CA: Center for the Study of Immigrant Integration. Retrieved on April 3, 2012, from <http://csii.usc.edu/CitizenGain.html>.
- 109 Ibid.
- 110 Ibid.
- 111 Greenstone, M., Looney, A., and Marks, H. (2012). *The U.S. Immigration System: Potential Benefits of Reform*. Washington, DC: The Hamilton Project. Retrieved on April 3, 2013, from www.hamiltonproject.org/papers/the_u.s._immigration_system_potential_benefits_of_reform.
- 112 Villa, V.M., Wallace, S.P., Bagdasaryan, S., and Aranda, M.P. (2012). Hispanic Baby Boomers: Health Inequities Likely to Persist in Old Age. *The Gerontologist*, 52(3):166-176. Retrieved on May 10, 2013, from www.ncbi.nlm.nih.gov/pmc/articles/PMC3304894/pdf/gns002.pdf.
- 113 Pastor, M. and Scoggins, J. (2012). *Citizen Gain: The Economic Benefits of Naturalization for Immigrants and the Economy*. Los Angeles, CA: Center for the Study of Immigrant Integration. Retrieved on April 3, 2012, from <http://csii.usc.edu/CitizenGain.html>.
- 114 National Immigration Forum. (2012). *Immigration Backlogs are Separating American Families*. Washington, DC: National Immigration Forum. Retrieved on April 17, 2013, from www.immigrationforum.org/images/uploads/familybacklogbackgrounder.pdf.
- 115 Ibid.
- 116 Ibid.
- 117 Greenstone, M., Looney, A., and Marks, H. (2012). *The U.S. Immigration System: Potential Benefits of Reform*. Washington, DC: The Hamilton Project. Retrieved on April 3, 2013, from www.hamiltonproject.org/papers/the_u.s._immigration_system_potential_benefits_of_reform.
- 118 Immigration Policy Center. (2013). *Always in Demand: The Economic Contributions of Immigrant Scientists and Engineers*. Washington, DC: Immigration Policy Center. Retrieved on April 3, 2013, from www.immigrationpolicy.org/just-facts/always-demand-economic-contributions-immigrant-scientists-and-engineers.
- 119 Greenstone, M., Looney, A., and Marks, H. (2012). *The U.S. Immigration System: Potential Benefits of Reform*. Washington, DC: The Hamilton Project. Retrieved on April 3, 2013, from www.hamiltonproject.org/papers/the_u.s._immigration_system_potential_benefits_of_reform.

- 120Van de Water, P. (2008). Immigrants and Social Security. *Center on Budget and Policy Priorities*. Retrieved on April 22, 2013, from www.cbpp.org/cms/index.cfm?fa=view&id=1272.
- 121Ibid.
- 122Kocchar, R., Frye, R. and Taylor, P. (2011). *Wealth Gap Rise to Record Highs Between Whites, Blacks, and Hispanics*. Washington, DC: Pew Research Center. Retrieved on April 22, 2013, from www.pewsocialtrends.org/files/2011/07/SDT-Wealth-Report_7-26-11_FINAL.pdf
- 123Solana, K. (2013). Illegal Immigrants Give Billions to Medicare, Social Security With No Hope of Benefit. *The Medicare News Group*. Retrieved on April 22, 2013, from <http://medicarenewsgroup.com/context/understanding-medicare-blog/understanding-medicare-blog/2013/01/07/illegal-immigrants-give-billions-to-medicare-social-security-with-no-hope-of-benefit>.
- 124The New York Community Trust. (2010). Navigating the Medicare and Medicaid Maze. *The New York Community Trust*. Retrieved on May 10, 2013, from www.nycommunitytrust.org/GrantSeekers/GrantsatWork/HealthandPeoplewithSpecialNeeds/NavigatingtheMedicareandMedicaidMaze/tabid/559/Default.aspx.
- 125Goldman, D., Smith, J.P., and Sood, N. (2006). Immigrants and the Cost of Medical Care. *Health Affairs*, 25(6):1700-1711. Retrieved on May 10, 2013, from <http://content.healthaffairs.org/content/25/6/1700.full.pdf+html>.
- 126Villa, V.M., Wallace, S.P., Bagdasaryan, S., and Aranda, M.P. (2012). Hispanic Baby Boomers: Health Inequities Likely to Persist in Old Age. *The Gerontologist*, 52(3):166-176. Retrieved on May 10, 2013, from www.ncbi.nlm.nih.gov/pmc/articles/PMC3304894/pdf/gns002.pdf.
- 127Broder, T. and Blazer, J. (2011). *Overview of Immigrant Eligibility for Federal Programs*. Washington, DC: National Immigration Law Center. Retrieved on May 10, 2013, from www.nilc.org/overview-immeligfedprograms.html.
- 128Parrott, T.M., Kennedy, L.D., and Scott, C.D. (1998). Noncitizens and the Supplemental Security Income Program. *Social Security Bulletin*, 61(4):3-31.
- 129Angel, J.L. and Whitfield, K.E. (2005). *Hispanic and Mexican American Health and Aging in a New Century: An Overview*. Austin, TX: Lyndon B. Johnson School of Public Affairs, University of Texas and the National Alliance for Hispanic Health. Retrieved on April 9, 2013, from www.utexas.edu/lbj/caa/scaia_summary_report.pdf.
- 130Lynch, R. and Oakford, P. (2013). *The Economic Effects of Granting Legal Status and Citizenship to Undocumented Immigrants*. Washington, DC: Center for American Progress. Retrieved on April 2, 2013, from www.americanprogress.org/issues/immigration/report/2013/03/20/57351/the-economic-effects-of-granting-legal-status-and-citizenship-to-undocumented-immigrants.
- 131Immigration Policy Center. (2013). *The Dividends of Citizenship: Why Legalization Must Lead to Citizenship*. Washington, DC: Immigration Policy Center. Retrieved on April 3, 2013, from www.immigrationpolicy.org/just-facts/dividends-citizenship-why-legalization-must-lead-citizenship.
- 132National Immigration Forum. (2012). *Immigration Backlogs are Separating American Families*. Washington, DC: National Immigration Forum. Retrieved on April 17, 2013, from www.immigrationforum.org/images/uploads/familybacklogbackgrounder.pdf.

- 133 Johnson, R.W. & Soto, M. (2009). *50+ Hispanic Workers: A Growing Segment of the U.S. Workforce*. Washington, DC: AARP. Retrieved April 15, 2010, from www.aarp.org/research/surveys/money/work/employment/articles/hispanic_workers_09.html.
- 134 Angel, J.L. and Whitfield, K.E. (2005). *Hispanic and Mexican American Health and Aging in a New Century: An Overview*. Austin, TX: Lyndon B. Johnson School of Public Affairs, University of Texas and the National Alliance for Hispanic Health. Retrieved on April 9, 2013, from www.utexas.edu/lbj/caa/scaia_summary_report.pdf.
- 135 Caldwell, J. and Coates, J. (2013) *Immigration Reform: Key Issues for Older Adults and People with Disabilities*. Washington, DC: National Council on Aging, Caring Across Generations, and National Hispanic Council on Aging. Retrieved on April 9, 2013, from www.diverseelders.org/2013/04/08/immigration-reform-key-issues-for-older-adults-and-people-with-disabilities.
- 136 National Immigration Forum. (2012). *Immigration Backlogs are Separating American Families*. Washington, DC: National Immigration Forum. Retrieved on April 17, 2013, from www.immigrationforum.org/images/uploads/familybacklogbackgrounder.pdf.
- 137 Immigration Policy Center. (2013). *The Dividends of Citizenship: Why Legalization Must Lead to Citizenship*. Washington, DC: Immigration Policy Center. Retrieved on April 3, 2013, from www.immigrationpolicy.org/just-facts/dividends-citizenship-why-legalization-must-lead-citizenship.
- 138 Ibid.
- 139 Copeland, C. (2012). *Employment-Based Retirement Plan Participation: Geographic Differences and Trends, 2011*. Washington, DC: Employee Benefit Research Institute. Retrieved on April 18, 2013, from www.ebri.org/publications/ib/?fa=main&doc_type=1.
- 140 Sumption, M. and Flamm, S. (2012). *The Economic Value of Citizenship for Immigrants in the United States*. Washington, DC: Migration Policy Institute. Retrieved on April 3, 2013, from www.migrationpolicy.org/pubs/citizenship-premium.pdf.
- 141 Burtless, G. and Singer, A. (2010) *The Earnings and Social Security Contributions of Documented and Undocumented Mexican Immigrants*. Washington, DC: The Brookings Institution. Retrieved on April 9, 2013, from www.brookings.edu/research/papers/2010/12/07-immigrant-earnings-burtless-singer.
- 142 State Health Access Data Assistance Center. (2013) *State Estimates of the Low-income Uninsured Not Eligible for the ACA Medicaid Expansion*. Issue Brief #35, Minneapolis, MN: University of Minnesota. Retrieved on May 9, 2013, from www.rwjf.org/content/dam/farm/reports/issue_briefs/2013/rwjf404825.

ⁱ <https://jamanetwork.com/journals/jama/article-abstract/2717463>

ⁱⁱ https://www.asaging.org/sites/default/files/files/S16_Gene_40_1_Stone_99-105.pdf

ⁱⁱⁱ <https://aspe.hhs.gov/system/files/pdf/76186/CNAchart.pdf>

^{iv} <https://www.reuters.com/article/us-health-immigrants-caregivers/immigrants-play-big-role-in-caring-for-older-people-and-disabled-in-us-idUSKCN1T52KK>

^v <http://www.dewittllp.com/news-education/posts/2018/05/14/caregiver-industry-braces-for-workers-shortage-as-thousands-lose-employment-authorization-in-the-u.s>