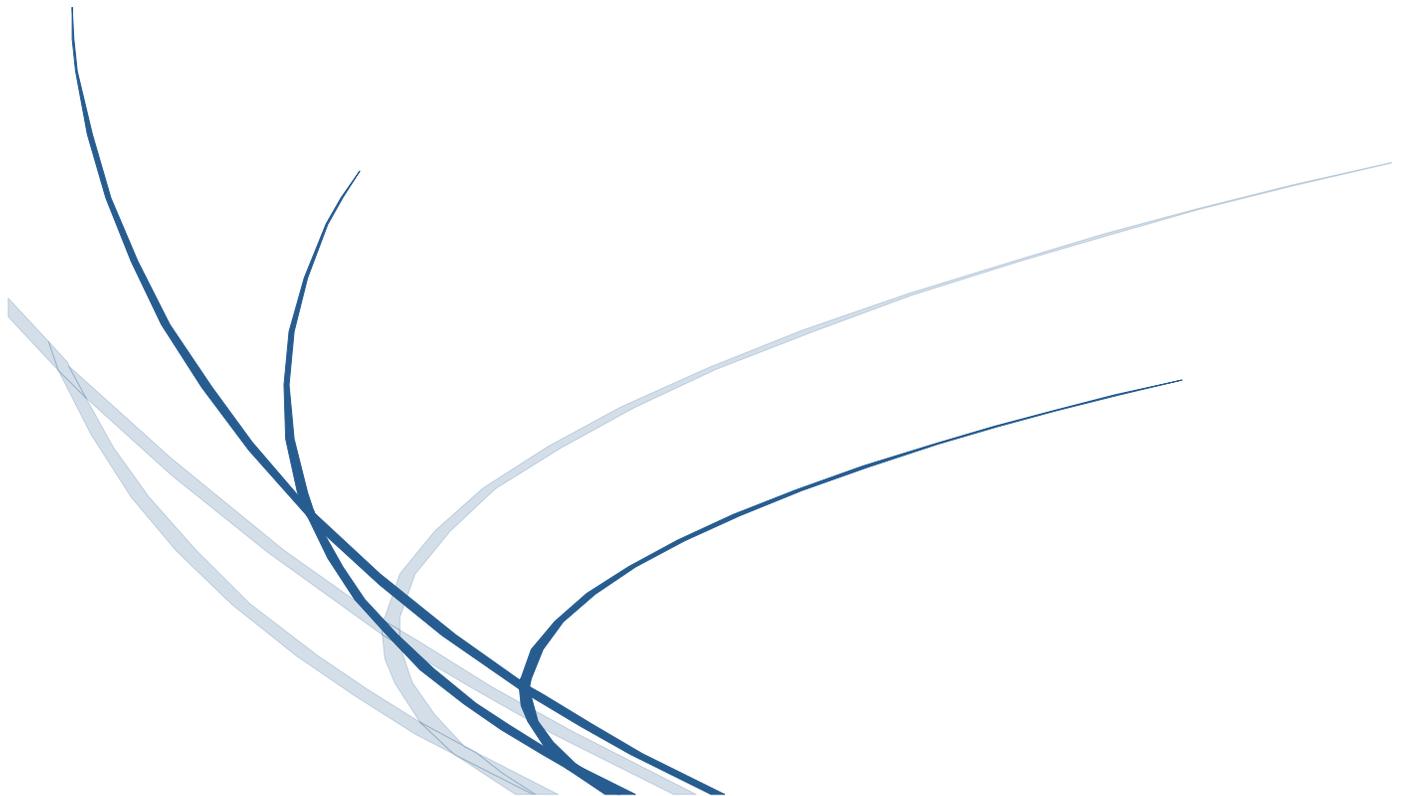


NHCOA

NATIONAL HISPANIC COUNCIL ON AGING

STATUS OF HISPANIC OLDER ADULTS: STORIES FROM THE FIELD



Washington, DC
NOVEMBER 2014

Working to Improve the Lives of Hispanic Older Adults, their Families and Caregivers

EXECUTIVE SUMMARY

Picture this: to keep from going hungry in straitened circumstances, you may one day need to eat cat food for dinner, or search for your lunch in a dumpster. This is not merely a worst-case scenario; it is *reality* for some seniors in the U.S. today. During regional meetings held in Florida, Texas and California in 2014, the National Hispanic Council on Aging (NHCOA) uncovered a troubling reality: seniors cannot afford to feed and house themselves. Many Hispanic older adults with whom we spoke said that their fixed incomes were not enough to cover rent, buy food, and pay for medicines. One participant shared the unimaginable: “Food is so expensive here that I know some seniors are eating cat food to make ends meet and not starve.”

This horrifying scenario illustrates the dire circumstances in which Hispanic older adults are living across the country. They are poor and hungry, often in poor health, and live in substandard or unsafe housing. Much needs to be done to improve the policies and programs that serve this aging segment of the population, and to lessen some of the hardships Hispanic older adults face across the nation.

Each year, NHCOA—the leading national organization working to improve the lives of Hispanic older adults, their families, and caregivers—releases the *State of Hispanic Older Adults in the U.S.* This report is a data and testimonial-driven review that captures the hardships and challenges shared by Hispanic older adults. To produce the report, NHCOA holds Regional Meetings across the country to listen to the concerns of Latino older adults, caregivers, community leaders and service providers. In 2014, NHCOA held community forums in Miami, Florida; Dallas, Texas and Los Angeles, California. The information gathered at these events, coupled with statistics, revealed that, sadly, older adults are unable to afford even their basic necessities.

All of the nation’s older adults are facing difficult challenges to make ends meet, but the challenges faced by Hispanic older adults are especially severe. Today, more than six million seniors in the U.S. live in poverty.ⁱ Twenty percent of U.S. Hispanic seniors aged 65 and older are poor, compared with 10% of the larger older adult population.ⁱⁱ Fully 48% of the nation’s seniors are classified as economically vulnerable, meaning that they live on less than two times the supplemental poverty threshold (the supplemental poverty measure reflects family expenses in addition to income).ⁱⁱⁱ Moreover, the number of food insecure seniors is expected to increase 50% by 2025.^{iv}

These statistics, while dire, do not accurately depict the high degree of economic insecurity among Hispanic older adults. This segment of the population has not only the highest poverty level of any senior group in the country, but also a median income that is more than \$10,000 below that of non-Hispanic whites with similar levels of education. In fact, without Social Security benefits, more than one half (50.7%) of older Hispanics would live below the poverty threshold.^v Hispanic older adults face the highest levels economic insecurity of any group; this is at least partially due to the fact that they are more likely than the general U.S. population to lack savings or be in debt. Overall, Hispanic older adults are more likely to suffer from lack of food security, poor health, and inadequate or unsafe housing.

There are four issues that need the most attention: economic security, hunger, housing and health. The following statistics surrounding these issues succinctly demonstrate the degree of difficulty facing Hispanic older adults today:

POVERTY AND ECONOMIC SECURITY

- ❑ At 20%, Hispanic older adults have the highest level of poverty of any senior group in the nation.
- ❑ More than half (50.7%) of Hispanic seniors would live below the poverty threshold if they did not receive Social Security.
- ❑ Even with Social Security, Hispanic senior median income is more than \$10,000 below that of non-Hispanic whites and a significant disparity exists even when comparing seniors with parallel levels of formal education.
- ❑ The Hispanic/white senior income gap is projected to continue, as Hispanics are the group least prepared for retirement nationwide.

HUNGER

- ❑ Almost one in four Hispanic older adults face food insecurity, with 6.7% of Hispanic households with Hispanic older adults facing severe food insecurity, meaning that at least one member of the household had missed meals due to lack of food.
- ❑ Hispanic older adults had difficulty accessing programs meant to provide food. For example, only 35% of Hispanic older adults eligible for (SNAP) accessed the program.

HOUSING

- ❑ Hispanic families lost more family wealth to the housing bust than any other group and more Hispanic families are underwater on their mortgages today than any other group.
- ❑ The U.S. is experiencing a severe shortage of rental housing, and low income seniors have particular difficulty finding safe, structurally adequate housing options. Only one in four eligible households can access (HUD) subsidized housing, and Hispanic older adults who live on low fixed incomes are particularly vulnerable to homelessness.

HEALTH

- ❑ Hispanics continue to face serious health disparities compared to the larger population. This includes diabetes and Alzheimer's disease—11.3% of Hispanics have diabetes, compared to 7.8% of non-Hispanic whites, and Hispanics suffer from Alzheimer's at 1.5 the rate of non-Hispanic whites.
- ❑ Hispanics continue to struggle to access quality affordable healthcare. In 2013, Hispanic older adults were much more likely to be uninsured than non-Hispanic seniors (about 4.2% versus .8%). Moreover, minority older adults typically bear more out-of-pocket costs for health care, which can be more than 31% of their budget for those at the lowest income levels.

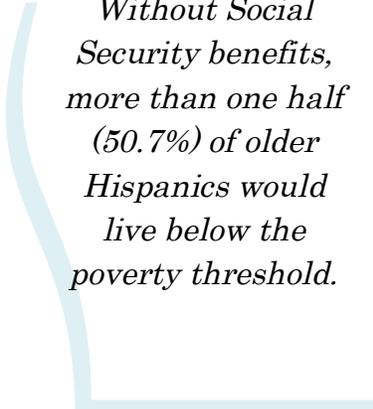
These troubling statistics were confirmed by the individual testimonies of older adults, caregivers, community leaders, and service providers who participated in the NHCOA Regional Meetings. The following report covers the principle areas of discussion during these meetings: economic security, hunger, health and housing. (Incidentally, housing was not originally a formal topic, but one that seniors insisted on discussing due to their overwhelming need.) Recommendations for decision makers, experts, funders and service providers are included in the final section of this report.

The sad state of Hispanic seniors here in the U.S. calls for swift and immediate action. There is no reason why here, in one of the wealthiest nations in the world, anyone should have to eat cat food for dinner or go to bed hungry. Policies and programs must be put in place to secure the livelihood and dignity of the growing, and increasingly diverse, aging population.

I. POVERTY AND ECONOMIC SECURITY

A. *Statistical Summary*

Twenty percent of U.S. adults aged 65 and older are poor, compared with 10% of the older adult population as a whole.^{vi} This 20% poverty rate, however, does not accurately depict the economic insecurity in the Hispanic older adult population. Hispanic older adults are almost universally economically insecure and the majority of them are dependent on Social Security benefits. In fact, without Social Security benefits, more than one half (50.7%) of older Hispanics would live below the poverty threshold.^{vii} Data on Medicare recipients reveals the low incomes of Hispanic older adults and also their lack of savings, which makes them particularly vulnerable in times of family emergency and illness.

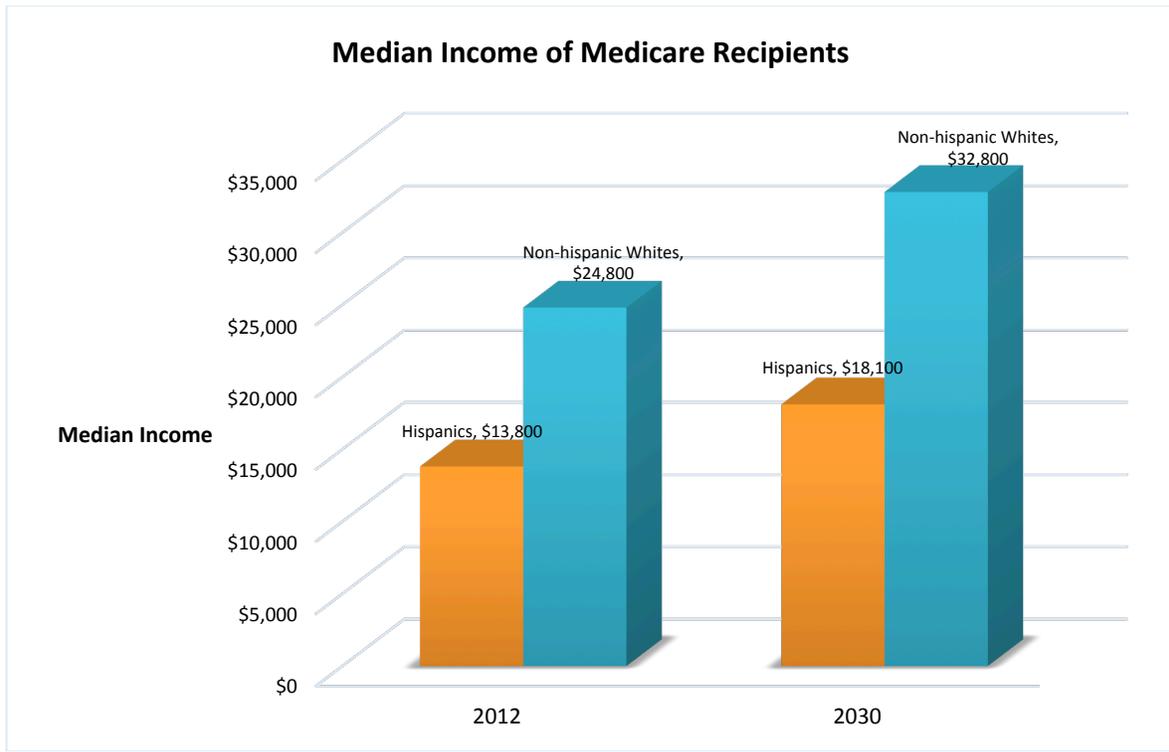


Without Social Security benefits, more than one half (50.7%) of older Hispanics would live below the poverty threshold.

In 2012, the Median income of Hispanic Medicare recipients was \$13,800, compared to \$24,800 among non-Hispanic white recipients. This disparity persisted even when groups were compared according to amount of formal education: Hispanic Medicare beneficiaries with a college degree had a median income of \$34,800; white beneficiaries with a college degree had a median income of \$41,400. Moreover, although almost all Medicare beneficiaries had savings, all non-Hispanic white beneficiaries had about seven times the savings of all Hispanic beneficiaries (median savings were \$85,850 vs. \$12,050 respectively). About one in five of all Hispanic beneficiaries had no savings or was in debt.^{viii} The picture that emerges from these statistics is that the majority of Hispanic older adults are living month-to-month on low incomes and without economic security, struggling just to stay above the poverty line.

Worse still, most Hispanic older adults will not have accrued savings by the time they retire. A report released on a survey conducted by ING in 2012 found that Hispanics were the least prepared for retirement of any ethnic group. Hispanics have the lowest average balances in their retirement plans at \$54,000 compared with \$69,000 average balance across all groups. As a result, over half of Hispanics surveyed (54%) said that they are “not very” or “not at all” prepared for retirement. The survey also found that Hispanics are less focused on their future retirement goals; 57% have never calculated how much money they will need in retirement and 70% have no formal investment plan to save for retirement. Most importantly, the report found that the major reason Hispanics are not saving for retirement is a lack of knowledge about savings options.^{ix}

This high level of poverty and economic insecurity among Hispanics is not likely to decline without intervention. Projections for growth in median income to 2030 show a similar disparity between Hispanics and non-Hispanic whites, with white median income among Medicare beneficiaries increasing to \$32,800 and Hispanic median income among Medicare beneficiaries increasing to only \$18,100.^x



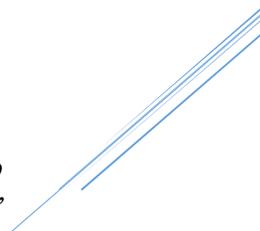
B. Findings from the NHC OA Community Forums

“The reality of the seniors in this area is extremely concerning. They are sacrificing food to be able to pay rent, but the rent they are paying is to live in deplorable conditions.”

In community forums, seniors expressed again and again that their rates of overall poverty seemed to be increasing, which is in line with the statistics noted above. Forum participants said that, after paying rent, they often did not have enough money for food and medical expenses. As a participant in Miami said, “The reality of the seniors in this area is extremely concerning. They are sacrificing food to be able to pay rent, but the rent they are paying is to live in deplorable conditions.”

Seniors also felt they were either isolated from programs that exist to help them, or that these programs were insufficient. Abuse and disrespect are also major factors that kept older adults from seeking help. Another Miami forum participant was outraged by cases of elder abuse by public workers: “There are programs to protect animals,” the participant said, “why [are there not] programs to protect seniors?” There was, overall, a feeling of exclusion.

“There are programs to protect animals, why [are there not] programs to protect seniors?”



Forum participants agreed that, in addition to living in dire circumstances, seniors also felt they had little information on the services that exist to help them. In Los Angeles, several participants noted that language barriers were a problem; “No one comes to our senior center to inform us in Spanish about programs,” one participant said. Overall, seniors are not receiving culturally and linguistically appropriate information on how to navigate available programs and resources.

The programs that do exist can be improved by addressing the present needs and circumstances of seniors. “Politicians need to go into the communities to see the reality [seniors] are living,” a Dallas resident noted. By going into communities and seeing the day-to-day reality of seniors, more creative and useful programs can be put in place.

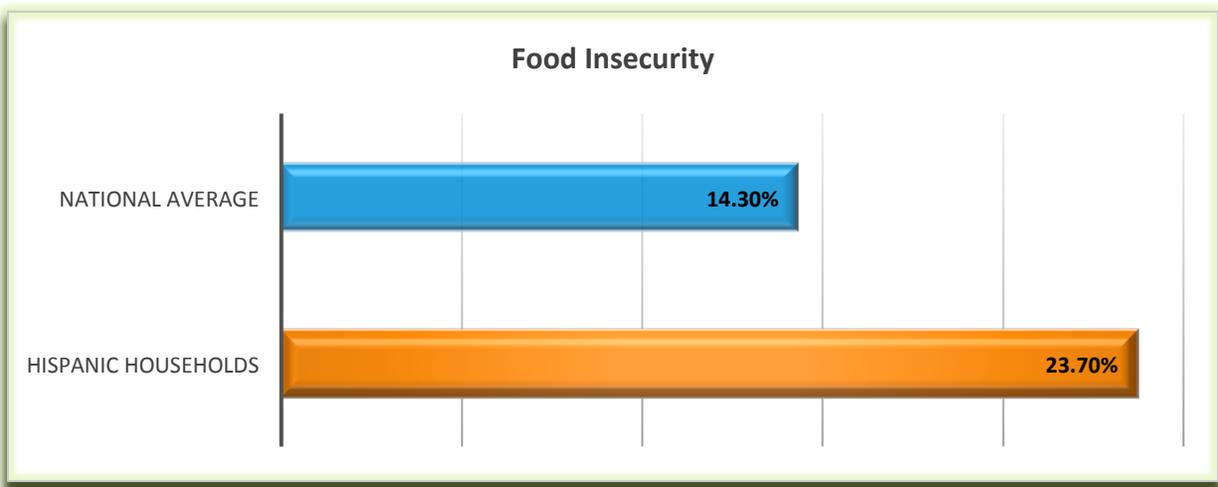
One suggestion that came up in the Dallas forum was to start a program to help train seniors to go back to work, or to open their own small businesses to increase their income. “Promote programs to teach us how to work,” the Dallas participant suggested. “There are people who have great talents and can learn to create small businesses.” Other programs, like those to improve financial education and boost the rate of savings in Hispanic communities, could also help. Providing new outreach programs to help empower seniors and lift them out of poverty is crucial.

II. HUNGER

A. Statistical Summary

Nearly one in four or 23.7% of all Hispanic households experienced food insecurity in 2013, compared to the national average of 14.3%. Of these, 6.7% faced very high food insecurity, which occurs when one household member's eating is disrupted.^{xi} Seniors who are food insecure are at increased risk for chronic health conditions, even when controlling for other factors. For example, 60% of food insecure seniors are at greater risk for depression and 53% are at greater risk of a heart attack. Food insecure seniors are also 52% more likely to develop asthma and 40% more likely to report an episode stemming from congestive heart failure.^{xii}

Seniors who are food insecure are at high risk for chronic health conditions



Although there are programs available to provide assistance for food insecure families, these programs routinely underserve older adults. A 2012 report by AARP and the AARP Foundation found that *only 35% of eligible U.S. seniors benefit from the SNAP program*. Barriers to accessing the program included the following: 1) difficulty in accessing the SNAP application due to transportation and geographic location 2) stigma and myths surrounding SNAP, such as that it is just for families with children, 3) cultural and language barriers and 4) perception that the benefits are too low for the effort required to apply.^{xiii}

Other primary sources of food, such as food banks or senior centers, also present significant barriers. As revealed below in the testimony from the NHCOA community forums, older adults have difficulty accessing food banks because of lack of transportation, and senior centers often serve poor quality food and charge a “donation” fee.

B. Findings from the NHCOA Community Forums

Hunger was presented in both heartbreaking and desperate terms during the NHCOA Community Forums. Forum participants described seniors going to bed hungry or poorly nourished, seeking food from trashcans and dumpsters, or resorting to eating cat food. A Miami participant noted, “Our seniors have an insufficient breakfast, an insufficient lunch and an insufficient diet in general. They are going to bed hungry.” Forum participants tended to agree with the statistics that hunger is a growing problem among Hispanic seniors and that many seniors had few options to address the problem of hunger.

“Some seniors are eating cat food because it is less expensive than human food. I have seen them buying it and eating it. They hide it because they are ashamed. This breaks my heart.”

Many forum participants were ashamed to admit they were struggling with food insecurity; it took some coaxing for seniors and grassroots leaders to admit that the problem was widespread. One participant in Los Angeles said, fighting back tears, “Some are eating cat food because it is less expensive than human food. I have seen them buying it and eating it. They hide it because they are ashamed. This breaks my heart.” This issue has to be brought to light and de-stigmatized, otherwise hungry seniors may not reach out to those services in place to help them. Even basic knowledge of available programs must be improved. A community worker in Los Angeles said, “I learned about the SNAP program in a forum hosted by NHCOA. I serve seniors and have to wait for a national organization to come to Los Angeles to connect me with the federal program. We need to connect and learn about programs available for our *abuelitos*.”

“It’s hard to stand up from the table still hungry.”

Four main issues exacerbate these problems: 1) lack of income, 2) a dearth of alternative sources of food, 3) absence of transportation, and 4) language barriers. Participants in Dallas said they had insufficient transportation, and that the transportation services that do exist have few Spanish-language staffers. Meals on Wheels also lacked the necessary Spanish-speaking volunteers. As a result, in Dallas, “seniors do not know how to access programs to get their meals,” and when they do know about the programs they “cannot go to look for food because of lack of transportation.”

Furthermore, what food is available from senior centers and food banks was widely reported to be either inedible or expired. The Senior Center food, one participant in Miami said, “is worse than food for dogs.” Another participant in Los Angeles said that food at Senior Centers is “like food for animals; seniors eat that food because they have no other option.” Even worse, the Senior Centers often require a mandatory donation before they will provide food. A participant in Los Angeles explained that some were turned from senior centers, “They say it is a donation, but if we don’t have the \$2.00 we cannot eat.”

III. HOUSING

A. Statistical Summary

During the housing boom, the Hispanic population in general hit record highs of homeownership, reaching 49.8% in 2006. By 2011, that homeownership rate had dropped to 47.4%. During the recession, Hispanics suffered greater financial loss, and loss of housing equity, than any other ethnic group. In 2005, the nation's Hispanics counted nearly two-thirds of their family wealth in home equity, but because they disproportionately tended to live in neighborhoods buoyed by the housing boom, they also lost the most in home equity during the recession. Today, 28% of Hispanic homeowners say that they are underwater on their mortgages—they owe more on their homes than what they are worth on the market.

Hispanic seniors with \$15,000 in annual income would require housing that costs no more than \$375 per month, instead of \$1000

Waiting list for assisted housing is often 10 years

As difficult the financial situation is for Hispanic homeowners, the housing situation is even direr for the majority of Hispanic households who rent. Demand for rental units has risen steadily since the mid-2000's, with Hispanic households accounting for 29% of this increase. This is a growing problem, as Hispanic households that rent their homes will increase by 2.4 million in 2023, while seniors over 65 as heads of rental households are projected to increase by 2.2 million. In 2011, 11.9 million low-income renters, those with a median income of \$19,000, competed for just 6.9 million affordable units

available. Given the increased demand for rental housing, especially among lower-income renters, there is now a severe gap in availability for rental housing those low-income renters can afford.^{xiv} According to the Urban Institute, the total gap in affordable housing for extremely low-income renters is over eight million units nationwide. Only one in four families who qualify are able to access HUD subsidized housing, and waiting periods for assisted housing can be up to 10 years in some areas of the country.^{xv}

Another challenge facing the nation is the availability of quality rental stock. Rental housing stock is older than single family housing stock by about five years: about one-third of the nation's rental stock was built before 1960 and another third was built between 1960 and 1979. Moreover, rental units available for low-income people tend to be older construction, with nearly half of affordable rental units constructed 50 years ago or more. Of these older units, 13.7% have structural difficulties.^{xvi} In 2011, about 3.1% of the nation's rental housing units was categorized as "severely inadequate" and 6.7% of units were categorized as "somewhat inadequate."^{xvii}

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

The problem of adequate housing for seniors will only increase in years to come. A 2002 study by the U.S. Department of Health and Human Services' Administration of Aging reports that the U.S. population 65 and above will more than double by 2030. This underscores the increasing need for affordable housing choices for seniors. The Section 202 Supportive Housing for the Elderly program, which provides funding to nonprofit organizations that develop and operate housing for seniors with very low incomes, must be expanded. As the U.S. population of seniors increases, so too must accessible and affordable housing.

B. Findings from the NHCOA Community Forums

While housing was not originally a formal topic of discussion for the 2014 NHCOA community meetings, seniors and caregivers were so concerned about this issue they made it a primary issue in the conversation with NHCOA. Participants put the problem in the starkest terms: "Seniors," one participant said, "are living in inhuman conditions."

"Seniors live in deplorable conditions in public housing. They live worse than inmates."

Participants in the community forums repeatedly mentioned that rental housing was too expensive given its poor quality. “Senior housing in South Florida is *degradante* [degrading],” a Miami participant said. “Go see how our seniors live with rats and water filtering into their rooms.”

Moreover, seniors are disinclined to apply for subsidized senior housing because the process is extremely complex and the wait time for a unit is prohibitive. The problem is particularly bad in Los Angeles, where a community member pointed out that, “In California, the waiting list to get Section 8 housing is ten years.”

Community workers participating in the forums also talked about seniors being essentially homeless—“Many seniors sleep on the floor in friends’ houses because they do not have a place to live.” Those without secure housing rely on a succession of temporary or piecemeal living arrangements with friends and relatives to avoid being on the streets.

Overall, housing was cited as the major factor contributing to hunger in the Hispanic community. Even those who owned houses found that they were unable to make ends meet and acknowledged the low level of equity they had in their homes. “We are treated like we are rich,” one Los Angeles participant said, “just because we have an old house. But we can hardly afford to pay the taxes, utilities, and maintenance with the small check we receive from Social Security.” Even those with incomes high enough to not qualify for federal assistance found that they often lacked the money to buy food and medicine after paying their rent or mortgage.

IV. HEALTH

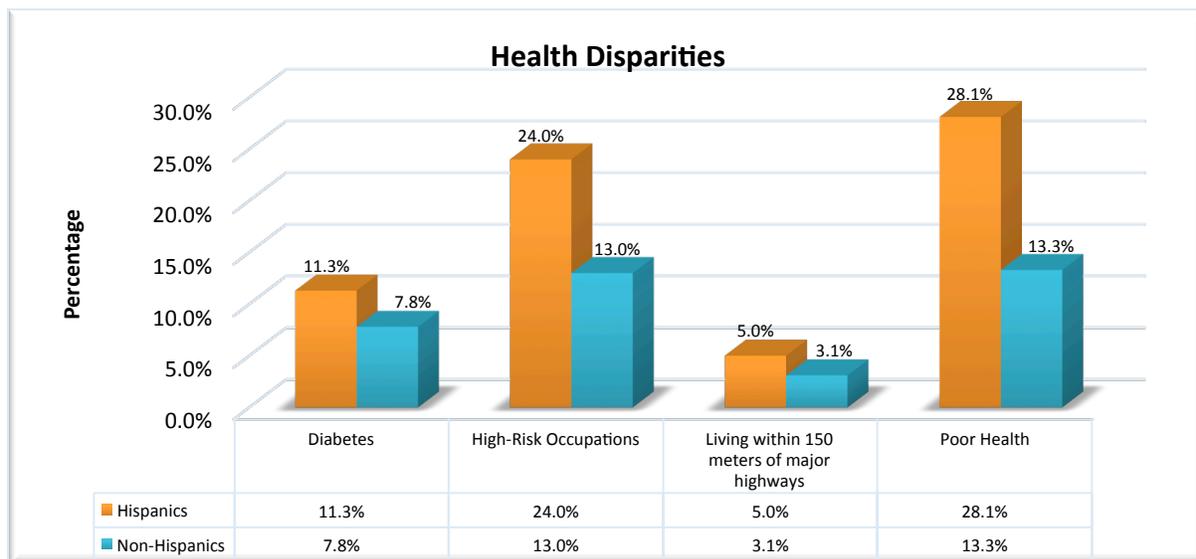
A. Statistical Summary

There is much discussion about the “Hispanic paradox”—statistics showing that Hispanics live longer than non-Hispanic whites despite higher rates of poverty. It is true that Hispanics live longer: data from 2010 shows that Hispanics live about two years longer on average than non-Hispanic whites.^{xxix} Moreover, cross-sectional data from the National Center for Health Statistics show that Hispanics age 65 and older are less likely than older non-Hispanics to die from heart disease, cancer and stroke.^{xx} In other studies, both genders and all Hispanic sub-groups have lower death rates among middle-aged (45-64) and elderly Hispanics as compared to non-Hispanic whites.^{xxi}

Yet, while Latinos live longer than other populations, evidence suggests that they do so in relatively poor health. For example, the mortality rate advantage enjoyed by Hispanics for cancer and heart disease still translates into a high number of deaths from these diseases. Heart disease and cancer are, in fact, the two leading causes of mortality in Hispanics. Moreover, Mexicans are 50% more likely to die from diabetes than non-Hispanic whites.^{xxii}

In 2013, the statistics showed numerous health disparities and difficulty in accessing healthcare remained for the Hispanic population. Latino older adults were much more likely to have no health insurance than non-Latinos (about 4.2% versus .8%), making it difficult for them to access healthcare.^{xxiii} Moreover, diverse older adults typically bear more out-of-pocket costs for health care, which can be more than 31% of their income for those at the lowest income levels.^{xxiv} This amount is nearly twice the 16.2% of income spent by the average Medicare beneficiary.^{xxv} Hispanic seniors are particularly vulnerable to becoming targets of Medicare fraud because of their low levels of formal education and cultural and linguistic differences. Overall, Medicare fraud costs the U.S. healthcare system an estimated \$97 billion annually.^{xxvi}

Out of pocket costs for health care often represent more than 31% of Hispanic seniors' income vs. 16.2% of average Medicare beneficiaries' income



In 2010, the leading causes of death among U.S. Hispanics were 1) cancer, 2) heart disease, 3) unintentional injuries, 4) stroke, 5) diabetes, 6) chronic liver disease and cirrhosis, 7) chronic lower respiratory disease, 8) Alzheimer’s disease 9) kidney disease and, 10) influenza and pneumonia.^{xxvii}

According to the 2013 Health Disparities and Inequalities Report of the U.S. Centers for Disease Control and Prevention (CDC), Hispanics made some gains in health in recent years but serious disparities remain. The following are brief summaries of those disparities:

- **Diabetes:** Hispanics retained a higher rate of diabetes at 11.3%, compared to non-Hispanic whites at 7.8%.
- **Obesity:** Mexican Americans had a 41% obesity rate, compared to 31% among non-Hispanic whites. Moreover, census tracts with more than 13.1% of seniors or less than 64% of non-Hispanic whites were less likely to have sources of healthy food, leading to obesity. Obesity has implications for a number of chronic conditions, including Diabetes Type 2 and cardiovascular disease.
- **HIV:** Hispanics were two times more likely to be diagnosed with HIV than non-Hispanic whites.
- **Preventable hospitalization:** Hispanics had higher preventable hospitalization rates from 2001 to 2009, than non-Hispanic whites.

- ***Blood pressure control:*** Although Hispanic hypertension rates were on a par with non-Hispanic whites, Mexican Americans had one of the lowest rates of hypertension control at 30.3%.
- ***Work deaths and injuries:*** 24% of Hispanics, compared to 13% of non-Hispanic whites, are employed in high-risk occupations. Hispanics had the highest rate of work related fatality at 4.4 per 100,000 workers.
- ***Living within 150 meters of a major highway leading to asthma, chronic obstructive pulmonary disease and other conditions:*** Hispanics were among the most likely groups to live within 150 meters of a major highway, at 5%, compared to 3.1% of non-Hispanic whites.
- ***Periodontitis:*** Mexican Americans had a 59.7% rate of periodontitis, more than all other ethnic/racial groups. Periodontitis has implications for heart disease.
- ***Self-reported fair or poor health:*** Hispanics were more likely to report their health as fair or poor than non-Hispanic whites, at 28.1% to 13.3%. (This self-evaluation has dropped by three percentage points since 2006, however.)

In addition to those disparities cited by the CDC, Latinos are 1.5 times more likely to develop Alzheimer’s disease than non-Hispanic whites. They are less likely to be diagnosed, however, because of lack of access to screening and knowledge about the disease. Higher incidence rates are likely because Hispanics have higher levels of cardiovascular disease risk factors (diabetes, high blood pressure and high cholesterol) that may also be risk factors for Alzheimer’s disease.^{xxviii}

According to the CDC report, some previous disparities were eliminated in 2010. For example, influenza vaccination rates among Hispanics 65 and older rose by over 10 percentage points, putting it on a par with non-Hispanic white vaccination rates.^{xxix} This is encouraging news, since NHCOA has been working on immunization education among Hispanic seniors for the last six years. NHCOA strongly believes in the importance of culturally and linguistically interventions to health promotion and eliminate inequities.

Even though the above statistics are relevant for all Hispanics, they are particularly relevant in the elderly Hispanic population. Health issues like diabetes, work-related injuries, asthma, obesity and periodontitis can lead to further chronic conditions as people age. Addressing health issues in the larger Hispanic population will lead to better health among Hispanic older adults in the long term.

B. Findings from the NHC OA Community Forums

As with the other issues discussed above, the forum participants highlighted problems with transportation and culturally and linguistically appropriate information,

both of which keep them from accessing healthcare. They also pointed out a lack of help with technological issues, like Internet and computer usage, which also prevent them from accessing information on healthcare options. Overall, further outreach programs are needed to bring accurate information and access to older Hispanic adults.

“Even when information is in Spanish, this information is too complex for us to understand”

“No one comes to explain in a simple conversation what the changes are in Medicare.”

Consistently, participants in the community forums cited the complexity of the U.S. health system and lack of culturally and linguistically

appropriate information about the system as barriers to accessing quality health care. Over and over, seniors expressed their confusion regarding Medicare plans and their frustration with the lack of information available in Spanish. “These public employees,” one Miami participant said, “sometimes do not even look at us when they see that we speak Spanish.” Similar problems were reported in Dallas and Los Angeles: one participant said, “We receive terrible service because we don’t speak English.” They mentioned that they are hesitant to use the telephone to get information because they don’t speak English or are afraid of getting a recording they cannot understand.

Attempting to use the Internet for research or healthcare access presents other serious challenges for Hispanic older adults. As a participant in Miami said, “How can they send us to look in the Internet? When we can hardly use a phone, how can we use a computer? Besides, we are from a generation that did not have the opportunity to study, so reading in Spanish is hard, let alone understanding English.” Unable to access information online, seniors look for someone to have a simple conversation about their healthcare options, but such conversations are very difficult to initiate. “No one comes to explain in a simple conversation about changes in Medicare,” a participant in Los Angeles said. Ultimately, a simple conversation about their healthcare options is what seniors want most of all.

Fraud is another problem; multiple participants noted that because they were unable to access or understand the Medicare and Medicaid information themselves and they relied on others to sign them up. As a result, many seniors are at the mercy of unscrupulous providers and are defrauded of their limited income. Again, a simple conversation with seniors could help to empower them to make well-informed decisions regarding their healthcare coverage.

“We depend on service providers and they enroll us in programs that do not work for us.”

Participants described the system as overwhelmingly complicated and the information provided to them as long and hard to understand. In addition, they expressed their pain in feeling isolated and forgotten by the society that they had served for so many years through hard work. Community workers also mentioned a lack of funding or vehicles to serve disabled seniors who cannot get to senior centers. The lack of access to services and to quality healthcare contributes to the health disparities cited above, many of which are preventable.

V. CONCLUSION AND RECOMMENDATIONS

The state of Hispanic older adults in the U.S. is desperate. Hispanic older adults are facing high levels of poverty, economic insecurity, hunger, poor health and structurally deficient and unsafe housing. Although programs on the federal, state and local levels exist to mitigate these challenges, across the country Hispanic older adults are struggling to access them.

Programs that could alleviate hunger, for example, have application processes that are daunting for Hispanic older adults and services that are not accessible without transportation. Affordable, quality housing-stock is often simply nonexistent. Quality medical assistance is difficult to access because of the complexities of the U.S. health system. With all of these issues, one common problem is a lack of culturally and linguistically diverse employees who can help Hispanic older adults navigate the social services system. As a result, Hispanic older adults often do not know about the services that are available, and if they do, they are unable to access them. In addition, when they do receive help from social programs, they often feel that they are not treated with respect.

It is imperative that experts, funders and service providers from public and private sector, and decision-makers nationwide, make the aging community a top priority in the years to come, especially as older adults become a larger percentage of the U.S. population. The goal is to allow seniors to age in dignity, economic security and in the best possible health. We must all work to ensure that diverse seniors, including Hispanics, are fully included in this goal.

Accordingly, NHCOPA is making the following recommendations based on both the statistical reality of the nation's Hispanic older adults and the experiences of Hispanic seniors, their families and caregivers:

- 1. Re-authorize the Older Americans Act (OAA):** The OAA is the central vehicle for providing America's seniors with needed services, including meals, transportation and home care. Congress must renew its commitment to providing low-income seniors with basic services.
- 2. End Senior Hunger:** Across the nation, thousands of Hispanic older adults go to bed hungry or face the risk of hunger on a daily basis. Federal programs, such as SNAP, and non-profits like Meals on Wheels, are simply not reaching Hispanic older adults. Funding for these programs should be allocated for outreach, application assistance and transportation so that older adults who are eligible for these programs might be able to access them and receive assistance. Establishing a National Plan to End Senior Hunger could also assist with this goal. Such a plan would increase awareness about the

issue of senior hunger nationwide, educate seniors about available assistance and engage communities in developing their own solutions.

- 3. Increase Subsidized Senior Housing:** The severe housing gap summarized above results in the nation's seniors going hungry or without needed medications because they must spend a majority of their income on housing. Alternatively, seniors are homeless or live in housing that is unsanitary and unsafe. The nation desperately needs to upgrade, renovate and build more subsidized housing stock that is age-appropriate for seniors. Funding for Section 202 housing, which is administered by HUD and provides affordable housing for low-income, independent seniors, has been steadily decreasing. This funding trend must be reversed in order to help more seniors find safe and affordable housing.
- 4. Strengthen Social Security:** Cost of living increases and access to the Supplemental Security Income program are both essential for keeping all seniors out of poverty. Congress must continue to authorize a cost of living increase if our seniors are going to stay out of abject poverty.
- 5. Provide Culturally and Linguistically Diverse Access:** All programs should be designed to serve the diverse senior population in the country. Ensuring they are staffed with linguistically and culturally diverse individuals who are able to reach out to and communicate with seniors will ameliorate many of the problems outlined above. Culturally and linguistically appropriate outreach programs are particularly essential for federal programs that serve the nation's seniors, including Medicare and Medicaid, the Affordable Care Act, SNAP and HUD.
- 6. Improve Senior Centers:** Senior Centers are the gateway for older adults to access a whole range of services, from hot meals to transportation to legal services. Only 60% of these centers are equipped to help seniors gain access to a full range of these programs, however. Increased federal, state and local funding would help to ensure that Senior Centers across the country have greater access to programs and are able to hire staff who can effectively communicate with the diverse elderly population.
- 7. Support Re-training and Entrepreneurship:** The Hispanic older adults with whom NHCOA met are eager to engage and continue to contribute to society. There is a strong commitment to work ethic in the Hispanic community, and low-income Hispanic older adults are often willing to go back to work or engage in entrepreneurship to help increase their income levels.

The U.S. should take advantage of people with decades of experience by developing programs specifically for older adults to keep working, earn a living, and share their wealth of knowledge. There are promising models to build on. The OAA's Senior Community Service Employment Program (SCSEP) trains low-income older adults in marketable skills, but recent funding cuts mean its reach is limited. SCSEP should be expanded to help all older adults in need of work. Additionally, microfinance can help older adults start small businesses and capitalize on the decades of experience that older adults have to offer.

8. **Financial Counseling:** Hispanic older adults lack retirement savings and they are more likely to be in debt than the general population. Outreach programs to help increase access to financial planning services *before* retirement may help to increase the rate of retirement savings among the Hispanic population. This could do a great deal to improve the situation of Hispanic older adults in the long term.

9. **Renew Commitment to Combating Medicare Fraud:** Hispanic older adults are targets of Medicare fraud because they often do not understand the healthcare system and are afraid to report fraud because of language and cultural barriers. In addition to the vigorous investigation of those individuals who commit fraud, there should also be a wider effort to educate Hispanic older adults about their Medicare plans and teach them how to recognize fraud and report it. These measures will help to reduce the incidence of Medicare fraud nationwide.

End Notes

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