



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

# Status of Hispanic Older Adults: Recommendations from the Field

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## EXECUTIVE SUMMARY

### A. OVERVIEW

After a lifetime of work and sacrifice for family and community, our nation's older adults should be able to enjoy their golden years surrounded by loved ones, in security, and in the best possible health. Unfortunately, many older Hispanic adults in the U.S. face a variety of challenges. At their worst, these challenges render seniors virtually homeless, living temporarily in the homes of friends or family; or hungry, going to bed without dinner, seeking food from dumpsters, or eating cat food to fight their hunger pangs; or unhealthy, facing multiple chronic conditions without the means to control them adequately. Most Hispanic older adults do not arrive at situations this desperate, although many do. Instead, most Hispanic seniors lead lives of quiet insecurity. They live from month to month on Social Security checks that do not cover their basic needs. They choose between buying needed medications and buying groceries. They rely on the sacrifices of extended family for their care. They live in inadequate housing that eats up well over 50 percent of their monthly budget.

There are a host of underlying factors contributing to these desperate situations and challenges. These factors are complex, interrelated, and cry out to be addressed. The National Hispanic Council on Aging (NHCOA), the leading organization working to improve the lives of Hispanic older adults, their families, and caregivers, is dedicated to documenting the state of the nation's Hispanic older adults and identifying the underlying factors of the challenges they face. Accordingly, NHCOA is pleased to present the following report to the 2015 White House Conference on Aging. This report documents the state of Hispanic older adults, the challenges they face, and the underlying factors contributing to these challenges. To prepare this report, NHCOA synthesized data from a literature review, a series of community forums, and a community survey of 729 participants. Each year, NHCOA holds regional meetings across the country to listen to the concerns of Latino older adults, caregivers, community leaders, and service providers. In 2015, NHCOA held community forums in Miami, FL, Dallas, TX, and Los Angeles, CA in conjunction with the 2015 White House Conference on Aging. These forums are the basis of the data included in the following report. In addition, NHCOA conducted a survey with 729 seniors to complement the qualitative information with quantitative data. Together with the literature review, this data paints a picture of a resilient and determined population facing highly difficult circumstances in almost every aspect of life.

The report is responsive to the four themes of the 2015 White House Conference on Aging, which included retirement security, long-term services and support, health aging, and elder justice. The report closes with a series of recommendations gleaned from the findings of the literature review and from the U.S. Hispanic older adult community itself.

## B. HIGHLIGHTS OF REPORT FINDINGS

The findings of this report and the status of Hispanic older adults are critically important to the overall U.S. population. With the baby boomer population entering retirement, the U.S. population is quickly aging. Hispanics are the fastest-growing segment of this aging population. In 2013, the Hispanic older adult population (those 60 years and older) numbered 3.6 million and comprised 8 percent of the U.S. population 60 and older. By 2050, the older Hispanic population is projected to account for 19.8 percent of the older U.S. population, and to number more than 17 million. By 2019, the Hispanic population aged 65 and older is projected to be the largest ethnically diverse community in this age group in the U.S. Over the next 40 years, the number of Hispanics aged 65 and older is expected to double, while the number of those aged 85 and older is expected to triple.

Following are highlights of the report as well as the recommendations.

### 1. Overall themes

There are a number of themes that emerged from NHCOA's research. These include the gap between service providers and the nation's Hispanic older adults, the determination of older adults to continue working, and their vulnerability.

#### *a. The Disconnect Between Service Providers and Hispanic Older Adults and Lack of Access to Benefits and Programs*

A theme that emerged repeatedly, across all research methods and all NHCOA forums was Hispanic older adults' lack of access to federal, state, and local programs. This is a critical issue because these programs can address some of the most difficult challenges Hispanic older adults face, including access to retirement planning; access to long-term services and supports, such as healthcare and nutrition programs; access to necessary healthcare and medication benefits; and access to information that would protect them from financial abuse and fraud. There are a number of underlying factors that prevent access to programs. At times, there is simply a lack of available services, such as subsidized housing stock. Generally, however, the underlying factors are a combination of wide cultural, linguistic, and age-related gaps between Hispanic older adults and frontline service providers and counselors. Hispanic older adults are often unaware of programs that could help them. They feel socially isolated and forgotten. When they do try to access programs, they are often unsuccessful. They are unable to bridge knowledge, cultural, and linguistic gaps even when service providers speak Spanish, and they do not know how to access programs and find answers to their questions online. Many program applications are migrating to online enrollment, which is challenging for Hispanic older adults, especially for those who have never used online systems and do not have Internet access at home. In addition, U.S. business culture, which relies on efficiency, often unknowingly communicates a lack of respect for Hispanic older adults. Often, service providers are unaware that Hispanic older adults

with low levels of formal education do not understand basic concepts of U.S. systems, (for example, regarding healthcare enrollment, Hispanic older adults often do not understand concepts such as premiums or deductibles.) Finally, older adults require more repetition and more time to learn new concepts, which service providers must accommodate. One Los Angeles forum participant described the disconnect as follows, *“Service providers don’t understand our beliefs and traditions. Understanding our culture is the only way they can approach us and know how to help us.”*

#### ***b. Desire to Re-Enter the Workforce to Achieve Economic Security***

A remarkable theme that consistently surfaced from the community is the request for job training. Hispanic older adults hope to return to work or start small businesses to fill in what they lack in retirement income. This request highlights the Hispanic community’s work ethic. Among NHCOA survey participants, 25 percent said they were seeking to work fulltime, even though their median age was 73.

#### ***c. Desire for Younger Generations to Be Better Prepared Financially for Retirement and Healthier.***

Another theme that consistently emerged was older adults’ concern for the younger generation to learn how to plan for retirement. They insisted that children and working adults should have access to information and training that would help them to save for retirement, manage their budget, and make healthy choices. For example, a Miami forum participant shared the following about the importance of readying younger generations for retirement security, *“Hispanic families don’t have favorable conditions to save money as many of them can barely afford their basic needs... For more than 10 years, we have been listening to politicians say that we are in the middle of an economic crisis. Therefore, we need to create programs that address the limited job market and offer opportunities of upward mobility for new generations, so they can save money for retirement and live better lives.”*

#### ***d. Extreme Vulnerability to Financial Exploitation, Abuse and Neglect***

Extreme vulnerability to financial exploitation, abuse, and neglect emerged as an important theme. Hispanic older adults have low levels of formal education, combined with social isolation and low levels of English proficiency. These factors make them easy targets for unscrupulous individuals attempting to deceive them. They are vulnerable in other ways as well. Living month to month on low fixed incomes, Hispanic older adults are especially vulnerable to any change in their physical or financial status. A health challenge or the need to change their housing situation can spell disaster for their finances. For example, a brief hospitalization that is only 80 percent covered by Medicare can cause a Hispanic older adult who is just getting by financially to plummet into desperate straits, such that they could face hunger. A participant from Los Angeles forum described his vulnerability as follows: *“My Social Security check is gone after two days when I pay rent, utilities, and some of my medicines.”*

## 2. Findings Aligning with the 2015 White House Conference on Aging Themes

### a. Retirement Security

There are three major underlying factors feeding into the severe retirement insecurity among Hispanic older adults. The first is lack of retirement savings. Hispanic older adults are the least-prepared group in the nation in terms of saving for retirement. This is partly because during their working years, Hispanics are often employed in jobs with low wages and low benefits, making access to pensions rare and saving for retirement difficult. It is also because Hispanics do not know or understand how to save for retirement. In fact, an ING report released in 2012 found that the most important reason that Hispanics do not have retirement savings is that they do not have knowledge about retirement savings options. Hispanic older adults are overwhelmingly dependent on Social Security, from which they receive, on average, lower benefits than non-Hispanic whites. In effect, if they did not receive Social Security, the poverty rate for Hispanic older adults would be over 50 percent.

During NHCOA's community forums, participants consistently requested training and information about savings options. These calls for community education about retirement savings were especially revealing of the character of the Hispanic community, because Hispanic older adults were requesting these services for working adults, young adults, and even teenagers. They recognized that they themselves had missed the opportunity to save for their retirement, but were adamant that younger generations should be informed about available opportunities and effective strategies.

The second factor causing retirement insecurity is the lack of access to affordable, quality housing. There is simply a lack of quality affordable housing stock in the U.S., especially in large metropolitan areas where the majority of Hispanic households live. Rental housing stock is in especially short supply. This results in Hispanic older adults living in substandard housing that takes up a high percentage of low fixed incomes, leaving little for health expenses, food, or clothing. In addition, Hispanic older adults often live in housing that lacks basic amenities necessary for older adults, such as elevators.

Community feedback on housing was full of dire examples. According to community members, many Hispanic older adults live in vermin-filled apartments, or are homeless. Rents are too high, and the Hispanic community suffered more than any other population from the housing crash of 2008. Housing is a key factor in economic insecurity among Hispanic older adults. One participant from the Los Angeles forum described her housing situation as follows: *“Three years ago, I applied to Section 8. At the moment, they told me that the waiting time was 12 years. I live in deplorable conditions and my house doesn't have an air conditioner. During the hot season, I am forced to leave my house and stay at some friends' houses. I'm 72 and I cannot wait 12 years for an affordable residence.”*

The third factor is lack of access to available programs that alleviate economic insecurity. For example, one of the most severe consequences of economic insecurity among Hispanic older adults is food insecurity. Nationwide almost one in four Hispanic households faces food

insecurity, and yet among all seniors only 35 percent of those eligible benefit from the Supplemental Nutrition Assistance Program (SNAP). Hispanic seniors suffer from the highest levels of poverty of any U.S. older adult population, and high levels of food insecurity, yet they are not accessing programs that could help them live in greater security. Twenty-five percent of NHCOA survey participants were committed to working full-time to alleviate their financial insecurity, even though their median age was 73.

Community forum participants described desperate situations of hunger and homelessness among Hispanic older adults. Moreover, they described difficulties in accessing social programs. These difficulties included experiencing long waits for service, a lack of knowledge about the availability of programs, and feeling lost and overwhelmed when trying to enroll in needed programs. Community forum participants recommended community-based outreach and education on available programs and individual assistance with enrollment. Even community programs providing food were sometimes inaccessible to older adults because these programs request monetary donations, which they cannot afford. Participants cited that even small payments sometimes requested at senior or community centers for meals were too much for their limited budgets.

#### ***b. Long-Term Services and Supports***

Data show that the country lacks meaningful access to long-term services and supports for older adults who do not have sufficient savings to pay for them. Hispanic older adults, who generally do not have retirement savings, are dependent on informal family caregivers for long-term care. Although Hispanics have access to the Ombudsman Program, this has only limited practical application to their daily needs. Moreover, Hispanics have higher incidence of chronic disease, such as type 2 diabetes and Alzheimer's disease, and live an average of two to three years longer than the larger population, necessitating longer-term services and supports. Survey findings showed that Hispanic older adults were often caught between living with family and family pressures that force them into other long-term care situations such as nursing homes.

Community forum participants asked for more information about long-term services and supports that are available, and requested centralized hubs for this information in their communities. They also mentioned incidences of abuse and over-medication by caregivers in which Hispanic older adults were victims. Presumably, caregivers themselves have little support or knowledge about how to care for older adults and are overstressed, leading to some of these abuses. In short, long-term services and supports for older adults are desperately needed in the Hispanic community. One Miami forum participant described the need for long-term services and supports among seniors, *“We live in the most powerful economically, politically, and military country in the world, so I don’t understand why we cannot have health insurance for life-time, from birth to death. Why we cannot eat three times per day?”* She continued sharing her frustration about the difficulties older adults face including fraud and abandonment, *“I came from a senior community where older adults go every day to hospitals and doctor’s appointments without feeling better. Seniors are not getting what they need. Seniors are marginalized and abandoned by their families. We need love and social activities... Depression is a big issue among Hispanic older adults in Miami. They are more vulnerable to compulsive behaviors, such*

*as gambling or eating junk food. We feed our soul and fight physical illnesses when we go out to dance and talk to people.”*

### **c. Healthy Aging**

Hispanic older adults are living longer, but are not healthier. Hispanics live two to three years longer than the larger U.S. population, but they are more likely to suffer from chronic diseases. Foremost among the chronic diseases that they face disproportionately to the larger population are type 2 diabetes and Alzheimer’s disease. In addition, Hispanics are less likely to have health insurance and older adults are more likely to be entirely reliant on Medicare.

Hispanic older adults are less likely to access preventive programs and services, which are necessary to promote good health and manage chronic disease. They often do not know how to navigate the U.S. medical system. This includes enrolling in Medicare, Medicare Part D, and Medicaid if they are eligible. In addition, Hispanics often face difficulties in communicating with their physicians or other healthcare providers. A surprising 9 percent of NHCOA survey participants had no health insurance at all. One volunteer at the Dallas Community Forum described the lack of knowledge among Hispanic seniors as follows: *“We need to get seniors the right information. Unfortunately, a lot of Hispanic seniors don’t know about the existence of many health programs. We need to encourage them to look for the right information. I work for a non-profit organization and only 6 percent of our clients are Latinos. We need to start from there. We need to offer older adults clear and reliable information, so they can access available services.”*

Participants stressed the importance of promoting healthy behavior among younger generations to avoid chronic disease. They also discussed the financial burdens they faced in making Medicare co-payments. Community members recommended that younger members of their community take steps to preserve their health.

### **d. Financial Exploitation, Abuse, and Neglect**

Although financial exploitation, abuse, and neglect are difficult to quantify, it is certain that Hispanic older adults are especially vulnerable. This is because Hispanic older adults typically have low levels of formal education and English literacy, and are often socially isolated. They are easy prey for scammers. One particular area in which Hispanic older adults fall victim is Medicare fraud, which bilks U.S. taxpayers out of tens of billions of dollars each year and often saddles individual victims with high healthcare bills. According to the survey results, Hispanic older adults who are victims of Medicare fraud are unlikely to report it.

Community forum participants stressed that Hispanic older adults often do not recognize fraud, and when they do, they are afraid to report it, believing that they will face some sort of repercussions from healthcare providers, those perpetrating the fraud, or the federal government. Education about financial exploitation, abuse, and neglect is needed in the Hispanic community. One especially horrific story of neglect was shared by one of the Dallas forum participants, *“I*

*volunteer and serve seniors in my community. One day, I met a senior citizen who was missing a leg and needed prosthesis. He was desperate looking for help as he was suffering and in pain. He was told at the social agency that he was not eligible to receive the prosthesis because he was not working at the time. As a consequence, he tried to commit suicide several times throwing himself out of the wheelchair. Therefore, we propose the creation of a call center that offers personalized assistance and follows up on the reports of elder abuse and their needs.”*

## C. SUMMARY AND RECOMMENDATIONS

The findings of the following report are both inspiring and troubling. They are inspiring because they document the resilience of a highly vulnerable population. This population faces difficult circumstances but is determined to rise above them, if not for themselves, then for future generations. Older Hispanic adults consistently recommended greater education for working adults and young adults about retirement security, health, and financial abuse. When they are able, they are determined to work, and when they are not able to work, they are still determined to let their voices be heard. The findings are troubling because they represent significant human suffering and the breakdown of American values when it comes to the lives of U.S. seniors.

Hispanic older adults have spent their lives contributing to their families and America’s success through labor and dedication to community. They have earned their enjoyment of their golden years, in security and health, guaranteed to long-term care, and free from financial victimization. Instead, they are facing severe retirement insecurity, hunger, and poor housing conditions. Their only opportunities to receive long-term care come at the expense of sacrifices on behalf of their family members. They suffer from poor health, including multiple chronic conditions, and they are vulnerable to financial exploitation and fraud. Improving the lives of our elders is a commitment all Americans embrace. Accordingly, NHCOA provides the following recommendations, based on the literature review, community input through the Community Forums, and the survey findings.

1. ***Ensure that programs and benefits address the needs of the growing diverse aging population.*** Programs and benefits should be accessible to older adults with low levels of English proficiency and cultural and formal education gaps, with the goal of reducing the disparity of access to benefits for Hispanic older adults. This entails:
  - a) *Enforcing CLAS (Culturally and Linguistically Appropriate Services) Standards.* Personnel must go beyond being simply bilingual to being linguistically and culturally appropriate.
  - b) *Bridging the digital divide.* Enrollment methods must take into account low levels of computer literacy and the need for personalized and culturally and linguistically appropriate service.
  - c) *Promoting age sensitivity.* Outreach and education strategies should seek out Hispanic older adults where they live and gather in a culturally, linguistically, and age-appropriate manner.
  - d) *Providing real access to information and assistance* for Hispanic older adults who may have difficulties in accessing transportation. This includes the creation of a senior call center that diverse seniors could contact for information in their native

language; the creation of a volunteer education program in which bilingual and bicultural volunteers help seniors access services and programs in their own communities; the creation of radio and TV programs to inform seniors about available programs and their eligibility or rights, in a culturally and linguistically appropriate manner; and the establishment of more community-based organizations and centers providing assistance in local communities.

2. ***Bridge the information gaps between social programs (Social Security, Medicare, Pension Programs, etc.) and those approaching the age of eligibility*** by developing an early notification system, so diverse older adults will be more aware of the options available to them and learn how to navigate U.S. systems.
3. ***Preserve and where possible expand Medicare and Medicaid benefits to seniors, as well as the Social Security benefit.***
4. ***Provide training on savings and retirement planning*** to youth and working adults in the Hispanic community to stave off retirement insecurity in the future.
5. ***Take immediate steps to increase available quality rental housing*** that is subsidized or otherwise affordable, especially housing stock that is structurally suitable for seniors.
6. ***Provide job training to Hispanic seniors*** able and willing to go back to the workforce.
7. ***Provide financial literacy training to Hispanic seniors, their families and caregivers,*** including training on recognizing and addressing financial abuse.
8. ***Create culturally and age sensitive volunteer networks*** that work with community-based organizations and provide seniors with information about social programs and how to access them.
9. ***Ensure senior accessibility to SNAP and other cultural and age sensitive meal programs,*** or otherwise provide access to good-quality, nutritious food. No older adult should go hungry in the U.S.
10. ***Ensure access to paid family leave, allowing families to have long-term care and services*** and provide programs that support family informal caregivers through education, and moral support.
11. ***Establish a pipeline for Hispanic students to enter medical fields,*** with incentives to enter fields that serve the nation's older adults, so that healthcare facilities can provide healthcare in a culturally, linguistically, and age appropriate manner.

12. *Aggressively combat financial exploitation, abuse, and neglect in all its forms*, by funding programs to educate older adults and caregivers on financial literacy, Medicare fraud, and elder abuse prevention.

The following report not only documents the barriers facing the nation's Hispanic older adults, it also reflects their voices, which speak messages of hope for themselves, their families and communities. Community forum input from Hispanic older adults includes recommendations ranging from job training so that they can contribute to their retirement security to training on retirement saving and healthy living for working and young adults. Even through their difficulties, they are able to clearly envision paths to security and health. This report calls on the nation to support their vision. Together, we can ensure that diverse elders including Latinos can age in dignity, in economic security, in the best possible health, and free from fear of financial abuse and exploitation.

## INTRODUCTION

The National Hispanic Council on Aging (NHCOA), the leading national organization representing Hispanic older adults, their families, and caregivers, is pleased to present the following report *Status of Hispanic Older Adults: Recommendations from the Field* to the 2015 White House Conference on Aging (WHCOA). The report addresses how this highly vulnerable population fares in America today, and what can be done to improve their quality of life in terms of the four WHCOA themes (retirement security, access to long-term services and supports, healthy aging, and protection from financial exploitation, abuse, and neglect). Among the focuses of this report are an unfiltered look at Hispanic older adults' access to governmental programs and benefits for which they are eligible, as well as their state of being in terms of economic security, health, and vulnerability to fraud.

The following report documents the barriers facing the nation's Hispanic older adults, and recommendations ranging from job training to training on retirement saving and healthy living for working and young adults. This report calls on the nation to support a vision where all older adults age in dignity. Together, we can ensure that diverse elders including Latinos can age in dignity, in economic security, in the best possible health, and free from fear of financial abuse and exploitation.

## LITERATURE REVIEW

### A. Overview

Hispanic older adults are one of the most significant demographics in the nation. They are the largest and fastest-growing ethnically diverse aging population, and they are one of the most vulnerable, in terms of the White House Conference on Aging themes, which follow:

1. **Retirement security:** Financial security in retirement provides essential peace of mind for older Americans, but requires attention during our working lives to ensure that we are well prepared for retirement.
2. **Long-term services and supports:** Older Americans overwhelmingly prefer to remain independent in the community as they age. They need supports to do so, including a caregiving network and well-supported workforce.
3. **Healthy aging:** As medical advances progress, the opportunities for older Americans to maintain their health and vitality should progress as well.
4. **Elder Justice:** Seniors, particularly those who are aged 75 or older, can be vulnerable to financial exploitation, abuse, and neglect. The Elder Justice Act was enacted as part of the Affordable Care Act, and we need to realize its vision of protecting seniors from scam artists and others seeking to take advantage of them.

In 2013, the Hispanic older adult population (those 60 years and older) numbered 3.6 million and comprised 8 percent of the U.S. population 60 and older.<sup>i</sup> By 2050, the older Hispanic population is projected to account for 19.8 percent of the older U.S. population, and to number more than 17 million.<sup>ii</sup> By 2019, the Hispanic population aged 65 and older is projected to be the largest ethnically diverse community in this age group in the U.S. Over the next 40 years, the number of Hispanics aged 65 and older is expected to double, while the number of those aged 85 and older is expected to triple.<sup>iii</sup>

Hispanic older adults are also a highly diverse population, making a one-size-fits-all approach to service provision in this population difficult. Hispanic older adults' cultural views vary by such factors as geography, time in the U.S., level of acculturation, and country of origin. This diversity and the concurrent cultural gaps contribute to disparities in access to benefits and services, health, knowledge about retirement security options, and how to protect themselves from financial exploitation. There are a number of factors that contribute to these disparities. A short description of these factors follows.

- **Low levels of formal education and health literacy:** The U.S. Department of Education found that 41 percent of Hispanics are below basic levels of health literacy, far exceeding any other race/ethnicity, with only 4 percent sufficiently health literate.<sup>iv</sup> Moreover, only 17.8 percent of Hispanics aged 50 to 64 have completed high school, compared to 31.6 percent of non-Hispanic white adults in the same age range.<sup>v</sup> This combination of low health literacy and low formal education constitutes a great barrier to accessing benefits and systems, including retirement savings plans, long-term supports, health insurance and care, and protection against financial abuse. As systems and

challenges become more complex and access to systems is increasingly gained online rather than with the assistance of a social worker, these barriers become greater. As a result, many Hispanic older adults have extremely low levels of understanding of U.S. systems and benefits.

- **Cultural, linguistic, and age sensitivity gaps:** Many Hispanic older adults experience both cultural and linguistic gaps. Hispanic older adults who are first-generation immigrants often came to the U.S. as adults, and although their children mastered English and acculturated, they themselves were too busy working and raising their families to do so, following the generational acculturation model of all immigrants. Given low levels of formal education and the variations in Spanish depending on country of origin, translating materials for those who speak Spanish primarily or are Spanish-monolingual is often insufficient. Materials in Spanish for this population must use simple, easy-to-understand vocabulary and phrasing, and must be in a Spanish that spans the colloquial or lexicon differences of Latin America. In addition, materials must take age-sensitivity into account, with a focus on repetition in how the information is disseminated and large fonts in print materials. Similarly, many Hispanic older adults have retained many of the cultural mores of their home countries. For example, many are from more traditional and collectivistic societies than the U.S., and expect more deference and respect because of their status as elders than do older adults who were born in the U.S. Moreover, the U.S. focus on efficiency in service provision is often secondary in more traditional cultures, where interacting with another person generally requires time to get to know one another on a personal level before conducting business. These cultural gaps must be bridged in order to achieve education or service provision among this population.
- **Social isolation:** Because of cultural and linguistic gaps, many Hispanic older adults are out of touch with the larger U.S. society, and sometimes education efforts and information do not reach them at all. It is necessary to seek out members of this population in order to educate them. Older adults who are socially isolated are especially vulnerable to those perpetrating fraud, as they do not understand how the system is supposed to work and are not “plugged into” societal systems of support.
- **Distrust of government systems:** First-generation immigrants have often faced difficult experiences in their past, resulting in a distrust of government and hesitancy to enroll in programs or report fraud. They often immigrated because of political or economic hardship. Among those who immigrated because of economic hardship, many do not have high levels of formal education that would prepare them to navigate the complex U.S. benefits systems. Others immigrated because of political hardship or have lived in countries with corrupt governmental systems and therefore tend to distrust government systems and fear reprisals if they challenge agencies or report fraud.

The following literature review examines the status of Hispanic older adults in relation to the four White House Conference on Aging themes. It focuses not only on the vulnerability of this important population, but also on why Hispanics are not gaining access to programs and supports for which they are eligible and which could help.

## B. Status of Hispanic Older Adults

### 1. Retirement Security

Hispanics are the nation's ethnic group least prepared to retire. The result is massive economic insecurity in retirement, including food insecurity and poverty.

Twenty percent of U.S. Hispanic older adults aged 65 and older are poor, compared with 10 percent of the older adult population as a whole.<sup>vi</sup> This 20 percent 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 is dependent on Social Security benefits. In fact, without Social Security benefits, more than half (50.7 percent) of older Hispanics would live below the poverty threshold.<sup>vii</sup> Data on Medicare recipients reveal the low incomes of Hispanic older adults and also their lack of savings, which make them particularly vulnerable in times of family emergency and illness.

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, non-Hispanic white beneficiaries had about seven times the savings of Hispanic beneficiaries (median savings were \$85,850 versus \$12,050, respectively). About one in five of all Hispanic beneficiaries has no savings or was in debt.<sup>viii</sup> 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. In 2012, Hispanic older adults on Medicare had a median savings of just \$12,050 before retirement.<sup>ix</sup> In addition, approximately 20 percent of Hispanic older adults have either no savings or are in debt. A report released 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 an average balance of \$69,000 across all groups. As a result, over half of Hispanics surveyed (54 percent) 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 percent have never calculated how much money they will need in retirement and 70 percent 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.<sup>x</sup> Of ING's 500-person sample representing the Hispanic population, 40 percent did not know how to achieve their retirement goals.<sup>xi</sup> When discussing personal retirement savings, fewer Hispanics reported personal savings: only 49 percent of Hispanics, in comparison to 54 percent of blacks and 59 percent of whites, reported independent retirement savings.<sup>xii</sup> As a result, 80 percent of Latino households between the ages of 25 and 64 have less than \$10,000 in savings for retirement in comparison to 50 percent of white households.<sup>xiii</sup>

A key factor in retirement insecurity among the nation's Hispanic older adult population is the lack of quality affordable housing. During the housing boom, the Hispanic population in general hit record highs of homeownership, reaching 49.8 percent in 2006.<sup>xiv</sup> By 2011, that homeownership rate had dropped to 47.4 percent. During the recession, Hispanics suffered greater financial loss and loss of housing equity than any other ethnic group. In 2005, 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 percent of Hispanic homeowners say that they are underwater on their mortgages -- they owe more on their homes than the homes are worth on the market.<sup>xv</sup>

As difficult as the financial situation is for Hispanic homeowners, the housing situation is even worse for the majority of Hispanic households who rent. Demand for rental units has risen steadily since the mid-2000s, with Hispanic households accounting for 29 percent of this increase.<sup>xvi</sup> This is a growing problem, as Hispanic households who 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.<sup>xvii</sup> 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 of rental housing that those low-income renters can afford.<sup>xviii</sup> According to the Urban Institute, the total gap in affordable housing for extremely low-income renters is over 8 million units nationwide.

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 of older construction, with nearly half of affordable rental units constructed 50 years ago or more. Of these older units, 13.7 percent have structural difficulties.<sup>xix</sup> In 2011, about 3.1 percent of the nation's rental housing units were categorized as "severely inadequate" and 6.7 percent of units were categorized as "somewhat inadequate."<sup>xx</sup>

The housing reality for seniors is especially severe, with 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 in 2011, the median monthly cost for housing 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.<sup>xxi</sup> This makes the housing gap even larger. The difficulty of finding quality housing which costs 30 percent 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.

Hunger among Hispanic older adults is one of the most tragic results of insecurity. Nearly one in four, or 23.7 percent of all Hispanic households, experienced food insecurity in 2013, compared to the national average of 14.3 percent. Of these, 6.7 percent faced very high food insecurity, which occurs when one household member's eating is disrupted.<sup>xxii</sup> Seniors who are food insecure are at increased risk for chronic health conditions, even when the data are controlled for other factors. For example, 60 percent of food-insecure seniors are at greater risk for depression and 53 percent are at greater risk of a heart attack. Food-insecure seniors are also 52 percent more likely to develop asthma and 40 percent more likely to report an episode stemming from congestive heart failure.<sup>xxiii</sup>

Following is a summary of Hispanic access to programs and benefits that are in place to alleviate the severe insecurity they face.

#### *a. Social Security*

The OASDI Program (Old-Age, Survivors, and Disability Insurance), or Social Security, remains the single largest income-maintenance program in the U.S.<sup>xxiv</sup> Social Security provides eligible participants a monthly stipend based on their lifetime earnings, based not only on how long that individual worked but also how much was paid into the Social Security Disability Insurance Program via the payroll taxes.

Hispanic older adults are underrepresented among Social Security beneficiaries. Social Security provides benefits to over 56 million beneficiaries,<sup>xxv</sup> of whom just over 2.8 million are Hispanic older adults.<sup>xxvi</sup> These statistics mean that 5 percent of Social Security beneficiaries are Hispanic, while Hispanic older adults make up 8 percent of the U.S. older adult population. This disparity is especially troubling because of the critical importance of Social Security to economic security among Hispanic older adults. Among beneficiaries ages 65 and older, Social Security accounts for 90 percent or more of income for 55 percent of Hispanics, compared to 35 percent of white beneficiaries, 42 percent of Asian Americans, and 49 percent of African Americans.<sup>xxvii</sup> Without Social Security, the poverty rate for Hispanic older adults would increase by approximately 280 percent, to a poverty rate of 51 percent.<sup>xxviii</sup>

Hispanic older adults may have some difficulty in accessing the Social Security system because it is moving toward a web-based system and closing field offices, so that it is more difficult for Hispanic older adults to access one-on-one step-by-step assistance. Since 2010, 64 field offices and 553 temporary and mobile Social Security offices have been closed.<sup>xxix</sup> As a result, people are reportedly waiting 30 percent longer in field offices than they were in 2012, and callers to the Social Security toll free number who do not get a busy signal generally wait upwards of 17 minutes before speaking to a representative.<sup>xxx</sup> Long wait-times are especially a deterrent for populations such as Hispanic older adults, who are unsure of the systems and of their language skills.

## *b. Pension System*

In the U.S. a pension is an account that an employer maintains in order to provide the employee with a fixed pay rate when they retire. The pension system is composed of private pension funds and federal, state, and local government employee retirement funds, all of which are supplemented by personal savings.<sup>xxxix</sup> Not every employer offers pensions plans to its employees, however. In 2013, only 45 percent of small businesses with 49 workers or less offered access to pensions, while 87 percent of large companies with 500 workers or more offered access to pension programs.<sup>xxxix</sup> Some sectors demonstrate sector-wide trends. For example, in 2011, approximately 10 percent of private-sector employers' pension plans covered only 18 percent of private industry employees.<sup>xxxix</sup> Conversely, in public-sector professions, such as working for state or local government and in education, employers are more likely to offer pension plans, at 89 percent<sup>xxxix</sup> and 96 percent, respectively.<sup>xxxix</sup>

Hispanics participate in pension plans at the lowest rate of any ethnic group. In 2012, 32.5 percent of Hispanics worked for an employer offering a pension retirement plan, and only 24.2 percent chose to participate in it.<sup>xxxix</sup> Across annual income levels, age group, and employer size, Hispanics consistently participate in employment-based retirement plans less than any other specified racial group.<sup>xxxix</sup> In 2012, when annual income was between \$30,000 and \$39,999, 52 percent of whites, 55 percent of blacks, and 43 percent of other racial groups participated in an employment-based retirement plan, while only 34 percent of Hispanics participated.<sup>xxxix</sup> One reason for the lack of Hispanic participation in the pension system is the type of employment in which many Hispanics engage during their younger years. According to the U.S. Census Bureau, Hispanics tend to be engaged in low-benefit, low-wage industries that often do not offer pension plans or are self-employed and do not have access to such plans.<sup>xxxix</sup>

An additional hurdle for Hispanics in accessing pensions is their understanding the system. Employers are required to provide a Summary Plan Description (SPD) within 90 days of the individual becoming a participant, after which the plan administrator must provide an updated SPD integrating all amendments that have been made to their pension plan.<sup>xl</sup> Although the Employee Retirement Income Security Act of 1974 (ERISA) does require that the SPD, along with other necessary informative documents, be distributed to employees, it does not require that they be distributed in the primary language of the employee. Instead, the 29<sup>th</sup> Code of Federal Regulations 2520.102-2 dictates that only if a sufficient number of plan participants are solely literate in a non-English language must the plan administrator provide these participants with an English SPD that prominently displays a notification in their non-English language, offering them comprehension assistance.<sup>xli</sup>

### ***c. Supplemental Nutrition Assistance Program (SNAP)***

There is evidence that Hispanic seniors are accessing SNAP at a lower level than eligible U.S. seniors in general. Eighteen percent of the nation's Hispanic older adults face food insecurity, compared to 17 percent of African American seniors and 7% of non-Hispanic whites.<sup>xliii</sup> Access to SNAP would alleviate food insecurity for Hispanic seniors, but currently SNAP underserves all seniors nationwide.

A 2012 report by AARP and the AARP Foundation reported that only 35 percent of eligible U.S. seniors benefit from the Supplemental Nutrition Assistance Program (SNAP).<sup>xliiii</sup> Barriers to accessing the program included a) difficulty in accessing the SNAP application due to transportation and geographic location; b) stigma and myths surrounding SNAP, such as that it is just for families with children; c) cultural and language barriers; and d) perception that the benefits are too low for the effort required to apply.<sup>xliv</sup> Given what NHCOA knows about the Hispanic community, these barriers may be exacerbated among Hispanic seniors because of cultural and linguistic gaps.

### ***d. HUD-Subsidized Housing***

The Department of Housing and Urban Development (HUD) provides a variety of programs that subsidize housing for low-income families. About 4 percent of all families in the U.S. receive subsidized housing assistance, including 12% of all renters.<sup>xlv</sup> Nearly one-third of families living in HUD-subsidized housing can be classified as elderly household, defined as a person over the age of 62 being either a household head or the spouse of a household head.<sup>xlvi</sup> Hispanics in general make up between 13% and 20% of HUD subsidized housing, depending on the HUD program, and most residents in HUD subsidized housing are extremely low income, most making less than \$20,000 per year.<sup>xlvii</sup> The need for affordable housing, especially among seniors, however, remains dire. Only one in four families who qualify is able to access HUD subsidized housing, and waiting periods for assisted housing can be up to 10 years in some areas of the country.<sup>xlviii</sup>

## **2. Long-Term Services and Supports**

It is anticipated that 69 percent of Americans reaching 65 years of age will need long-term care service and support in some form.<sup>xlix</sup> Thirty percent of these older Americans will rely on long-term family care for two years or more.<sup>1</sup> Long-term care encompasses a range of services and supports provided to frail older adults in need of assistance with activities of daily living (ADL's). For example, long-term care includes senior daycare centers, home health agency services, hospice care, nursing home services and residential care communities<sup>li</sup>. Long-term care is expensive, and currently Medicaid and out-of-pocket spending are the primary sources for long-term care funding. Medicaid finances the greatest part of long-term care expenditures in the U.S, followed by Medicare and out-of-pocket expenditures. Annually, \$210.9 to \$306 billion was spent on long-term services and supports in the U.S.<sup>lii</sup> In 2011, 40 percent of which originated from Medicaid, 21 percent from Medicare post-acute care, 15 percent from out-of-pocket spending, 7 percent from private insurance, and 18 percent from other public and private funding sources.<sup>liiii</sup>

In 2011, the data regarding Hispanic older adults in long-term care indicated a lack of access to long-term care facilities. Hispanics, who accounted for 6.9 percent of the older adult population, were only overrepresented in adult day care centers and in home health agency services. These figures follow the profile of Hispanic older adults who often receive care at home and primarily from information caregivers. Yet, beyond culture, the difficulty of affording long-term care services could also account for low representation among nursing home services, residential care communities and hospice care. Hispanics accounted for 20.2 percent of older adults in adult day service centers, 8.4 percent of home health agency services, 4.6 percent of hospice care, 5.1 percent of nursing home services, and 2.4 percent of the residential care community.<sup>liv</sup>

These data may also be indicative of a growing need in the Hispanic older adult population for services because, although Hispanics are living longer than other racial groups (two to three years longer on average than non-Hispanic whites and six to seven years longer than non-Hispanic blacks),<sup>lv</sup> they are doing so in poor health, often with conditions such as Alzheimer's and diabetes which can demand long-term care in their advanced stages. Following is a brief description of the Long-Term Care Ombudsman Program and Hispanic older adult's access to that program, when needed.

#### *a. The Ombudsman Program*

The Long-Term Care Ombudsman Program is a key national program that deals with the exploitation, abuse, and neglect of senior citizens. The program empowers its Ombudsmen to serve as advocates for residents in nursing homes, assisted living facilities, board and care homes, as well as other types of adult care facilities to benefit older adults on local, state, and national levels.<sup>lvi</sup> With additional funding and the addition of the National Long-Term Care Ombudsman Resource Center, the program included programs and activities specifically targeting the prevention of elder abuse, neglect, and exploitation, and focusing on outreach, counseling and assistance, and the State Elder Rights and Legal Assistance Development Program.<sup>lvii</sup> Ombudsman duties include resolving complaints made by or on behalf of residents of long-term care facilities; educating consumers about residents' rights and good care practices; advocating for residents' rights and quality care in nursing homes, personal care, residential care, and other long-term care facilities; and promoting community involvement, and the development of citizen organizations, family councils, and resident councils.<sup>lviii</sup>

The Ombudsman program is relatively easy for Hispanic older adults and their families to access because it relies on direct access to a person face-to-face or by telephone. The program is managed on a state by state basis covering the nation's 53 states and territories through 600 regional representatives.<sup>lix</sup> Seniors or members of their families are able to file a complaint directly by contacting their local Long-Term Care Ombudsman office or in some places by calling their state's crisis hotline.

### 3. Healthy Aging

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 show that Hispanics live about two years longer on average than non-Hispanic whites.<sup>lx</sup> 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.<sup>lxi</sup> 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.<sup>lxii</sup>

Yet, while Latinos live longer than other populations, evidence suggests that they do so in relatively poor health. For example, Hispanics’ lower cancer and heart disease mortality rate 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 percent more likely to die from diabetes than non-Hispanic whites.<sup>lxiii</sup>

In 2013, the statistics showed that 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 percent versus 0.8 percent), making it difficult for them to access healthcare.<sup>lxiv</sup> Moreover, diverse older adults typically bear more out-of-pocket costs for healthcare, which can be more than 31 percent of their income for those at the lowest income levels.<sup>lxv</sup> This amount is nearly twice the 16.2 percent of income spent by the average Medicare beneficiary.<sup>lxvi</sup>

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.<sup>lxvii</sup>

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 percent, compared to non-Hispanic whites at 7.8 percent.
- **Obesity:** Mexican Americans had a 41 percent obesity rate, compared to 31 percent among non-Hispanic whites. Moreover, census tracts with more than 13.1 percent of seniors or less than 64 percent 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 type 2 diabetes 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 percent.
- ***Work deaths and injuries:*** 24 percent of Hispanics, compared to 13 percent 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 percent compared to 3.1 percent of non-Hispanic whites.
- ***Periodontitis:*** Mexican Americans had a 59.7 percent 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 percent compared to 13.3 percent. (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.<sup>lxviii</sup>

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 them on a par with non-Hispanic white vaccination rates.<sup>lxix</sup> 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 appropriate interventions to health promotion and the elimination of 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.

Following is summary of how easily U.S. Hispanic older adults are able to access two key government programs focusing on healthy aging for the nation's older adults: Medicare and the National Prevention Strategy.

### ***a. Medicare***

Medicare is a health insurance program for Americans aged 65 years and older, as well as certain younger disabled Americans. Its programs assist participants with the costs of healthcare, but do not cover all medical expenses or the cost of most long-term care.<sup>lxx</sup> Medicare coverage is divided into Parts A, B, C, and D. Each of these parts is a distinct health plan option. For example, Part A provides insurance for hospitalization, Part B provides medical coverage and Part D provides prescription drug coverage.

In 2012, 43.1 million older Americans participated in Medicare, of whom 7 percent or 3.4 million participants were Hispanic.<sup>lxxi</sup> Approximately 88 percent of Hispanics who are 65 or older are on Medicare.<sup>lxxii</sup> From 2010-2012, approximately 6 percent of older Hispanics said they did not have health care coverage, in comparison with only 4 percent of all older Americans.<sup>lxxiii</sup> This disparity indicates a gap in Medicare eligibility and access among Hispanics. NHCOA has found in its work in the field that many Hispanic older adults – especially those who are socially isolated and Spanish monolingual – find that the Medicare system is complex and difficult to navigate. Lack of access to health insurance, however, results in higher levels of economic insecurity for these older adults, as well as poor health outcomes.

### ***b. National Prevention Strategy***

The National Prevention Strategy is a comprehensive plan executed under the Affordable Care Act that emerged in 2011 to help Americans remain healthy at every stage of life.<sup>lxxiv</sup> The National Prevention Strategy includes working with public and private partners to establish healthy and safe communities, increase clinical and community preventive services, guide people to make healthy choices, and reduce health disparities.<sup>lxxv</sup> The top priorities of the National Prevention Strategy include healthy eating, tobacco-free living, the prevention of drug abuse and excessive alcohol use, active living, injury- and violence-free living, mental and emotional well-being, and reproductive and sexual health.<sup>lxxvi</sup> Other focuses of the National Prevention Strategy include formulating policies to decrease health care costs, increasing the quality of care, and furthering coverage options for people who are uninsured.<sup>lxxvii</sup>

The National Prevention Strategy seeks to involve Hispanics by conducting impact assessments and program evaluations regarding health disparities among the Hispanic community.<sup>lxxviii</sup> Informational materials regarding the proposals in the National Prevention Strategy are available both in Spanish and English.<sup>lxxix</sup> The National Association of State Workforce Agencies has worked with the Financial Industry Regulatory Authority to develop health-related information in both Spanish and English.<sup>lxxx</sup> Just over 250,000 brochures containing health-related information have been delivered to numerous state agencies.<sup>lxxxi</sup>

Despite this effort to develop Spanish-language materials, these materials have not broadly reached Hispanic older adults. Most are available online and Hispanic older adults are generally not Internet savvy. Hispanic older adults are generally unaware of the National Prevention Strategy and have not been reached by materials and related outreach.

## 4. Financial Exploitation, Abuse, and Neglect

Financial exploitation, abuse, and neglect targeting Hispanic older adults are difficult issues to quantify. By the very nature of the issues, the numbers are largely hidden. What is known is that diverse seniors, including Hispanics, are particularly vulnerable to financial exploitation, abuse, and neglect. Cultural and linguistic barriers with the larger population, lack of formal education and understanding of benefits and programs, social isolation, and distrust or fear of challenging systems, make them ideal victims for scammers. Scammers themselves often approach these individuals in a culturally and linguistically targeted manner, gaining their trust, only to defraud them and U.S. taxpayers.

A key area for financial exploitation of Hispanic older adults is Medicare fraud. Medicare fraud and abuse occur when an individual knowingly and willingly defrauds, or attempts to defraud, the Medicare program by charging for services and/or supplies not rendered.<sup>lxxxii</sup> Such abuses of the federal system are unacceptable because these deceptions not only compromise the financial integrity and efficiency of the Medicare program; they also undermine the program's ability to serve American older adults who depend on the program. The Federal Bureau of Investigation (FBI) estimates that annually 3 percent to 10 percent of all health care expenditures are fraudulently filed.<sup>lxxxiii</sup> In 2013, Medicare benefit payments totaled \$583 billion,<sup>lxxxiv</sup> and if the FBI estimates are applied, then between \$17.5 billion and \$58.3 billion in taxpayer money was lost to Medicare fraud. Some fraud estimates are much higher, however, placing the cost of fraud to the U.S. healthcare system at \$97 billion annually.<sup>lxxxv</sup> Following is an in-depth look at how U.S. Hispanic older adults fare in two government efforts designed to combat financial exploitation, abuse, and neglect: the implementation of the Elder Justice Act, and federal efforts to combat Medicare fraud.

### *a. The Elder Justice Act*

The Elder Justice Act is a piece of legislation that was included in the ACA. The purpose of the act is to allow federal resources to be allocated to address neglect, abuse, and/or the exploitation of the elderly.<sup>lxxxvi</sup> It compels HHS to create and administer federal resources to help American older adults combat abuse. Other requirements of the Elderly Justice Act are:

1. The establishment of the Elder Justice Coordinating Council, an advisory board on elder abuse, neglect, and exploitation;
2. Forensic Centers;
3. The enhancement of long-term care through funding to state and local adult protective service offices; grants for Long-Term Care Ombudsman programs for evaluation of programs; programs to provide training; and grants to state agencies to perform surveys of care and nursing facilities.<sup>lxxxvii</sup>

The Elder Justice Act also requires the Department of Justice (DOJ) to develop objectives, priorities, policies, and long-term plans for elder justice programs; conduct a study of state laws and practices relating to elder abuse, neglect, and exploitation; make grants available to develop training and support programs for law enforcement and other first responders, prosecutors,

judges, court personnel, and victim advocates; and ensure that DOJ dedicates sufficient resources to the investigation and prosecution of cases relating to elder justice.<sup>lxxxviii</sup>

Currently, there are no data regarding the level of benefit Hispanic older adults are receiving through the Elder Justice Act. Congress has not yet provided the discretionary funds needed to support its initiatives through its normal annual appropriation process.<sup>lxxxix</sup> Nevertheless, the HHS Secretary has been allocating some funds to Elder Justice Act activities from the ACA Prevention and Public Health Fund.<sup>xc</sup> Data with regard to progress of this program have yet to be generated.

### ***b. Efforts to Combat Medicare Fraud***

The Affordable Care Act works to strengthen existing health care law and to reduce health care fraud, waste, and abuse, including new rules and sentencing for Medicare fraud perpetrators, enhanced screening of suppliers and providers who may pose a higher risk of fraud or abuse, better state-of-the-art technology that employs predictive modeling, as well as new financial resources to boost anti-fraud efforts.<sup>xc</sup>

There are several avenues through which scammers perpetrate Medicare fraud in the Hispanic community. The most common include billing for services and supplies that were not provided. This avenue steals money directly from patients and, since medical bills are predominantly produced in English, monolingual Spanish-speaking older adults are much less likely to notice the discrepancies between services and charges.<sup>xcii</sup> A second method is for scammers to steal beneficiaries' Medicare numbers with the intention of making false claims. Finally, there have been instances when medical equipment or products have been sent to patients who did not need them, and the patients were subsequently billed for unnecessary Medicare services.<sup>xciii</sup>

Key to combatting Medicare fraud in the Hispanic community is the education of Hispanic older adults and their families, who are often hard to reach through traditional outreach methods and materials because they are socially isolated and Spanish-monolingual. The government has made an effort to reach the Hispanic community with Medicare fraud education. Medicare.gov provides information for its beneficiaries online in 18 languages including Spanish; however, many Hispanic older adults are not Internet-savvy, and do not have ready access to the Internet. In addition, the Centers for Medicare and Medicaid funded a Medicare fraud education and prevention program in the past. NHCOA was deeply involved in this program and managed the National Hispanic Senior Medicare Patrol (NHSMP). Through this program, culturally, linguistically and age-appropriate outreach and educational materials were provided for the Hispanic community and NHCOA conducted community assessments and trainings for educators on reaching Hispanic older adults nationwide. Such national efforts need to continue to address Medicare fraud, which costs the nation tens of billions of dollars annually and often targets Hispanic older adults.

## COMMUNITY FORUMS REPORTS

### A. Overview of 2014 and 2015 Forums

In the spring and summer of 2014 and 2015, NHCOA conducted six community forums focused on the four WHCOA themes. These forums were conducted in Miami, Florida; Dallas, Texas; and Los Angeles, California. They brought together Hispanic older adults, their families, and caregivers, community leaders, and service providers. Discussion during the forums allowed community members to share their views and tell their stories related to key issues impacting older adults related to the White House Conference and Aging themes, and to make recommendations. The information gathered during the 2014 Community Forums provided a troubling profile of the reality faced by Hispanic older adults nationwide. The forums were originally focused on economic security, hunger, and health, but issues of housing were so prevalent in the discussions that they were included in the final report. The profile emerged from the forums revealed that many Hispanics were struggling with economic security to the point of experiencing hunger on a regular basis. Monthly income simply did not meet basic expenses for housing, food and medical care. As a result, Hispanic older adults experienced disparities in health and other measures of wellbeing. The findings of these forums are documented in the NHCOA 2014 Status of Hispanic Older Adults: Stories from the Field report<sup>xciiv</sup>

In 2015, NHCOA returned to the same communities to follow up on the conversations from 2014 with a focus on solutions. During each of the three open forums, participants engaged in an interactive discussion to explore strategies for the development of programs and services that respond to needs of Hispanic older adults in terms of the White House Conference on Aging themes. During the forums, participants were asked a series of questions and then presented with the opportunity to provide feedback as to what can be done to address the challenges Hispanic older adults face. Forum participants split into groups divided by White House Conference on Aging themes and then reported their feedback and recommendations back to the larger group. Some major themes that spanned the forums included 1.) the service gap between service providers and Hispanic older adults; 2.) older adults' desire for skills training related to the job force so that they could address issues of economic insecurity through work; 3.) the seriousness of struggles faced by Hispanic older adults in terms of affordable housing and hunger; 4.) the difficulty of buying medications and accessing medical care; and 5.) the importance of reaching younger generations with education on methods of achieving retirement security and staying healthy. Following are summaries of forum findings per city.

### B. Miami Community Forum

The Miami Community Forum took place in June, and the open forum brought together nearly two hundred participants, including Miami Mayor Tomás Regalado, Miami-Dade County officials, congressional staffers, representatives from local nonprofit organizations, senior centers, NHCOA leaders, Hispanic older adults, and caregivers. Following is a summary of discussions per White House Conference on Aging themes.

## 1. Retirement Security

Retirement security was a major concern among participants, as many of them faced economic insecurity and poverty in their homes. Participants mentioned the need to provide seniors with job training, so those who can still work can do so. Many older adults are willing to continue working but lack essential skills such as computer literacy or advanced English proficiency. Another suggestion was that banks and financial institutions could promote education about savings and retirement programs, especially among young and working Hispanics. Participants emphasized that this is not only a seniors' problem, but an issue that impacts the entire population as they age. They stressed that educational campaigns to raise awareness among children and parents about savings and retirement security are crucial. Seniors also talked about the need to change the consumer mentality and provide kids with counseling programs about savings goals and future projections. They believed that employers also share responsibility in this goal, as they should provide their staff with information about their 401K plans and other retirement programs. Another proposal was to create a common fund for low-income people as a way to share responsibilities with the government. In other words, these participants want to offer better retirement opportunities to new generations, and be part of the solution. As one participant described the situation, *“Hispanic families don't have favorable conditions to save money as many of them can barely afford their basic needs... For more than 10 years, we have been listening to politicians to say that we are in the middle of an economic crisis. Therefore, we need to create programs that address the limited job market and offer opportunities of upward mobility for new generations, so they can save money for retirement and live better lives.”*

## 2. Long-Term Services and Supports

The disconnect between beneficiaries and available programs was a major concern among program participants. Accordingly, a key discussion subject during the open forum was access to benefits and programs that could provide long-term services and supports. Participants suggested creating a system of shared information for social workers, allowing them easy access to applicant information. They also discussed bringing educational materials to Hispanic neighborhoods, local agencies, churches, and other places where community members gather, to increase community outreach. They expressed a desperate need for long-term services and supports in the community. One recommendation given by seniors was a national call center where they could access information about available services and supports in Spanish, and are able to ask questions. They requested greater access to professional care services that are culturally, linguistically, and age sensitive, as many of them expressed being discriminated against and disregarded by family, providers and society. One participant reported that she had witnessed some seniors being over medicated by their caregivers with 40 to 60 pills daily. One participant described the desperate need for long-term services and supports in Miami this way: *“... I don't understand why we cannot have health insurance for life-time, from birth to death. Why we cannot eat 3 times per day? I came from a senior community where older adults go every day to hospitals and doctor's appointments without feeling better. Seniors are not getting what they need. Seniors are marginalized and abandoned by their families. We need love, services, and respect....”*

### 3. Healthy Aging

Hispanic seniors are concerned with aging in the best possible health, but because Hispanic older adults are more likely to face chronic health issues, the participants in the forum were concerned with younger generations and preventing health issues as they age. The discussion around healthy aging went beyond the health of seniors to that of the entire community, with a view to preventing chronic conditions through proper nutrition and exercise. Among the recommendations related to nutrition and hunger, participants mentioned the importance of increasing the budget for meal programs, as many seniors are unable to afford food. Many participants also mentioned alternatives, such as the creation of an alliance with *vianderos* (farmers' markets) that could bring fresh groceries to local communities at lower prices. Participants also suggested a partnership with local supermarkets to provide food at a discounted price for seniors, understanding that in many areas older adults cannot afford food after they have paid other expenses and yet are ineligible for SNAP. They suggested the possibility of establishing a 50 percent discount for seniors in big supermarkets, especially on seasonal products and vegetables. Participants also wanted an educational campaign to raise awareness about the risk of diabetes and hypertension among Hispanic children and young adults. They claimed that many of these chronic diseases are the result of bad dietary habits, increasing the incidence of obesity and further health complications in their community. They further suggested building more parks and green areas where they and other members of the community could walk and exercise. As one participant explained, “[*How sad*] it is to see elementary school kids weighing twice what they should at their age/ Obesity is a high risk factor for hypertension, diabetes, and arthritis. We live in areas without green spaces or recreational parks. We stay locked and depressed at home...”

The discussion also touched on mental health. Participants mentioned the need to improve civic engagement and community awareness, as many of them feel alone and forgotten. They described these feelings as negatively impacting their mental and physical well-being. They felt that the frequency of medical visits depleted their already meager economic resources and contributed to depression. In general, these recommendations focused on greater social inclusion and civic participation, as the participants felt that their sense of isolation negatively impacted their health, wellbeing, and access to social services. Hispanic older adults in Florida face high rates of poverty, loneliness, and suicide.

### 4. Financial Exploitation, Abuse, and Neglect

Fraud, abuse and neglect were key topics of discussion during the Miami Forum and Medicare fraud was the most prominent. Medicare fraud is rampant in South Florida and seniors are afraid to report it because they believe that they will face some level of retribution. They asked for more education on Medicare fraud and a way to report fraud anonymously. An open forum participant stressed the necessity of fighting together against Medicare fraud and the importance of implementing stronger regulations for Medicare. In South Florida, fraud and abuse, particularly Medicare fraud, is rampant and Hispanic older adults are often targeted as victims. The problem is so severe that when NHCOA was broadcasting live through a local Spanish-language radio station, the well known and loved reporter who was standing by as

NHCOA broadcasted, took the microphone and called on the Hispanic community to report Medicare fraud.

### C. Dallas Community Forum

The Dallas Community Forum also took place in June, and the open forum brought together more than 130 participants, including representatives from local nonprofit organizations and senior centers, NHCOA leaders, and Hispanic older adults, their family members, and caregivers. This event was successfully promoted in social media through Facebook and Twitter. Following are the findings of the Forum per White House Conference on Aging theme:

#### 1. Retirement Security

In Dallas, comments about retirement security focused on four themes: the need for greater assistance in accessing programs and benefits; how to address hunger; how to address the lack of affordable housing; and preparing younger generations for retirement. Participants talked about the necessity of explaining programs to seniors and helping them with skills that would encourage them to access benefits. One suggestion included informing seniors of available deductions in SNAP benefits. Another suggestion was hiring more bilingual and bicultural staff to help older adults at senior centers. Still another recommendation was educating Hispanic older adults on their rights as tenants and where to report housing abuses, as well as establishing a call center that Hispanic older adults could contact with housing-related questions in Spanish. Participants also suggested classes to help Hispanic older adults become computer savvy so that they could navigate online programs, including enrollment. Finally, they suggested having more personalized outreach services in places where people gather, such as churches, community centers, and other agencies, as well as through home visits. Participants were clear that they were struggling with retirement security, as one participant described, *“My Social Security check is not enough to afford my rent, medicines, food, and personal expenses. I live in a residential building that constantly increases rental prices. I cannot afford to turn on the air condition because that raises my utility bill. This whole situation affects my quality of life.”*

Hunger is one of the most severe results of retirement insecurity and a topic that elicited a number of recommendations. These included expanding community gardens and local programs that provide free food, and informing seniors of these programs (such as Meals on Wheels and Senior Source). Participants also touched on the difficulty and expense of transportation, suggesting the establishment of a call center that could coordinate transportation to places that served meals. In addition, participants suggested a class led by a nutritionist to help seniors understand how to shop for, and prepare, nutritious meals on a budget.

The underlying assertion about housing was that quality affordable housing for older adults was in short supply. Participants suggested that the government expand affordable housing stock, and that there should be a service to inform Hispanic older adults in Spanish when housing opportunities become available. Participants also mentioned that many units where older adults lived were not appropriate for them, lacking elevators, for example. One participant described the difficulty of applying for Section 8 HUD housing (the nation’s rental assistance program for low income renters) as follows: *“We should have meetings more often to share resources and*

*information about availability of affordable residences. We need to explain our people what Section 8 Program entails and how we can apply to it. We need to take actions and be heard. There are not one or two seniors in need; they are many senior citizens who have been waiting during years for an affordable and accessible house without even receiving an answer.”*

Participants in Dallas talked about the importance of preparing younger generations for retirement. The main recommendation was outreach and training for children and working adults about the importance of saving and of understanding social systems and benefits. In addition, participants recommended training for older adults on budgeting and establishing small goals for saving (like \$5 per week).

An overall idea that emerged from this theme was basic job training for older adults who can work. Older adults were willing to work, but stressed that they lacked the skills needed to enter the workforce at their age. These included computer skills and basic skills such as developing résumés.

## 2. Long-Term Services and Supports

In Dallas, discussion of long-term services and supports centered on how Hispanic older adults, their families, and caregivers might better understand what programs and benefits are available, and how to access them. Recommendations included more personalized education in communities and homes, and training older adults to access programs and enroll in them online. Overall, Dallas participants expressed that they lack access to long term services and support, lack understanding on how to navigate the systems, and lack access to staff that are bilingual and bicultural. They suggested creating more long term service programs that address the needs of the diverse older adult population and more efforts to inform the community about these programs. They also requested means to reach a person with questions, not a machine, such as through a toll-free centralized line where they can call and ask questions in their own language. Finally, they want to have access to services in the neighborhoods where they live. One participant described the need for centralized assistance, “...we need an agency that supports Hispanic older adults and protects them against abuses. Imagine how wonderful it would be for Latino seniors to have a number where they can receive personalized assistance. Many of them cannot move and get out to find food. There are many places that offer nutrition assistance, but seniors cannot access these programs without transportation.”

## 3. Healthy Aging

The discussion on healthy aging in Dallas focused on barriers in accessing health insurance and programs because of cost and lack of outreach. Participants stressed that the 20 percent co-pay required by Medicare was a serious financial burden, and recommended a call center through which Hispanics could contact nurses and physicians directly. Participants also mentioned high prescription costs, and suggested a community program to provide financial aid to older adults. Participants again stressed the importance of outreach and education in their communities on health issues, and programs that reach out on a personal basis through volunteers, as well as education through media such as TV and radio. One community forum member stressed the importance of reaching Hispanic seniors through the most effective methods: “A lot of Latino seniors don’t have access to Internet or cable TV. Therefore, radio is the best way to reach them

*out, especially if they are provided with hearing aids. These radio programs should be bilingual and transmitted at least once per week. They should focus on elder issues and have a panel of experts with an open line, where seniors can call and obtain detailed information. [It is also effective] to have local events and health fairs with bilingual staff that take into account seniors' needs and offer snacks, transportation, and recreational activities to older adults."*

Participants stressed the importance of teaching younger generations about healthy eating and exercise habits to prevent chronic diseases. They requested training for older adults on keeping active both physically and mentally, and on good nutrition and exercises. Participants also called for more investment in the detection and prevention of chronic disease.

Finally, participants focused on family caregivers and senior mental health. Participants suggested education for caregivers to let them know their rights in Texas concerning family and medical leave. They also requested more opportunities to be engaged in their communities and to combat social isolation.

#### **4. Financial Exploitation, Abuse, and Neglect**

Dallas participants suggested a service that provides free legal assistance for older adults who have been the victims of elder abuse. They stressed that seniors are often frightened of reporting abuse and need assistance and support. The feedback from the Dallas community forum just begins to represent the breadth of abuse and neglect experienced by Hispanic older adults. Since caregivers are often informal family members and because Hispanic older adults are often afraid to go to authorities, seniors do not report the abuse. They do approach NHCOA staff personally and ask how they can be protected. NHCOA has heard stories of Social Security checks being taken, older adults being charged rent in their own house, and abuse by home health aides from older adults who want to keep the information private. One especially sobering story in terms of neglect was shared by a participant in the forum: *"I volunteer and serve seniors in my community. One day, I met a senior citizen who was missing a leg and needed prosthesis. He was desperate looking for help as he was suffering and in pain. He was told at the social agency that he was not eligible to receive the prosthesis because he was not working at the time. As a consequence, he tried to commit suicide several times throwing himself out of the wheelchair. Therefore, we propose the creation of a call center that offers personalized assistance and follows up on the reports of elder abuse and their needs."*

## D. Los Angeles Community Forum

In August 2015, NHCOA hosted its third forum in the series in Los Angeles. Over 170 participants attended the forum including LUTCF-New York Life Insurance Company Debora R. Perez, NHCOA Board Chair Octavio Martinez, Los Angeles county officials, congressional staffers, representatives from local community based organizations and senior centers, NHCOA leaders, Hispanic older adults, family members, and caregivers. Following is a summary of the discussion during the Forum by White House Conference on Aging themes.

### 1. Retirement Security

Under the topic of retirement security, the Los Angeles Open Forum participants focused on hunger, income disparity, and housing. Participants pointed out that seniors in Los Angeles live on low fixed incomes or sole reliance on Social Security and often did not have enough money for food, medicines, rent, and personal expenses. In fact, the budget for many seniors is so tight that they are unable to pay minimal costs to access food or classes at senior centers. Even a \$1.00 fee for a meal or a class at a senior center was too expensive for many seniors who saw their monthly checks depleted with rent and medicines. Participants mentioned that this desperate situation often led to additional negative consequences for seniors, including depression and compulsive behaviors, such as gambling or relying on junk food.

The discussion around housing was related to the problems of limited fixed incomes and low Social Security payments. Quality housing in Los Angeles is simply expensive and seniors were often afraid that they could not pay it. HUD assisted housing information was difficult to access for seniors and they mentioned the long wait periods, often for over a decade. As one participant described the situation, *“Three years ago, I applied to Section 8. At the moment, they told me that the waiting time was 12 years. I live in deplorable conditions and my house doesn’t have air conditioner. During the hot season, I am forced to leave my house and stay at some friends’ houses. I’m 72 and I cannot wait 12 years for an affordable residence.”*

Participants stressed the importance of younger generations understanding how to plan for retirement and suggested trainings for seniors on how to live within a limited budget. They also talked about larger budgets for food programs so that senior centers would not charge for meals. In addition, they talked about increased access to SNAP and increased access to information on Section 8 HUD housing. They also mentioned proposals to make food more accessible, including shared gardens or cooperative markets. Forum participants suggested more regulation of housing, including limitations on rent increases and a central place where they could lodge complaints concerning the state of their rental units. Finally, they suggested a government incentive for extended families living with, and caring for, seniors.

### 2. Long-Term Services and Supports

The discussion in Los Angeles around long-term services and supports mostly focused on the challenges in accessing services. A key area of discussion centered around the disconnect between service providers and community members. Participants shared that the lack of cultural and linguistic competency among social workers and staff members of social agencies was the main obstacle to reaching and serving Hispanic older adults. One participant described the

disconnect as follows: *“Service providers don’t understand our beliefs and traditions. Understanding our culture is the only way they can approach to us and know how to help us.”*

In addition, participants mentioned the difficulty faced by caregivers in finding information or support. Participants had a number of suggestions to ensure that seniors had access to services and that caregivers have the information they need to provide the best possible care for their seniors. One caregiver at the forum spoke out about the difficulties of accessing information, *“I’m a caregiver and I don’t receive any kind of information from government agencies. I look everywhere for resources for my seniors. Sales agents visit Hispanic older adults to sell or change their health plans without providing them with clear information. Later, seniors find out that their insurance or health providers were changed and caregivers have to deal with this stressful situation.”*

Community leaders at the forum suggested that community centers and social agencies provide age-sensitive and bilingual assistance at community centers and social agencies. They also suggested that a network of volunteers be developed to inform seniors about the services and programs available and how to access them. Finally, participants suggested that health and service providers be trained on how to serve Hispanic older adults in a culturally and linguistically competent manner and on how to ensure that caregivers are updated on medical results and key health information, including referrals, medications and health plans. Community leaders also proposed the creation of a network of caregivers, where caregivers have the opportunity to share information and resources.

### 3. Healthy Aging

The discussion about healthy aging in Los Angeles focused on the importance of recreational activities and physical exercise as well as access to quality healthcare. Participants pointed out that depression and isolation led to compulsive behaviors and poor diets, exacerbating health problems and that exercise was critical for good health. In addition, participants mentioned the importance of culturally and linguistically appropriate outreach and materials about health, so that older adults had the information to make healthy choices. They also stressed the importance of age-sensitive health materials that could provide information in a large readable font and brighter colors. Moreover, participants mentioned that seniors often have difficulty navigating the U.S. health system and need assistance from their families, caregivers or volunteers. Seniors suggested that there be a network of health providers and volunteers that could provide health and dental care at accessible cost, while helping them to fill out forms and choose physicians and dentists. The burden of health care costs, as well as other financial struggles was expressed by one participant as follows: *“My Social Security check is gone after two days when I pay rent, utilities, and some of my medicines.”*

Specific recommendations included reaching younger generations with information about healthy diet and exercise habits so that they would be spared dealing with chronic disease as they aged. In addition, participants wanted to establish a network of health providers and volunteers to help them navigate the U.S. health system and take into account the heavy financial burden of Medicare’s 20 percent co-payments. Finally, they stressed the importance of access to exercise and social activities at local senior centers or other community organizations.

#### 4. Financial Exploitation, Abuse and Neglect

During the Los Angeles Forum, participants discussed the widespread occurrence of financial exploitation, abuse and neglect in Los Angeles. They described situations in which seniors were victims of fraud and financial abuse, as well as abandonment and neglect. They spoke at length about facing discrimination when they sought services and poor treatment at senior centers. Incidents of financial abuse included family members and caregivers, as well as coordinated acts of fraud. Seniors want to know how to protect themselves and their families from this type of abuse and discrimination. They suggested training for seniors, families and caregivers in financial management, so that financial abuse and fraud could be recognized and addressed.

# QUANTITATIVE REPORT ON STATUS OF HISPANIC OLDER ADULTS: SENIOR SURVEY, KNOWLEDGE ABOUT SOCIAL PROGRAMS, AND CHALLENGES ACCESSING THESE PROGRAMS

## A. Introduction

In the spring of 2015, the National Hispanic Council on Aging (NHCOA) conducted a survey among Hispanic seniors in California, Florida, New Jersey, Texas and Washington, D.C. to assess the status of Hispanic older adults in terms of key indicators of wellbeing including health, housing, and retirement security.

## B. Methodology

The study consisted of surveys conducted during the spring of 2015 among a sample of **729** Hispanic adults ages 65 and older living in California, Florida, New Jersey, Texas, and Washington, DC. Surveys were carried out in Spanish and in partnership with community-based organizations. The study was designed to target low-income Hispanic older adults and to assess their knowledge about programs and services available to them, as well as the challenges they face in accessing these services. The sample depended on the capacity and willingness of Hispanic seniors to participate in anonymous and confidential surveys, and was subject to potential time and geographical limitations. The findings of the survey are presented below.

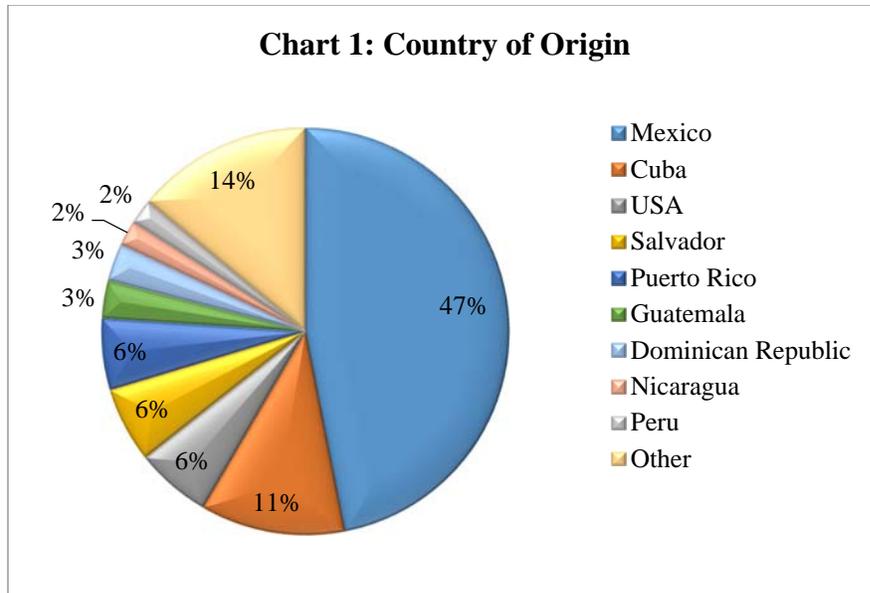
## C. Analysis and Results

### 1. Demographic Information

Among Hispanic older adults participating in this study, 67 percent were female. This can be attributed to the fact that, traditionally, women are more likely to visit community centers looking for resources for their families, and are more willing to participate in surveys and studies in general. NHCOA found that the average age of participants was 73 years. Most were married (39 percent); remaining participants were widowed (23.5 percent) or single (17 percent).

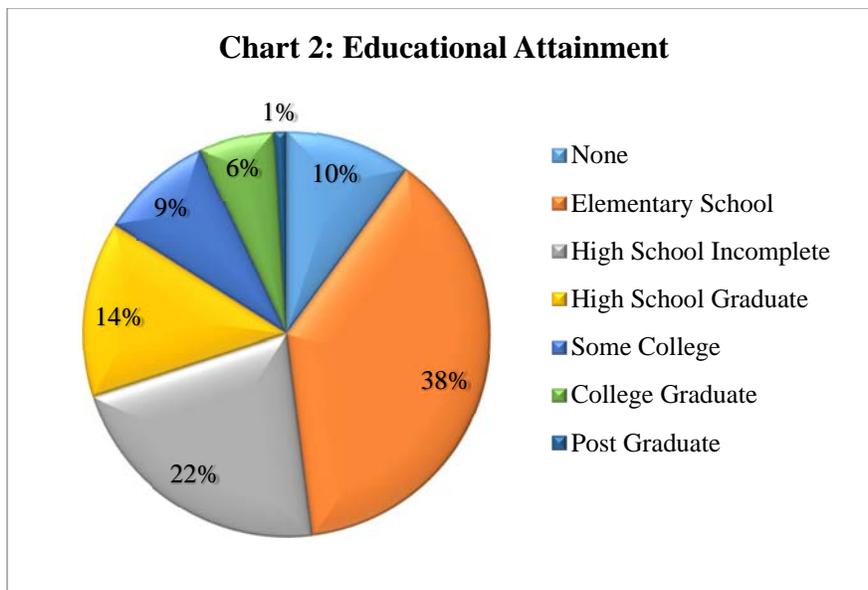
When participants were asked about their country of origin or descent, 47 percent identified themselves as Mexican, followed by Cuban (11.5 percent), and Salvadorian, Puerto Rican, and American (at about 6 percent each). It is important to take into account that the Hispanic older adult population in the U.S. is highly diverse and geographically dispersed. Consequently, states such as California and Texas have a historical concentration of Mexicans, while states like Florida and New Jersey have large communities from the Caribbean.

Chart 1 shows the study participants' country of origin in terms of percentage of all study participants.



About 38 percent of participants had finished elementary school, and 22 percent had not completed high school, compared with the national average of 50.4 percent of the same age-group who have graduated from high school or have some college education.<sup>xcv</sup> In this survey, NHCOA found that, despite the educational attainment disparities of Latinos, Hispanic older adults are willing to increase their technical education, as 182 out of 729 mentioned their wish for job-searching assistance and 119 people talked about their willingness to improve their English skills.

Chart 2 shows the educational attainment of all study participants.

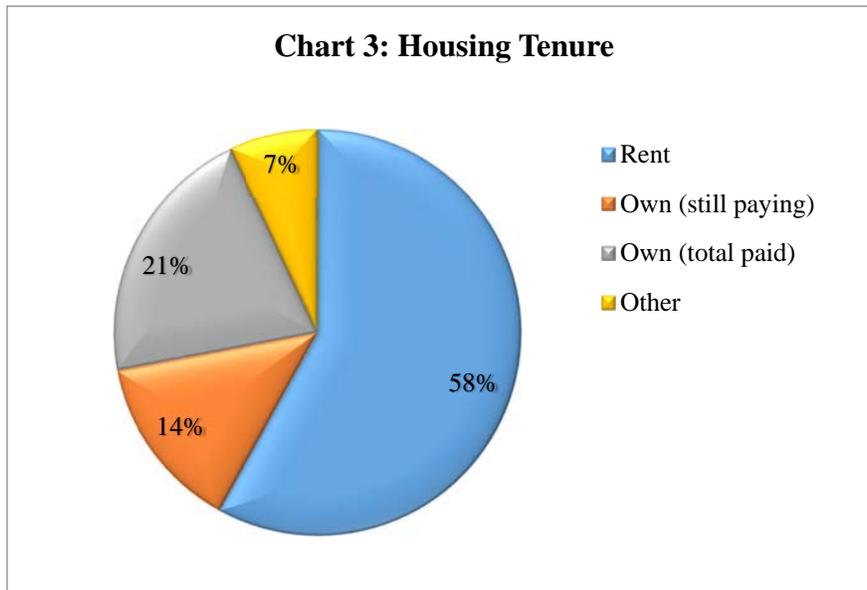


## 2. Housing and Living Arrangements

More than half of the participants (58.3 percent) said they rented their houses. Regarding home-ownership, only 21 percent of participating Hispanic older adults had totally paid off their houses, while 14.3 percent are still paying for them. A total of 72.6 percent of these participants either rent their houses or are still paying for them. This demonstrates a staggering homeownership disparity compared to the national average of 80 percent Americans age 65 and older who own their houses.<sup>xcvi</sup> The average of participants' monthly spending on housing was \$598, indicating that this population commits more than half of its income to housing. This situation is even more critical in Florida, Washington, DC, and California, where rental rates are even higher (95.5 percent of income, 77 percent, and 73 percent, respectively). Homeownership is an important indicator of wellbeing and middle-class status in American society, as it represents the biggest asset of U.S. families.

Hispanic older adults face a host of barriers to accessing subsidized rental housing, as the waiting time can be at least seven years. This severely inhibits the ability of Hispanic older adults to save money to become homeowners or to afford basic necessities, such as medicine, food, and health care.

Chart 3 shows the housing and living arrangements of study participants.



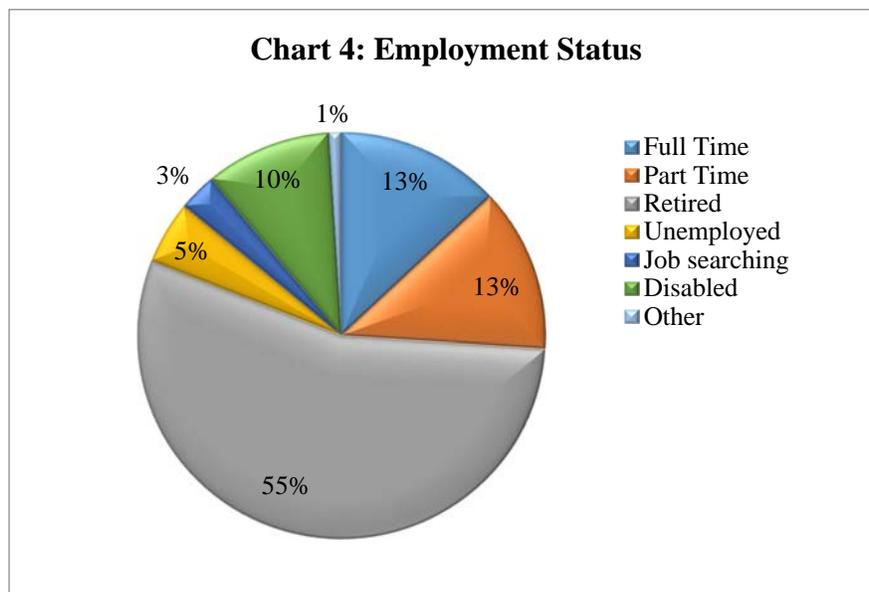
Study participants lived with an average of two people, who were mainly spouses and/or children (48.2 percent). By tradition, Hispanic older adults are more likely to live with direct relatives, as Hispanic families are traditionally supportive and protective of their elders. However, as was the case for 29 percent of these participants, time and labor restrictions among families and the need for special assistance for older adults increased the number of Hispanic seniors living alone or in nursing homes. NHCOA found some differences by region, as the number of Hispanic older adults living alone is particularly high in Florida (73

percent), while in states such as New Jersey, seniors are more likely to live with their spouses and/or children (66 percent).

### 3. Income and Employment Information

More than half of survey participants (55 percent) were retired, while 25 percent continued working. Average monthly income was \$1,079. With an average age of 73 years, they had passed retirement age an average of eight years earlier. Seventy percent of participants in New Jersey continue working as full-time employees. When participants were asked about what assistance would help them to return to the work force, 182 out of 729 mentioned job search assistance and 119 people talked about their willingness to improve their English skills. A full 92 percent of participants rated their financial situation as fair or bad.

Chart 4 documents participants' employment status.



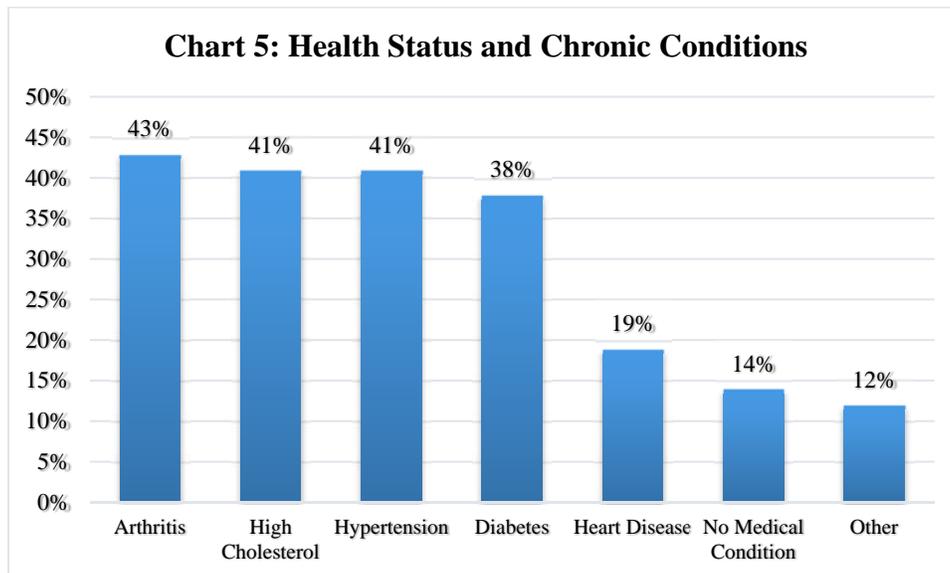
### 4. Health Status and Chronic Conditions

Hispanics face high levels of diabetes, hypertension, infections, and parasitic diseases. The main medical conditions of survey participants were arthritis (43 percent), diabetes and high cholesterol (41 percent each), and hypertension (38 percent). These are chronic diseases that require appropriate medical treatment and healthy diet plans. The majority of survey participants had more than one of these chronic conditions. Treating these conditions among low-income populations is especially challenging.

Among the Hispanic seniors participating in this study, NHCOA found that 65 percent did not have difficulties performing activities of daily living (ADLs); however, 25 percent talked

about having difficulty walking. When participants were asked to self-rate their health status, 80 percent of them evaluated their health conditions as fair or bad.

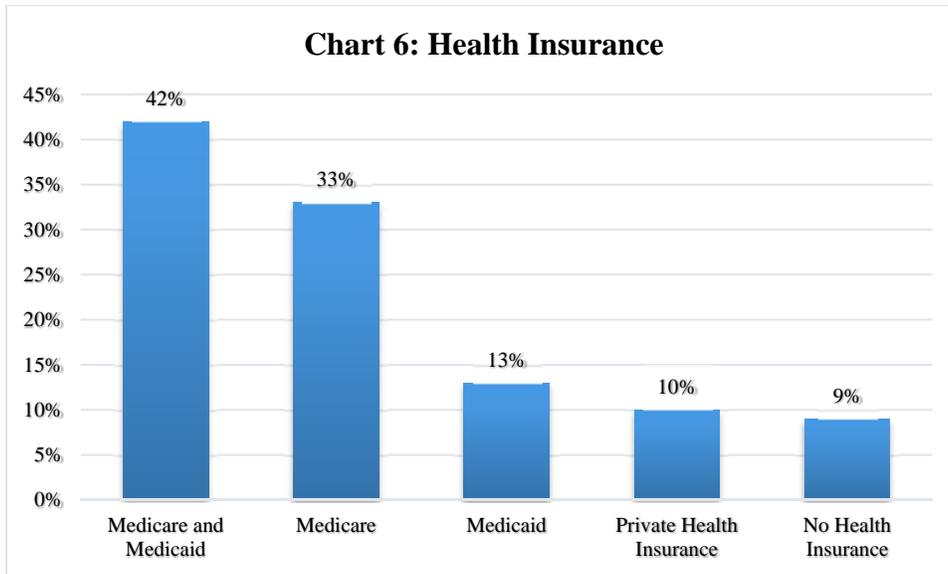
Chart 5 shows the percentage of participants suffering from chronic conditions.



Access to healthcare services is an important measure of health system equity. Hispanic older adults are much more likely to have no health insurance than non-Hispanics (about 7.6 percent versus 1.7 percent), making access to healthcare more difficult.<sup>xcvii</sup> Among the participants in this study, 88 percent had Medicare or Medicaid (or both) as their main health insurance, while only 10 percent of them had supplementary private health coverage. This is indeed relevant as 25 percent of them were still working, and in some cases could apply for their employer’s health plan. These data demonstrate the importance of Medicare and Medicaid among low-income Hispanic seniors, who rely on those programs as their main health insurance. NHCOA also found that 9 percent of these participants did not have any kind of health coverage, which is troubling as health services are particularly critical for older adults, who face higher rates of disease and disability.

When participants were asked about where they first looked for help the last time they had a health question or problem, 71 percent referred to their doctors as their main source of information. It is interesting that the second-most common answer (17 percent) was to ask a family member. This could be related to the high uninsured rates among Hispanics and high costs of medical services. It could also be explained by the cultural and linguistic disconnect among health care providers and Hispanic older adults

Chart 6 shows participants’ source of health insurance.

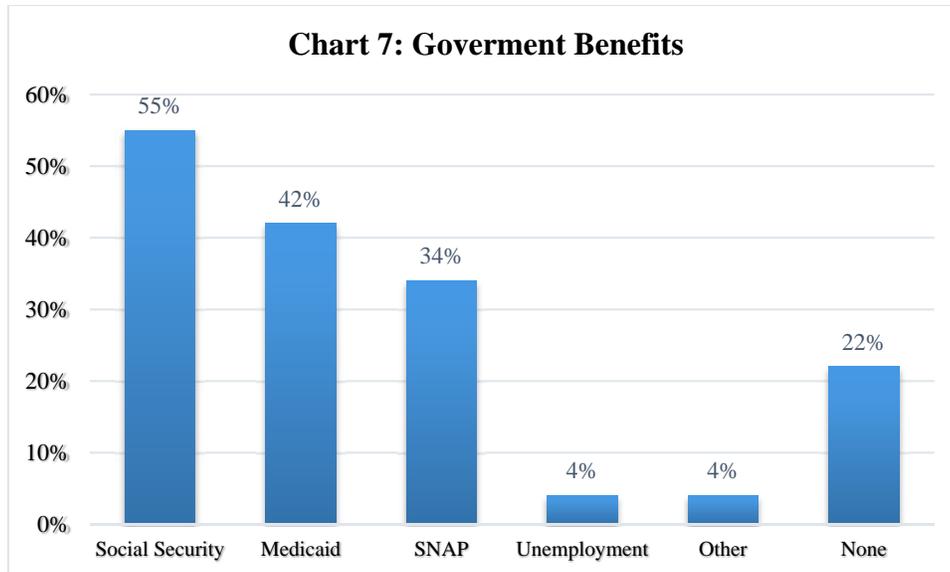


## 5. Experience with Social Programs

Social programs are critical for many Hispanic older adults because of their lower income levels and lack of medical insurance in comparison with other groups. Unfortunately, Hispanic older adults face many challenges accessing and navigating social programs and systems. This further complicates economic hardships; many cannot afford to retire. Furthermore, they lack the financial means to pay medical deductibles and copayments, especially as many of them have chronic health conditions such as arthritis, diabetes, and high blood pressure.

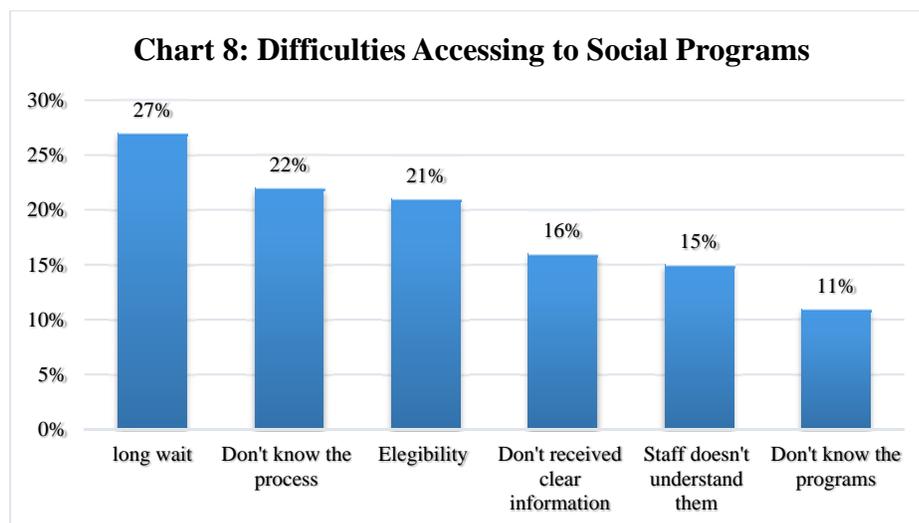
More than half of the participants in this study received Social Security (55 percent), followed by 42 percent who received Medicaid, and 34 percent who received SNAP. It is notable that 22 percent of these participants did not receive any kind of government benefit. (This rate is particularly high in New Jersey, where 42 percent of these participants did not receive any benefits.) This demonstrates the importance of providing the Hispanic elder population with better access to social services, as Hispanics are more likely to live in poverty than other populations in the U.S. (23.5 percent versus 14.5 percent), even though Hispanics were the only group to see a significant decrease in its poverty rate (which fell from 25.6 percent in 2012 to 23.5 percent in 2013).<sup>xcviii</sup>

Chart 7 shows participants' access to key government benefits.



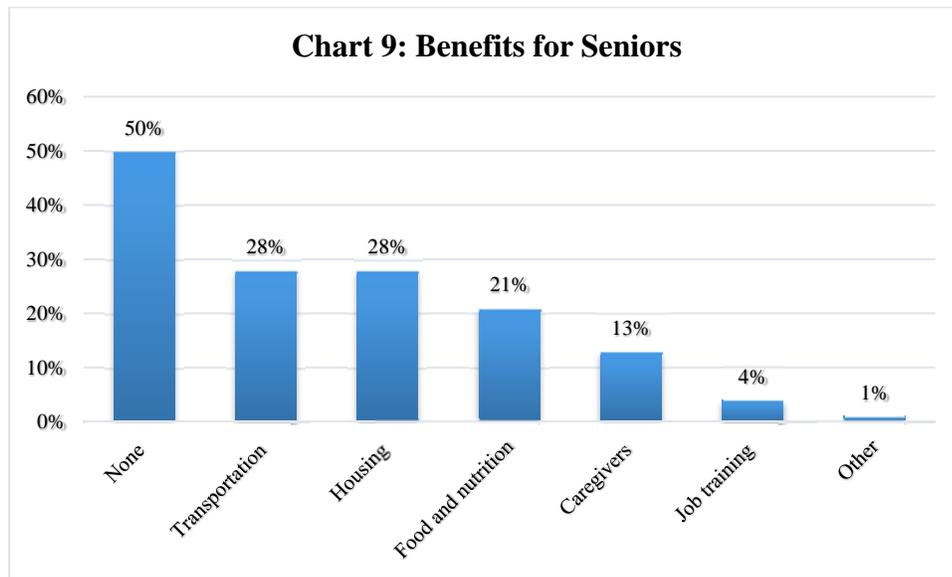
When asked about reasons for not accessing Social Security, Medicaid, and SNAP, 21.3 percent of participants said that they were unaware that they were eligible and 11.4 percent did not know about the programs. Among those who talked about their difficulties applying for these programs, NHCOA found that the main challenges they faced were that they did not understand the process and they did not receive clear information at the social services offices (22 percent and 16 percent, respectively). In addition, when participants were asked about the main challenges they faced when inquiring for information at these offices, the most common answers were that they had to wait too long and that they did not understand staff members (26.5 percent and 15.4 percent, respectively). Difficulties accessing clear information can be related to the lack of bilingual staff in social service offices, evidenced by seniors being asked to bring translators to meetings. As a result, they often fail to receive answers, even after several visits to public offices.

Chart 8 shows the difficulties participants had in accessing social programs.



Participants in this study were also asked about their access to benefits for seniors, such as transportation, caregivers, food and nutrition, housing, and job training. Fifty percent of these Hispanic older adults did not receive any type of benefits for seniors; 28 percent received transportation and housing benefits, and 21 percent received food and nutrition benefits. Only 4 percent of interviewees received job training, even though it was the main type of assistance they cited as needed regarding their employment status. Financial assistance and recreational and age-sensitive learning programs and also needed to improve the lives of Hispanic older adults.

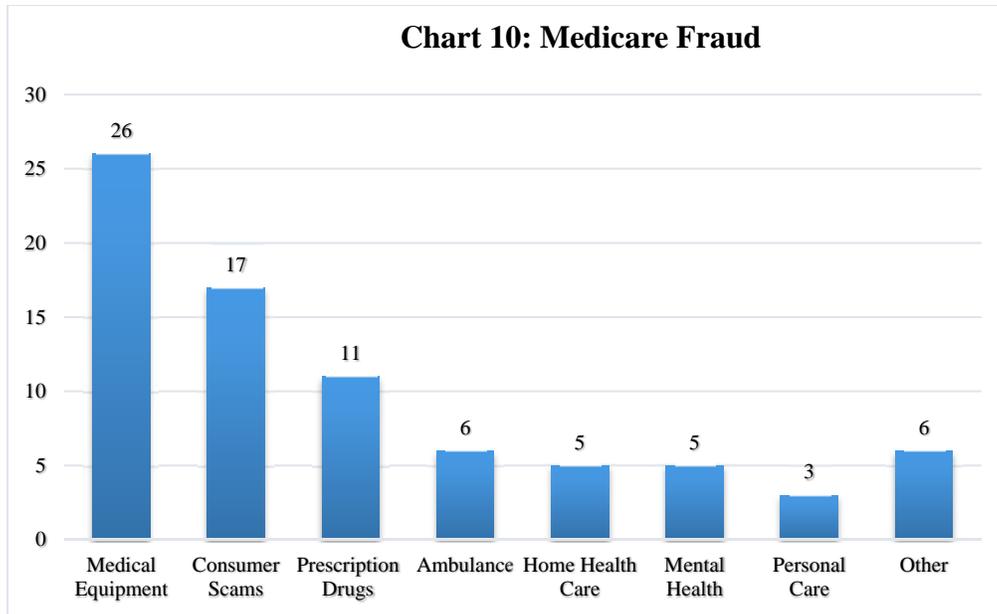
Chart 9 shows participants' benefits



According to participants, the types of Medicare fraud with which they were familiar were related to medical equipment (26 cases), consumer scams and medical identity theft (17 cases), and prescription drugs (11 cases). Other less common types were related to ambulances (six cases), mental health and home health care (five cases), and other matters (six cases). Only 41 participants said they had reported fraud.

The majority of Medicare fraud cases (48) were found in the Dallas area, which is one of the highest Medicare spending regions in the nation, especially in terms of home health care.<sup>xcix</sup> It demonstrates the importance of programs such as the Senior Medicare Patrol (SMP) to raise awareness about Medicare fraud and its consequences.

Chart 10 shows the types of Medicare fraud with which participants were familiar.



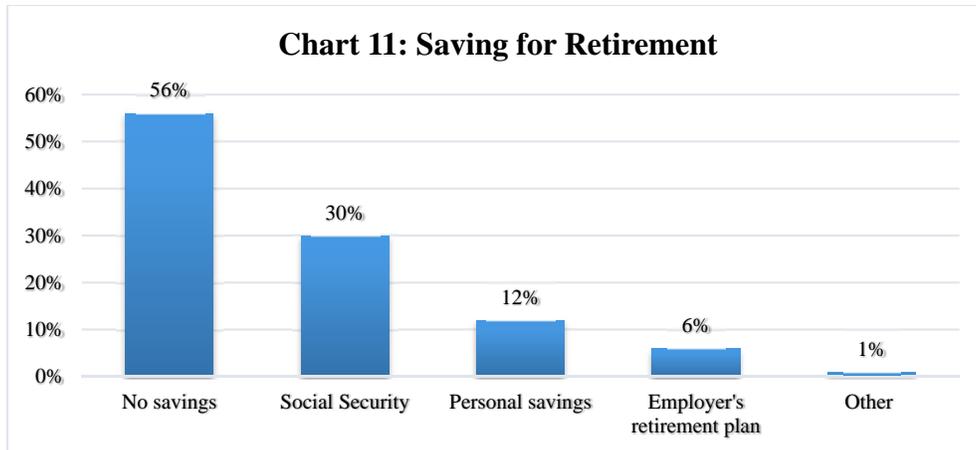
## 6. Retirement Security

Social Security benefits are particularly important to Hispanic older adults because they have a lower median income during their working years than the general population. In 2013, the median income of Hispanic households was \$40,963, compared to \$51,939 for all households.<sup>c</sup> Hispanics earn less retirement income than other demographic groups. The fact that 56 percent of participants do not have any kind of saving for retirement demonstrates the vulnerability of Hispanic older adults, who are more likely to live in poverty, especially if they do not benefit from Social Security. Social Security income is crucial, as many Hispanic seniors rely on it as their only income after retirement.

Study findings on financial security were particularly alarming in California and Florida, where the majority of survey participants (77 percent in California and 70 percent in Florida) did not have any kind of saving or financial security for retirement. Thirty percent (30 percent) of the participants of this study received Social Security and only 12 percent had personal savings. It is important to take into account that Hispanic older adults are significant contributors to Social Security, especially as they tend to work several years past the average retirement age. Among the participants of this study, 25 percent of them continued to work even when they were, on average, 73 years old and had reached their retirement age eight years earlier.

Financial hardships are evident among Hispanic elders, who can hardly afford to retire at 65. This is demonstrated by the fact that 38 percent of participants planned to continue working after retirement age, 14 percent of them as full-time employees.

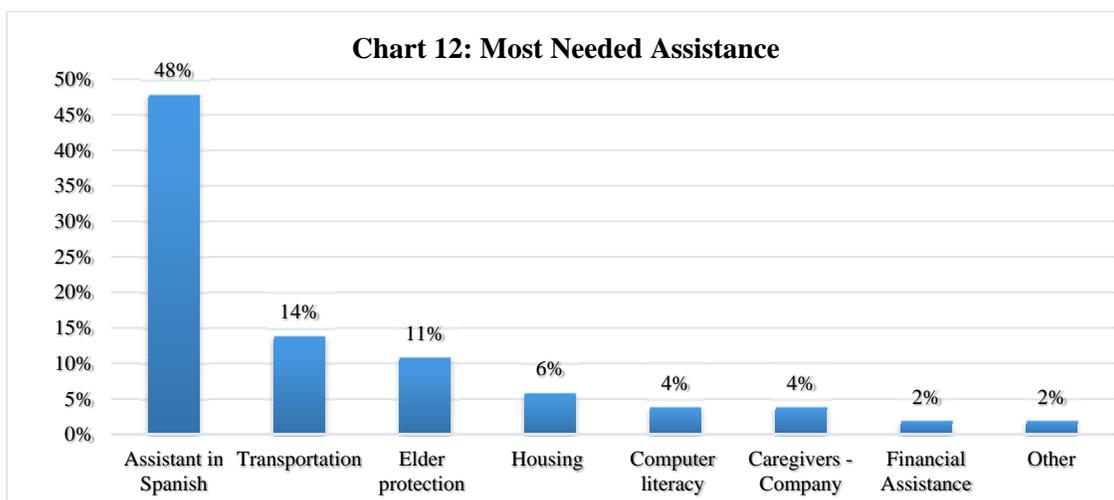
Chart 11 shows savings for retirement among survey participants.



As part of the recommendations for the White House Conference on Aging (WHCOA), the participants were asked about the most important ways to help them access and use available programs. The main idea was to find tools to help to facilitate the navigation of social programs and services.

Seniors in California, Florida, New Jersey, Texas, and Washington, DC, mentioned their need of linguistically appropriate services, due to the lack of personalized assistance in Spanish at social services offices. In addition, they expressed the need for more information centers and education through radio and TV. The second-most common concern among participants was transportation services, followed by the need for an office especially dedicated to protecting seniors and providing them with social services. Another great concern of this population was the high cost of housing and the long wait-time to access subsidized homes. Participants also talked about the need for computer literacy, as well as caregiver assistance, and social outlets or company, as they feel isolated. All of these recommendations clearly demonstrate that Hispanic older adults face increasing challenges finding access to social programs. In addition, they are often unable to navigate social programs and systems as a result of the current disconnect between services and their needs.

Chart 12 shows those tools most cited as needed by participants.



## RECOMMENDATIONS

Following are recommendations based on the literature review, the community input through the Community Forums and the survey findings detailed above.

1. ***Ensure that programs and benefits address the needs of the growing diverse aging population.*** Programs and benefits should be accessible to older adults with low levels of English proficiency and cultural and formal education gaps, with the goal of closing the benefits access disparity of Hispanic older adults. This entails:
  - a) *Enforcing CLAS (Culturally and Linguistically Appropriate Services) Standards.* Personnel must go beyond being simply bilingual to being linguistically and culturally appropriate.
  - b) *Bridging the digital divide.* Enrollment methods must take into account low levels of computer literacy and the need for personalized and culturally and linguistically appropriate service.
  - c) *Promoting age sensitivity.* Outreach and education strategies should seek out Hispanic older adults where they live and gather in a culturally, linguistically, and age-appropriate manner.
  - d) *Providing real access to information and assistance* for Hispanic older adults who may have difficulties in accessing transportation. This includes the creation of a senior call center that diverse seniors could contact for information in their native language; the creation of a volunteer education program in which bilingual and bicultural volunteers help seniors access services and programs in their own communities; the creation of radio and TV programs to inform seniors about available programs and their eligibility or rights, in a culturally and linguistically appropriate manner; and the establishment of more community-based organizations and centers providing assistance in local communities.
2. ***Bridge the information gaps between social programs (Social Security, Medicare, Pension Programs, etc.) and those approaching the age of eligibility*** by developing an early notification system, so diverse older adults will be more aware of the options available to them and learn how to navigate U.S. systems.
3. ***Preserve and where possible expand Medicare and Medicaid benefits to seniors, as well as the Social Security benefit.***
4. ***Provide training on savings and retirement planning*** to youth and working adults in the Hispanic community to stave off retirement insecurity in the future.
5. ***Take immediate steps to increase available quality rental housing*** that is subsidized or otherwise affordable, especially housing stock that is structurally suitable for seniors.
6. ***Provide job training to Hispanic seniors*** able and willing to go back to the workforce.

7. ***Provide financial literacy training to Hispanic seniors, their families and caregivers,*** including training on recognizing and addressing financial abuse.
8. ***Create culturally and age sensitive volunteer networks*** that work with community-based organizations and provide seniors with information about social programs and how to access them.
9. ***Ensure senior accessibility to SNAP and other cultural and age sensitive meal programs,*** or otherwise provide access to good-quality, nutritious food. No older adult should go hungry in the U.S.
10. ***Ensure access to paid family leave, allowing families to have long-term care and services*** and provide programs that support family informal caregivers through education, and moral support.
11. ***Establish a pipeline for Hispanic students to enter medical fields,*** with incentives to enter fields that serve the nation's older adults, so that healthcare facilities can provide healthcare in a culturally, linguistically, and age appropriate manner.
12. ***Aggressively combat financial exploitation, abuse, and neglect in all its forms,*** by funding programs to educate older adults and caregivers on financial literacy, Medicare fraud, and elder abuse prevention.

## Appendix: Survey Report Tables

The following are a series of appended tables for the above survey report. These tables provide additional demographic information related to the survey report participants.

**Table 1: Gender**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Woman	486	66.7	67.9	67.9
	Men	230	31.6	32.1	100.0
	Total	716	98.2	100.0	
Missing	99	13	1.8		
Total		729	100.0		

**Table 2: Average Age**

N	Valid	728
	Missing	1
Mean		73.29

**Table 3: Marital Status**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		6	.8	.8	.8
	Single	123	16.9	16.9	17.7
	Married	283	38.8	38.9	56.7
	Separated	48	6.6	6.6	63.3
	Divorced	96	13.2	13.2	76.5
	Widowed	171	23.5	23.5	100.0
Total		727	99.7	100.0	
Missing	99	2	.3		
Total		729	100.0		

**Table 4: Country of Origin**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Argentina	3	.4	.4	.4
	Bolivia	2	.3	.3	.7
	Brazil	4	.5	.6	1.3
	Chile	7	1.0	1.0	2.3
	Colombia	12	1.6	1.7	4.0
	Costa Rica	5	.7	.7	4.7
	Cuba	84	11.5	12.0	16.7
	Dominican Republic	20	2.7	2.9	19.6
	Ecuador	4	.5	.6	20.1
	Guatemala	25	3.4	3.6	23.7
	Honduras	14	1.9	2.0	25.7
	Mexico	342	46.9	48.9	74.6
	Nicaragua	16	2.2	2.3	76.9
	Panama	10	1.4	1.4	78.3
	Peru	15	2.1	2.1	80.4
	Puerto Rico	42	5.8	6.0	86.4
	Salvador	43	5.9	6.1	92.6
	Spain	3	.4	.4	93.0
	USA	44	6.0	6.3	99.3
	Venezuela	5	.7	.7	100.0
	Total	700	96.0	100.0	
Missing	99	29	4.0		
Total		729	100.0		

**Table 5: Educational Attainment**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	None	77	10.6	10.6	10.6
	Elementary school	276	37.9	38.1	48.7
	High school incomplete	162	22.2	22.3	71.0
	High school graduate	99	13.6	13.7	84.7
	Some college	64	8.8	8.8	93.5
	College graduate	46	6.3	6.3	99.9
	Post graduate	1	.1	.1	100.0
	Total	725	99.5	100.0	
Missing	99	4	.5		
Total		729	100.0		

**Table 6: Housing Tenure**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Rent	425	58.3	59.8	59.8
	Own (still paying)	104	14.3	14.6	74.4
	Own (totally paid)	153	21.0	21.5	95.9
	Other	29	4.0	4.1	100.0
	Total	711	97.5	100.0	
Missing	99	18	2.5		
Total		729	100.0		

**Table 7: Monthly housing expenses**

N	Valid	682
	Missing	47
Mean		\$597.97

**Table 8: Number of people living with you**

N	Valid	620
	Missing	109
Mean		1.72

**Table 9: With whom do you live?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Spouse	199	27.3	28.0	28.0
	Spouse and children	152	20.9	21.4	49.4
	Other relatives	122	16.7	17.2	66.6
	Non-relatives (friends)	26	3.6	3.7	70.3
	Alone	211	28.9	29.7	100.0
	Total	710	97.4	100.0	
Missing	99	19	2.6		
Total		729	100.0		

**Table 10: Employment Status**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Full time	90	12.3	12.5	12.5
	Part time	92	12.6	12.8	25.2
	Retired	401	55.0	55.6	80.9
	Unemployed	39	5.3	5.4	86.3
	Job searching	18	2.5	2.5	88.8
	Disabled	72	9.9	10.0	98.8
	Other	9	1.2	1.2	100.0
	Total	721	98.9	100.0	
Missing	99	8	1.1		
Total		729	100.0		

**Table 11: Personal Monthly Income**

N	Valid	691
	Missing	38
Mean		\$1,079.06

**Table 12: Employment Resources**

		Job Training	Job Searching Assistance	Interview Skills	Self-Employment Training	English Skills	Other
N	Total	729	729	729	729	729	729
	Valid	63	182	45	52	119	41

**Table 13: Rate of Your Financial Situation**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Bad	312	42.8	44.2	44.2
	Fair	356	48.8	50.4	94.6
	Good	34	4.7	4.8	99.4
	Excellent	4	.5	.6	100.0
	Total	706	96.8	100.0	
Missing	99	23	3.2		
Total		729	100.0		

**Table 14: Medical Conditions**

	None	Hypertension	High Cholesterol	Heart Disease	Arthritis	Diabetes	Other
N Total	729	729	729	729	729	729	729
Valid	99	276	302	141	316	299	89

**Table 15: Difficulties Performing ADL**

	None	Meal/Eating	Bathing/Dressing	Toileting	Walking	Other
N Total	729	729	729	729	729	729
Valid	475	62	65	42	185	40

**Table 16: Rate of Health Condition**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Bad	170	23.3	23.5	23.5
	Fair	413	56.7	57.2	80.7
	Good	125	17.1	17.3	98.1
	Excellent	14	1.9	1.9	100.0
	Total	722	99.0	100.0	
Missing	99	7	1.0		
Total		729	100.0		

**Table 17: Health Insurance**

		Medicare	Medicaid	Medicare and Medicaid	Private	None
N	Total	729	729	729	729	729
	Valid	240	93	305	76	63

**Table 18: First Look for Health Information**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Doctor	517	70.9	71.7	71.7
	Family	121	16.6	16.8	88.5
	Community Centers	41	5.6	5.7	94.2
	Friends	15	2.1	2.1	96.3
	Internet	11	1.5	1.5	97.8
	Other	16	2.2	2.2	100.0
	Total	721	98.9	100.0	
Missing	99	8	1.1		
Total		729	100.0		

**Table 19: Government Benefits**

		None	Medicaid	Unemployment	SNAP	Social Security	Other
N	Total	729	729	729	729	729	729
	Valid	157	304	30	246	401	31

**Table 20: Reasons Seniors Don't Apply for Social Programs**

	Don't know the program (s)	Don't know if they are eligible	Don't understand the process	Other
N Total	729	729	729	729
Valid	83	155	80	34

**Table 21: Difficulties Applying for Social Programs**

	None	No Clear Information	Don't have the documentation	Don't know where to ask for help	Don't understand the process	No one available to speak in Spanish	Other
N Total	729	729	729	729	729	729	729
Valid	408	116	48	68	161	64	24

**Table 22: Receiving Information Requested at Social Services Offices**

	Yes-All information requested	They didn't understand my question	I didn't understand their answers	I had to wait too long	No one was available to speak in Spanish	Other
N Total	729	729	729	729	729	729
Valid	350	65	112	193	69	27

**Table 23: Access to Benefits for Seniors**

	NO Access	Housing	Food	Caregivers	Transportation	Job Training	Other
N Total	729	729	729	729	729	729	729
Valid	364	203	156	96	206	28	8

**Table 24: Medicare Fraud**

	NO Fraud	Ambulance	Mental Health	Consumer Scams	Medical Equipment	Home Health Care	Personal Care	Hospice	Prescription	Other
N Total	729	729	729	729	729	729	729	729	729	729
Valid	650	6	5	17	26	5	3	0	11	6

**Table 25: Report of Medicare Fraud**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	675	92.6	92.6	92.6
No	13	1.8	1.8	94.4
Yes	41	5.6	5.6	100.0
Total	729	100.0	100.0	

**Table 26: Savings for Retirement**

	None	Personal Savings	Employer's plan	Social Security	Other
N Valid	729	729	729	729	729
Missing	408	90	41	217	7

**Table 27: Working After Retirement Age**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid No	430	59.0	61.1	61.1
Yes-Full time	102	14.0	14.5	75.6
Yes-Part time	172	23.6	24.4	100.0
Total	704	96.6	100.0	
Missing 99	25	3.4		
Total	729	100.0		

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