NCLR

NHCOA

Policy Issues and Hispanic Aging Policy Town Hall

The National Council of La Raza (NCLR) – the largest national Hispanic civil rights and advocacy organization in the United States – works to improve opportunities for Hispanic Americans. Through its network of nearly 300 affiliated community-based organizations (CBOs), NCLR reaches millions of Hispanics each year in 41 states, Puerto Rico, and the District of Columbia. To achieve its mission, NCLR conducts applied research, policy analysis, and advocacy, providing a Latino perspective in five key areas – assets/investments, civil rights/immigration, education, employment and economic status, and health. In addition, it provides capacity-building assistance to its Affiliates who work at the state and local level to advance opportunities for individuals and families.

Founded in 1968, NCLR is a private, nonprofit, nonpartisan, tax-exempt organization headquartered in Washington, DC. NCLR serves all Hispanic subgroups in all regions of the country and has operations in Atlanta, Chicago, Los Angeles, New York, Phoenix, Sacramento, San Antonio, and San Juan, Puerto Rico.

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Policy Issues and Hispanic Aging Policy Town Hall

National Hispanic Council
on Aging Conference

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Institutions

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The National Hispanic Council on Aging (NHCOA) is the nation's premier constituency-based organization dedicated to improving the quality of life for Latino older adults, their families, and their communities. Now in its 27th year of service, the NHCOA works with 42 formal affiliate organizations and a broader network of more than 7,000 individual associates across the country.

The principal points of the NHCOA's focus are addressing disparities in access and quality of health care for seniors, including prescription drug issues; promoting economic security, affordable housing, political empowerment, and freedom from discrimination and abuse; advancing sound policy solutions locally, regionally, and nationally; promoting research and scholarship on aging; and assisting community-based organizations throughout the country who are dedicated to fighting for the well-being of the Hispanic elderly and their families.

On the local level, the NHCOA provides community-based organizations with training, technical assistance, subgrants, and access to the latest research and best results-producing programs. The NHCOA also helps local groups form partnerships and coalitions that enhance their resources, influence, and ability to reach as wide an audience as possible. On the national level, the Washington-based NHCOA educates legislators on the aging community's needs and contributions, and helps craft permanent solutions to the problems that compromise the security, health, happiness, and dignity of America's fastest-growing senior population.

Freddie Mac is a stockholder-owned company established by Congress in 1970 to support homeownership and rental housing. By linking homeowners and renters to the world capital markets, Freddie Mac benefits American families with lower mortgage costs, readily available home mortgage credit, and a wide choice of mortgage products.

Because the minority homeownership rate lags the country's overall homeownership rate, Freddie Mac is particularly focused on serving these families. Through aggressive outreach programs, homebuyer education, and innovative products, Freddie Mac helps ensure that more minority families can achieve the dream of owning their own homes. Over the years, it has made homeownership possible for one in six homebuyers and more than four million renters in America.

Acknowledgments

This event took place at the 2006 NHCOA Annual Conference in Miami, Florida. The town hall was organized and coordinated by Maria Eugenia Hernández-Lane, NHCOA Deputy Vice President, and Luisa Grillo-Chope, NCLR Economic Security Policy Analyst. Luisa prepared this transcript for publication and drafted sections, and Eric Rodriguez, Deputy Vice President for the Office of Research, Advocacy and Legislation, provided overall guidance and direction. Nancy Wilberg, Assistant Editor, and Ofelia Ardón-Jones, Production Manger/Senior Design Specialist of the Graphics and Design Unit, prepared the report for publication.

A special thanks goes to Pamela Larson, Executive Vice President of the National Academy of Social Insurance, for moderating the town hall. Town hall participants included: Congresswoman Ileana Ros-Lehtinen (R-FL); Associate Dean of Academic Affairs and Director of the Center for Policy and Research on Aging at the University of California, Los Angeles (UCLA), School of Public Affairs, Dr. Fernando Torres-Gil; Senior Health Advisor to NCLR President and CEO Carlos Ugarte; and Executive Director of EOFULA (Educational Organization for United Latin Americans) Angel Luis Irene.

This event was made possible with support from the Ford Foundation for NCLR's Asset Development Initiative and Freddie Mac.

The content of this document is the sole responsibility of NCLR and does not represent the views of any other contributor. Panelists had an opportunity to review and approve the transcript for clarification but did not alter materially or substantively their comments.

Foreword from the National Council of La Raza

Social Security, Medicare, Medicaid, and the Older Americans Act are important programs geared to benefit our nation's seniors and ensure that they have the necessary services and support to live out their "golden years" with dignity. These programs have provided important services that have benefited many current and future seniors.

Our nation lies at a critical juncture in serving American seniors. These programs face serious policy challenges. Social Security and Medicare may become insolvent without changes, while Medicaid and the Older Americans Act lack the funds to adequately meet today's and future needs. These programs are also plagued by questions about how well they are serving our Hispanic seniors today and how they can best serve future Latino seniors. The outcome of debates on these and other related programs have serious implications for seniors and their families.

Latinos are the fastest-growing group of U.S. workers and seniors. At the same time, the Latino perspective with regard to programs serving seniors is often overlooked. This places Latinos in a unique position. Latino contributions to Social Security, Medicare, and Medicaid are large; however, questions remain about how adequately they serve Latinos. With the support of

Freddie Mac, NCLR collaborated with NHCOA to convene a group of policy experts and community leaders at the 2006 NHCOA Annual Conference, Successful Strategies for Generations of Change: A Roadmap for the Hispanic Community, in Miami, Florida on April 8, 2006.

The purpose of the town hall was to shed light on the particular needs of Latino seniors today and to determine how federal programs could work more effectively for Latinos. Our goal was to look at the political and policy landscape surrounding aging and retirement policy and to highlight the Latino experience. We also sought to identify the issues and policies that Latinos should be focused on and bring to the foreground ideas and solutions from the community.

We found the discussion to be fruitful and hope you do as well. We hope this document provides some of the Latino senior perspective that is lacking in many of today's discussions regarding the future of aging and retirement policy in the United States.

Sincerely,

Janet Murguía
President and CEO

Foreword from the National Hispanic Council on Aging

The National Hispanic Council on Aging (NHCOA) was pleased to organize this inaugural town hall forum, graciously sponsored by the National Council of La Raza (NCLR) and Freddie Mac, during our 2006 Annual Conference in Miami. This town hall meeting, with its open dialogue format, served as a dynamic forum for community leaders, health care professionals, and policy experts from the Latino community to discuss an array of issues affecting our *padres y abuelitos** in the U.S. We were inspired by the collaboration and ideas that came out of this successful event.

As everyone knows, *la familia*** is central to Latino culture, and at the core of each of our family's legacy is the older generation. To a degree, that notion may seem at odds with the priorities of modern American life, yet we as individuals care profoundly about the welfare of our parents and grandparents, and are activists in protecting, supporting, and honoring the generations that produced and nurtured us. We must continue to care for our older adults and ensure that they have the best quality of life that we, as a society, can provide.

* parents and grandparents

** the family

Some of us have the additional privilege of working in professions that have an impact on how society at large treats our community's seniors. Among today's most inspiring leaders in the struggle to protect and empower our elderly are those who led this town hall: Congresswoman Ileana Ros-Lehtinen (R-FL), Dr. Fernando Torres-Gil, Carlos Ugarte, Angel Luis Irene, and our distinguished moderator Pamela Larson. We are grateful to these experts for helping us discuss and gain insight regarding a number of critical issues, including:

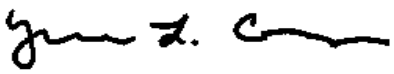
- Eligibility requirements for government programs and immigration status
- Longevity of government programs, such as Social Security
- Access to health care and government services, such as Medicare Part D
- Latino community inclusion in policy-making, such as in the Older Americans Act

At the NHCOA, our policy priorities for Hispanic older adults include addressing health disparities; promoting economic security; improving availability of affordable housing; and building stronger, more cohesive communities through the technical and financial support of community-based organizations. We are committed to working alongside our many partners in Washington, DC and across the nation to achieve these goals.

This forum was the first of its kind. Based on its success, the NHCOA will convene a second Policy Town Hall Forum at our next Annual Conference, October 31-November 2, 2007 in Dallas, Texas. We are eager to continue this valuable collaboration; together, we can make a positive impact on our community and improve the lives of Hispanic older adults.

We appreciate the participation of all who attended and presented, and again, we wish to thank our partner, NCLR, for its support and friendship. I am sure you will find the following transcript thought-provoking and rewarding.

Best regards,



Yanira L. Cruz, PhD
President and CEO

Executive Summary

The NHCOA town hall provided an opportunity to discuss the aspects of aging and retirement policy that are most important to Hispanics. Given the rapid rise in the senior population, many policy-makers and community leaders are grappling with how to change or improve key aging programs for today's and tomorrow's seniors.

Congresswoman Ileana Ros-Lehtinen highlighted her legislative work to address some of the challenges Latino seniors are facing, particularly regarding health and health care. As a cochair of the Congressional Vision Caucus, the Congresswoman noted her promotion of legislation to prevent age-related vision problems. She also set the stage for much of the discussion concerning Medicare Part D and talked about how she has sought to educate the public about this new benefit.

After the Congresswoman's address, moderator Pamela Larson from the National Academy of Social Insurance (NASI) appropriately opened the town hall discussion by noting the power that each individual has to give policy-makers and decision-makers feedback, as each individual, as a member of the public, is a taker of that policy.

From this dialogue, a number of important themes and findings emerged to address how different public policies can affect the successful aging of Hispanic seniors:

- **Tension between current entitlement programs and future solvency.** The legislative landscape for entitlements and benefits receipt for Hispanics were noted by Dr. Fernando Torres-Gil, Associate Dean and professor at the UCLA School of Public Affairs and the Director of the Center for Policy Research on Aging also at UCLA, who emphasized how the tension between current entitlement programs and future solvency constraints places the burgeoning Latino senior population in a unique position. He explained, "[A]s currently structured, Medicare and Social Security and Medicaid, to a lesser extent, are not feasible as currently structured for what will be the pending doubling of the older population...we're going to see some dramatic debates around entitlements, what can we afford, how should they be structured...in fact, immigration is an indispensable component of how we address aging and the first two issues I mentioned...it's not just that there will be more minorities and immigrants in the older population, but immigrants may well be one of the salvations of the financial pressures on these programs."
- **Major challenges to accessing health care.** Senior Health Advisor to NCLR President and CEO Carlos Ugarte focused on immigration and cultural-competency challenges that affect health care access for Latinos. Ugarte said, "[O]ur health care system seems almost like it's designed to deter people from seeking services or is bound and determined to confuse people once they are in the system. One issue here has to do with the interplay between our immigration laws...and public health

benefits...A second issue has to do with language and cultural competence." The access to care and the interaction with the health care system, particularly the enrollment requirements for Medicare Part D, were discussed at length.

- **Inclusion of community perspective in aging policy reforms.** Executive Director of EOFULA Angel Luis Irene described some of the policy challenges that do not work for Latinos and highlighted the inclusion of the Latino perspective and experience to make policies more inclusive of the community: "[T]he key here is somehow we need to get our policy-makers to understand that we, out here...are basically dedicated to making sure that our needy members of our community get the best service possible. And as such, we are friends, and that we have a few ideas of our own that are as good as any one that any Harvard degree professional can come up with by looking at the macro picture. We have the micro understanding of what works...and if we can integrate those, maybe we can get rid of some of the contradictions in implementation."
- **Immigration status makes a difference.** Moderator Pamela Larson responded to the overall concerns with documentation which various community leaders encountered, noting the interplay of immigration with various programs for the aging. She noted, "We're definitely [noticing] a theme about the difficulties producing information that qualifies or makes someone eligible."

Clearly, the policy issues facing Latino seniors are broad and as diverse as the seniors themselves. Discussions about the reformation of our entitlement system, or reauthorization of programs covered under the Older Americans Act, provide an

opportunity for Latino seniors to engage and to improve these programs. The outlook for aging programs in the 110th Congress is on the minds of many. At this time, there is some curiosity about whether changes to Medicare Part D will be enacted, whether there will be movement on Social Security in such a way that improves social insurance for Latinos with a more informal attachment to the labor force, and how to improve retirement income security for workers and retirees.

Introduction

Pablo Hernandez.
(NHCOA Board Member)

It is with great pleasure that we welcome you to this town hall, especially in the area of policy and issues about Hispanics aging. And it is of our greatest privilege and pleasure to have with us Congresswoman Ileana Ros-Lehtinen *la cual ha dedicado tiempo para nosotros hoy en su* very busy schedule *no solamente de profesional, pero también familiar. Y ella tiene una región de la Florida donde nunca pasa nada** – nothing happens ever.

Congresswoman Ileana Ros-Lehtinen.
It's a very sleepy town.

Pablo Hernandez.
Nothing ever happens in South Florida; nothing ever happens all the way to Key West. So you know, she has a very calm district, so that's why she can dedicate so much time to the passion that she has, one of them is aging. Without any further delay, I introduce you [to her]. Welcome!

(Applause.)

* Who has dedicated time for us today on her very busy schedule, not only her professional time but also her family time. She has an area in Florida where nothing ever happens.

Congresswoman Ileana Ros-Lehtinen.
Thank you. Thank you so very much; what a pleasure. That's okay. Thank you. Thank you so very much for this wonderful opportunity. I know that you've come from different places to talk about your commitment to improving the quality of life for the elderly and their families and that's truly commendable.

As I was introduced you saw that, you heard that, I represent Miami, which is such a vibrant community. Right here where you are is part of my congressional district, and I cover from Miami Beach all the way down to Key West. So all of these topics that deal with the elderly are of huge importance to me. And I know that you had my good friend Josefina Carbonell, who is the former director of the Little Havana Activities and Nutrition Center, with you yesterday *así que le tienen que enviar a Josefina de parte de mí un abrazo y un cariño.**

But it is the perseverance and the commitment and the compassion of people like you who are gathered here today, and throughout these days in this conference, who continue to help in the development of a stronger, healthier, and more successful community that is increasingly becoming a community of an aging population as we live longer. We want to maintain a healthier lifestyle so we can get to live longer and your association is at the forefront of all of those issues.

In 1989, I was elected to Congress, and I was the first Hispanic woman elected to that body. Now we have a few others; we have, thank you! We are blessed to have wonderful members of Congress in our Latina caucus; *tenemos a** Lucille Roybal-Allard, Nydia Velázquez, Grace Napolitano, Loretta Sanchez, Linda

* So please give Josefina hugs and affection from me.

** We have

Sánchez...I'm going to leave out a few...help me...who am I leaving out? I'm going to be in trouble. *Bueno*, *pero*-Hilda Solis *de California – tenemos un grupo maravilloso y para todos –* *

Audience Interjection.
(Indecipherable.)

Congresswoman Ileana Ros-Lehtinen.
What is? Fantas? No. *Yo fui la primera y ya tenemos como siete así que* - ** good for you, for helping us get elected. *¡Muchas gracias!*** *Y para nosotros y toda nuestra comunidad, el cuidado de nuestros mayores de edad es un tema de mucha importancia***** but it's a national, national issue, as you know. We've worked hard, especially the Latina/Hispanic women members of Congress, to highlight issues on the floor of the House that would benefit all Americans and in that group obviously is the Hispanic American community with nearly 40 million Hispanic Americans in our country today. Isn't that unbelievable? Forty million!

My colleagues and I strive to make sure that all Americans are represented in our nation's capital. Two years ago, as we all know, Hispanics became the largest minority in the country, and we're now a large voting block. Every presidential candidate has to court us in order to win and that's a wonderful thing for both parties because we're a growing number, but we've got to do more to energize our population to become naturalized. And once they become naturalized to become voters, and once they become voters to actually go out, go out to vote.

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* Good, however-Hilda Solis from California – we have a wonderful group and for everyone –

** I was the first and we already have about seven, therefore

*** Many thanks!

**** And for us and our community, the care for our elders is a very important issue.

And one of the issues that I have been committed to in my years in Congress is raising awareness about the increasing number of Hispanics who are at risk for age-related diseases. And all Americans really, not just Hispanics, in order to ensure that we have the adequate resources and that those resources are directed toward the research, prevention, and the treatment of many harmful diseases. We've got to continue to work hard to provide funding for diseases such as macular degeneration, eye vision - I mean - vision-related diseases that are many times associated with the aging process.

Now, you know that millions of Americans are currently afflicted with blinding diseases and many of which are age-related. And it's been my pleasure to serve as cochair these past few years of the Congressional Vision Caucus, and what we do is we promote legislation that is going to benefit seniors and try to provide programs so that they can prevent many of these age-related problems. I'm a cosponsor, for example, of the "Vision Preservation Act" and I hope that you look at that bill. I know you come from many organizations and many places; if you have a lobbying arm in your organization, we would love to have more members sign on as cosponsors. It's called the "Vision Preservation Act." And it's aimed at expanding and intensifying the programs to increase awareness of vision problems, and there's a section of it related to the aging population. So we work together in this caucus, the Congressional Vision Caucus, to raise awareness on this issue, but also I work with other members of Congress to strengthen and stimulate a national dialogue and policy on vision-related problems and disabilities. As we continue to get older, we've got to be able to use all of our resources to fight these damaging diseases.

But not only am I involved, and so many of my colleagues are, with vision-related problems, macular degeneration, but also

Alzheimer's. As you know, 4.5 million Americans have Alzheimer's and this number could triple by the year 2050. And that's just an astounding statistic. In addition, an individual's risk of Alzheimer's nearly doubles every five years. So I'm proud to have cosponsored the "Alzheimer's Treatment and Caregiver Support Act." This would provide grants to public and nonprofit organizations to improve treatment services for Alzheimer's patients and expand training for people who can help out with the seniors who have this problem and support services for families and caregivers. So often we forget that Alzheimer's doesn't just impact one person – it impacts – it's the entire family that has Alzheimer's. And the caregivers are so tired, and they need that rest and they need that break. And so we've got to have some support systems for the caregivers of those families afflicted with Alzheimer's.

The current problems in the Social Security system [are] also a problem that's got to be dealt with in order to prevent difficult challenges tomorrow. And I'm going to continue my work in Congress to make sure that we have a sound Social Security system, a fiscally sound one, because there are a lot of worries and a lot of anxieties that people have about whether it's going to be there for their retirement.

Prescription drug coverage is a hot topic as you know in Congress right now and throughout the nation. One of the key things that we've got to do is to make sure that all of the elderly are able to get the necessary medication at low cost. We're not only working hard to secure the program's future but also to strengthen the programs to better meet the changing needs of today. There's been a great controversy about the Medicare prescription drug benefit, also known as Medicare Part D, and you know about all of that. It got off to a rocky start; there was a lot of confusion. People thought that there was too much bureaucracy.

I think that some of those problems are leveling off right now. In fact, *The New York Times* last week wrote a very positive article about many seniors who have benefited from Medicare Part D. And, as you know, here in Florida we've had over three million beneficiaries who've already enrolled in the prescription drug plan. But there's still a lot of confusion with this new program, and all of us have got to work together to help seniors navigate through this system, because it sometimes is not very user-friendly.

And so in our office, we work very hard to help the seniors understand what the plans are and help them navigate through the system. It's just a lot of information [to] thrust at them, and the deadline period, as you know, is fast approaching. So, we're very worried in Congress about the implementation of the plan and making sure that folks have enough information. That's what we're doing in our congressional office – giving a lot of information, doing mailings, doing radio shows to let people know about the deadline, and [letting] people know what kind of programs are available for them.

So, I know that some people are very much against it and some are proud supporters, but wherever you are on that, it's the law and we've got to make sure that seniors are making wise choices. So with this new program, if it works the way its supposed to work, and if everything turns out the right way, seniors could choose the plan that works best for them – for their needs, for their lifestyles – it could help them save an average of $100 a month. So that's the intention of the program, but we have to work to make sure that it achieves those goals. Because of this new program, seniors with average drug expenses will spend about half of what they previously spent on prescription drugs. Of

course those – that's why I say about the average – those who are on the high end, we have to work with them to make sure that they choose the best option.

Florida offers eight different plans. It provides extra coverage to reduce the impact of the coverage, and that coverage gap that everyone is talking about, that doughnut, that would ordinarily impact beneficiaries. This new drug coverage offers more and better choices for seniors to choose a plan that best serves their needs. For example, low-income seniors are eligible for prescription drug coverage that includes little or no premiums, low deductibles, and no gaps in coverage. That's what we're aiming for. That's what we want for everyone to have, but there're still some problems to be fixed.

We've got a good Secretary in DC who's managing the program, who's working with pharmacies as well as health care providers to make sure that people have the information they need, especially those in the Hispanic population, so that they can have all of the information in Spanish. On average, Medicare will pay for more than 95% of the costs of the prescription drugs for low-income seniors. So promoting and protecting the best interests and the concerns for our seniors remains one of the most important priorities that we have in the Congress. And making sure that this program works is in the best interest of all. It's crucial that we work together to ensure that our seniors, especially those who are on a fixed income, who are barely making the rent, and have to choose between their medical costs and their groceries and so many expenses, that they are afforded every opportunity available to them.

So I'm going to work together with my colleagues in Congress to do everything possible to address these pressing health care needs for our seniors, and that includes helping them to know how to achieve a healthy lifestyle, because a lot of the choices that they make affect the kind of life that they're going to have: how to make wiser eating and nutrition choices; how to avoid diseases like diabetes; how to have a sensible exercise plan that they can really work on every day; making sure that they have adequate health care coverage; making sure that they are informed about the options they have and the programs that are available either at the local, the state, or the federal level; and focusing on what are the best practices for the elderly population. And this is really what this conference and these days are all about.

I congratulate the National [Hispanic] Council on Aging for everything that you've been doing at the local, state, and federal level to better inform our seniors, and in that, in doing that, you improve the quality of life for all of our constituents. *Para mí es un placer y un tremendo honor estar aquí con ustedes. Quisiera estar toda la tarde pero tengo tantas obligaciones; como mi amigo había dicho, en mi distrito, nada pasa. Nunca tenemos deportaciones, ni problemas de inmigración así que, bueno, ojala que tuviera la oportunidad de ir a la playa, pero tengo que seguir trabajando en el día de hoy. Muchísimas gracias, muy agradecida.** Thank you, thank you, thank you so much.

Pablo Hernandez.
We thank you so much for being with us, Congresswoman.

* For me it is a pleasure and a tremendous honor to be here with you. I would like to be here all afternoon but I have many obligations. As my friend has said, in my district, nothing happens. We never have deportations, nor immigration problems so, well, I wish that I had the opportunity to go to the beach but I have to continue working today. Many thanks, very grateful.

Congresswoman Ileana Ros-Lehtinen.
No, I appreciate it. And thanks for the bag. I'm going to give this to my mom; she's going to love it.

Pablo Hernandez.
I would be extremely remiss if I would not recognize the National Council of La Raza. Eric, Luisa, thank you for making this town hall all possible. Your partnership with ours and your support means a great deal to the National [Hispanic] Council on Aging. Thank you to you, too.

Congresswoman Ileana Ros-Lehtinen.
Thank you. Thank you for the invitation. *Muchísimas gracias.**

Pablo Hernandez.
Hasta luego.** In the meantime I will turn the podium now to our moderator, Pamela Larson. Pamela.

Moderator Pamela Larson.
¡Buenas tardes! Yo soy Pamela Larson.*** I am so honored to be here, to be the moderator for today's town hall. I am very happy to have had the chance to hear the Congresswoman and to now begin our town hall.

The National Academy of Social Insurance is an organization in Washington that I run, devoted to the facts on Medicare and Social Security. And we have in our audience today and on our panel some members of our National Academy. In contrast to the

* Many thanks.

** Until later.

*** Good afternoon! I am Pamela Larson.

National Hispanic Council on the Aging, our Academy doesn't advocate in the lobbying sense or advocate for policy ideas, but we do provide organizations like the National Hispanic Council on Aging and our sponsor today, [National Council of] La Raza, with information that can be helpful to all of you who do that great work.

It's so wonderful to start a town hall with a congresswoman, because obviously policy-makers have the greatest power to make a difference for the largest number. But we each have power as well. And it's very important power, because if we really believe in good policy that works, we have to give them [policy-makers] information they don't have; we have to give them feedback. Their, you know, one office in Washington or one office in Tallahassee, and they need to know what's really going on, when in a sense, we are the takers of their policy as well. So that's going to be sort of the theme here, because a town hall, as I think of it, is a place to have an exchange between the people of the town, the community, and the people who then, in this case, advise those policy-makers.

We are so fortunate today, because in this panel of gentlemen here, we have – I added it up from the bios – I'm supposed to be very short on the individual bios, but let me begin by saying we have over 100 years of experience in public policy here. Not to emphasize the gray hairs, but to emphasize, that in addition to their current positions, which I'll tell you about, they all have worked at various levels [of policy-making] and have advised people at both local, state, and national levels. And you'll see how they did that when I introduce them. Individually, they have also lived the policies, and continue to be very in touch with their communities. So while this is sort of a formal, or virtual, town meeting today, we are really happy that they will be able to talk

from experiences that they've had in their home communities as well in this kind of exchange. And it's not all on them! We have until 3:30, so we'd really like you to be thinking as you listen, and even with questions that you had when you came into the room. The panel is very willing to take questions, and they have time. So, I will keep them on their time. They've each been asked to keep their talks under 15 minutes each, and then there'll be time for you all to participate. In this wonderful bilingual audience, no matter which language you feel most comfortable asking the questions in, we will repeat the questions, and answer them in that language.

Is that a challenge? *Mi español no es muy bueno...hace veinte, treinta años que, aprendí en Méjico, pero me gusta tener la oportunidad de practicar.**

We'll begin our panel with Fernando Torres-Gil, professor from UCLA and Associate Dean. And actually, right now, I noticed as well as acting dean of public affairs; [he] is an old friend of mine, and a member of our National Academy of Social Insurance. He wants me to stop at that point, but I also do just want to add that when our nation reconfigured aging issues by elevating the office of what used to be called "Commissioner on Aging" to Assistant Secretary on Aging [within the Department of Health and Human Services], Fernando was the first Assistant Secretary on Aging in the Clinton Administration. One of the reasons President Clinton probably looked at him for that is he previously directed the House Select Committee on Aging at a time when I first came to Washington, and I know some of the others here in the room as well. So Fernando is now back in Los Angeles, not only working

* My Spanish is not very good... I learned in Mexico about 20, 30 years ago, but I like to have the opportunity to practice.

with students, but also working with another area of his expertise, which is transportation, on many of the commissions in L.A., from the airport to the harbor. Yes, thank you. So he is someone who can offer a lot. We don't need to just talk about social policy, which is his expertise, but other areas, because he blends them all. So Fernando, will be our first speaker, and then let me introduce each of you as you talk. So please come up now.

Fernando Torres-Gil.

I will speak from here, if I may? You can hear me? *Me pueden oír? Gracias.** Thank you, Pamela. I love your other name Pamela.*** I think it is a great name for you. And I want to commend you as well as the National Academy of Social Insurance for the important policy work that they do – and that we use policy advocacy. So, thank you, Pamela, for all your great work and your leadership. I too would like to commend the National Council of La Raza. I reminded them that some 20 years ago when I was on the Board of the National Council of La Raza, they had been focused on the important issues of a younger Latino population, such as civil rights, education, and immigration. I began to remind them that we will get old some day, and that maybe we should think about senior citizens. And the National Council of La Raza remains probably the leading policy group doing work in this area, and we shamelessly use their materials. So thank you very much. And to Charles Kamasaki and the others, we really appreciate what you have been doing for us. I thought I only had five minutes. I will not take 15 because most people have heard me already, but if I may, let me throw out what I like to call

* Can you hear me? Thanks.

** Pamela is pronounced in Spanish

"policy teasers," meaning things that will get you worked up and help combat the food coma that many of us might be in right now.

That was a wonderful lunch, wonderful lunch, but it's also the kind of lunch where you want to have a beer, go out to the beach, and take an afternoon *siesta*,* right? That's what we do with that kind of food, but here we have to present and keep you awake. So I'll just sketch a couple of issues we can discuss in greater detail.

First, what symbolizes policy and aging right now in the political world is certainly some of the debates around privatizing Social Security, the implementation of Medicare Part D, the hopefully pending reauthorization of the Older Americans Act, and even last December's 2005 White House Conference on Aging. So there [are] a number of different issues that are circulating around the political arena, that each in their own way, raises important questions about the future of aging in this country and what it might mean for Latinos, young, old, and middle-aged. In my own biased opinion, I think what it tells us is maybe two or three things that we need to pay attention to as policy evolves in the years to come.

The first is that there is a fundamental shift in how we expect government to respond to older persons and those of us who may be older soon. And it's a shift from having the public sector in government as the primary responder – first responder – to the needs of older persons, to one that is moving more towards the marketplace and individual responsibility. That is to say that the marketplace now is playing a growing role in responding to aging, whether it's through the use of private insurances to implement

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Medicare Part D, the growing reliance on defined contribution plans and 401(k)s for pension coverage in the future, or whether it's asking each of us as individuals to do more to save and invest and plan for our own health care and our own retirement in the years to come. This message is essentially saying, "Don't depend on [the] government to take care of you in your old age solely," which of course, is a different message than our parents and grandparents received after the Depression, World War II, and the Great Society period when in fact we had Medicare, Medicaid, Social Security, as a relatively secure and relatively robust source of a safety net. So we are finding ourselves moving towards a place where we may be more on our own to take care of ourselves and to take care of our families and to handle our aging. That's not to say I agree with that, but that's right now the political mood, which is heavily partisan, but we'll keep it nonpartisan for the moment.

The second issue in policy and aging is regardless of how we feel about this shift to the private market and to individual responsibility, even us Democrats – and progressives like myself – [we] must accept the reality that as currently structured, Medicare and Social Security and Medicaid, to a lesser extent, are not feasible as currently structured for what will be the pending doubling of the older population. That is to say, we have roughly 35 million individuals 65 and over. When Pamela and I reach that golden age, there will be roughly 75+, 77 million, depending on whether or not we smoke, or don't wear our seatbelts, or do silly things like that. But in either event, we really have to ask ourselves, what can this country afford publicly when these baby boomers put demands on government and the political system? And that speaks of course to the issues of entitlements – how we pay for them – and issues of eligibility.

So, that will be a great debate for the next couple of years, and will involve potential changing of eligibility ages, which is now 67 in Social Security, 65 in Medicare. We may see that age rise in terms of eligibility, we may see a shift from age to something like physical disabilities or ADLs,* or we may see [that] some of these programs [will] no longer be available at all. So, we're going to see some dramatic debates around entitlements, what can we afford, how should they be structured. So, that's the second piece.

And the third piece, I will lay for you, is that we will have a whole new dimension to the aging of this population, which has not occurred in the last hundred years of this country. And that's the issue of diversity and immigration. And the National Council of La Raza and other organizations have been addressing issues of immigration for many, many years, but not in the context of aging and not in the context of an aging society. Now we're finding, and this is part of the work that I do with my research, is that in fact immigration is an indispensable component of how we address aging and the first two issues I mentioned. And in what way? To put it very simply, it's not just that there will be more minorities and immigrants in the older population, but immigrants may well be one of the salvations of the financial pressures on these entitlement programs. Because when we look at one variable, fertility rates, it then tells us something very important. And if you'll excuse me for being, – *¿cómo se dice?*** – upfront about this, or catty *se dice en inglés*.*** We now have to ask a question in this

* Activities of Daily Living

** How do you say?

*** Is how it is said in English.

country: "Who is having the babies?" That's a very important public policy question. And who is not doing their duty by not having children? And we measure that by the fertility rate.

We need at least 2.1 children per child-bearing woman. Men are not yet able to do much in that arena. Maybe someday through medical breakthroughs we can do our part. But right now, it's on the women in this audience; 2.1 allows the population to replace itself. Anything above that means more people, anything below that, the population decreases.

For the economic and productivity and the ability to have young and middle-aged workers paying into Social Security and Medicare and handling all other taxes, we need to have a fairly stable and growing workforce. And then, we ask the questions: "Who's having the babies that can be the workers and the taxpayers"? Non-Hispanic Whites are no longer doing their duty. Their fertility rates have dropped to about in this country 2.0 to 1.8. So if we depended only on non-Hispanic Whites, we would be in very serious difficulty in terms of our demographics. When you look at African Americans and Asian Pacific Islander groups they are at about 2.1. Yet the population in the country continues to grow and the workforce continues to grow, and who now constitutes the primary source of new babies? Latinos. In California, the fertility rates for Latino families is about 2.6-2.8. Latinas, thank you very much. For Latinas it's about 2.8, 2.6. Nationally across the board it's about 2.4.

So regardless of how we feel about the debates around immigration, whether restrictive or open or earned citizenship, ultimately it's these children of Latino immigrants that are going to be a very important part of responding to the question of how do we pay for, how do we finance entitlement programs or any other programs that we might wish as taxpayers and voters to

enact in the public sector to take care of an aging population.

So I will leave you with those issues to ponder, and I would be happy to respond to your questions on them. Thank you, Pamela.

Moderator Pamela Larson.
Thank you, Fernando. It's a great way to approach it. I hope those policy teasers are getting questions in your minds, because we'll certainly be turning to your questions when we are through with our three speakers. Now it's my pleasure to introduce someone who I've just met.

Carlos Ugarte is from Washington, DC, but our paths haven't crossed yet. I'm really happy to have come to Miami to meet you and hope to see you back in our hometown. He has spent more than 25 years working both in the U.S. and internationally from his expertise of public health. He's a senior independent public health consultant now, and he certainly has the ear of the most important organizations in Washington to make a difference for the Hispanic population, with being Senior Advisor to the President of [the National Council of] La Raza, and also working on the National Campaign to Prevent Teen Pregnancy, the National Hispanic Council on Aging, of course, here, and the Office of National Drug Control Policy, and the Hispanic Communications Network. We are looking forward to [hearing] what he wants to add about the policy issues for the Hispanic aging. Thank you.

Carlos Ugarte.
Thank you, Pamela. I will make my quick remarks standing up so I won't run the risk of – I think someone mentioned earlier of the slaps to wake up the panelists in some ways. But, it's a real pleasure to be here this afternoon, and I want to start off by thanking the National Hispanic Council on Aging for the

partnership that we've developed with them at the National Council of La Raza and having a presence, if you will, at the conference and at this very important event. Yanira [Cruz, President and CEO of NHCOA,] just walked out to do one of the many thousands of things she has done over the past few days. But I wanted to thank her, in particular, and her staff, Maria Eugenia, for a fabulous conference and for their tireless efforts in terms of putting this together.

You know, yesterday, I had the opportunity and the privilege of moderating a group around family history and the importance of family history in the Latino community. And as I thought about this town hall today, one of the things that came out of that workshop was the importance of reminiscing and storytelling, and how these skills, if you will, are so important not to lose the sight and vision that was brought from our past as we reflect into the future. So with your indulgence, and with your permission, I'd like to tell you a story, a personal story, that I think has direct relevance to the topic today about policy and aging within my framework, within the area that I know best, which is public health.

About 25 years ago, I graduated from the University of Florida. Go Gators basketball! I am also a graduate of the University of Miami, so I am kind of a dual allegiance, if you will, but I graduated and came back to Miami, to my hometown, a passionate, enthusiastic, idealistic, individual to work in the community and to change the community for the better. Hopefully, for the better. And one of the first projects that I undertook was to develop the famous KAP analysis – knowledge, attitudes, and practices – with regard to cancer in the Latino community of Miami. And I focused my work in Little Havana Activity [Activities and Nutrition] Center. I, with the representative as she mentioned, had the privilege of working very

closely with our Assistant Secretary when she was at the Little Havana Activity and Nutrition Center. We structured a whole initiative to reach out to the community and to find out more about their needs and knowledge and perspective regarding health.

And it was probably the first or second person that I interviewed, *una abuelita con mucho cariño*,* that I approached in trying to learn more of how I, again, this young enthusiastic, public health specialist was going to help. And she was very gracious and she went through the interview with me in terms of her knowledge and her awareness of health issues, and at the end she said something to me that has impacted me for the rest of my life both professionally and personally. And she said, "Carlos, this is very important, and, yes, I'll be happy to contribute, but in many ways the information that you're gathering is meaningless to me because, quite frankly, I don't have the resources to access the care." And that is the emphasis that she gave and it kinda dawned on me from being this idealist to being much more practical. What can we do to change that circumstance, of her wanting to [be] committed to collaborating and being part of the system if you will, but being challenged herself by not being able to access this wonderful health care system of the country in which we live.

So, "Where are we 25 years later?" is one of the questions that I ask myself. And I won't go into – I really want to make my comments brief, because I want to support what Pamela has said in terms of a town hall and that interaction and exchange with you from your perspective and your storytelling and your insights and how that really can contribute to bettering the circumstances from

* A grandmother with much affection

a policy perspective that we're challenged with. So I'm not to go into the detail regarding the health situation of Latinos at large and Latino elderly specifically. Suffice to say that by any standard in the U.S., Latinos experience severe disparities in comparison to the White population. This is true whether one talks about the incidence of chronic diseases, like asthma, diabetes, cardiovascular disease, but also in terms of access to information, and access to the services themselves. As well as to looking at the policy-related barriers that contribute to the lack of access to these services.

Let me share with you, and again I promise to be brief, some of the minor policy fixes that both NCLR but many other organizations are proposing. I'll bring it to the table, just as some food for thought that hopefully will stimulate discussions later this afternoon. And one of the challenges that we have is that as we become more successful in really educating and mobilizing the community if you will, and by the way, as you well know, a community of which, as you know, there is one-third or more with no access to those health services. As they become more aware of these issues, to engage in improvements, and to respond to issues like the representative said in terms of lifestyle, what do they do? What can they do?

Well, the problem is at least in two areas. One is that our health care system seems almost like it's designed to deter people from seeking services or is bound and determined to confuse people once they are in the system. One issue here has to do with the interplay between our immigration laws, as Fernando mentioned, and public health care benefits. As most of you know, a large group of legal immigrants are ineligible for public health benefits in the U.S. What confounds me more is how the system seems designed to deter even those who are eligible for health care

benefits from accessing those benefits, in part because one or more members of the household may be immigrants. Here is a modest policy fix that could be done that would make a real difference. All we need is to reassure people that accessing health care benefits, for which they are eligible, will not have an adverse consequence on their immigration status. This is something that the Department of Homeland Security could do today with a simple stroke of a pen.

A second issue has to do with language and cultural competence. We at NCLR have found that many of our successful programs, when folks do seek services, practitioners are not prepared to provide them in a linguistically and culturally appropriate manner. At least in theory, both the Bush and Clinton Administrations recognized the need to address this issue. Executive Order 13166 issued by President Clinton and then reaffirmed by President Bush calls on federal agencies and recipients of federal financial assistance to take reasonable steps to ensure equal access to federally funded services by people who speak a language other than English. Unfortunately, compliance with this order is mixed, at best. A commitment to full enforcement of the order combined with technical assistance in funding to help recipients comply is needed if we're serious about increasing access of language minorities to health care information and services.

I promised to keep my remarks brief and there is a lot to say about this topic so what I will do very, very quickly, I promise, is to go over four recommendations, and I will read these to you from the National Council of La Raza in the broad context of access and health services with an emphasis on elderly Latinos:

1. To reduce existing health care coverage gaps between Latinos and other Americans. The primary goal of health tax incentives, for example, should be to ensure improved opportunities for individuals to access health care at a quality level.
2. Provide a portable access to health care. Any proposal should facilitate low-income individuals' access to health care coverage.
3. Ensure that Latinos have an equal opportunity to exercise an informed choice to participate in an expanded health care program. New health care options should increase the transparency within the health care system. Further resources should be dedicated to ensure that Latinos and other underserved communities can become connected to these programs.
4. And, finally, ensure equity in health care coverage. Health care expansions should not make Latinos and other Americans vulnerable to adverse selection or other phenomena that expose them to increased health care costs or compromise their access to quality care. So that is just again teasers, as Fernando said, some ideas that I'd like to bring to the table for discussion in the rest of the afternoon in this session.

Thank you very much.

Moderator Pamela Larson.

Thank you. Yes, what an ideal time to really talk about what the organization has been working on so hard. Really terrific.

Our next speaker is a native of Curacao, Puerto Rico who also works in DC, and it's also our first time meeting. And our first time – although I've lived in the city that you have worked so hard in, and appreciate – I'm going to, jumping to, you are currently working in various capacities at the DC Department of Motor Vehicles? Is that? Or you worked? From 1999 and on? I just want to say it's made a difference – having driven there. But

Angel Luis Irene's background is in – his scholarly work has been in political science and economics, so he has been able to work in public services both with that kind of background as well as in the management areas that I mentioned. He was the first Latino social worker with the DC chapter of the American Red Cross, and he was a legislative aide to the district's delegate in Congress. So you've had, as we mentioned earlier, from local to district to federal experience here. And we're very interested in hearing what you will tell us. He's currently the Executive Director of the Educational Organization for United Latin Americans – the Spanish Senior Center. Great, EOFULA in Washington, DC.

Angel Luis Irene.

Thank you, Pamela. I'm going to follow up on the speed of the previous presenters, and I'm going to rush to see if those teasers are ready to fall in place and get to trigger some angry responses from you. I have had the opportunity to work with and to develop rules and regulations for many years and then had the opportunity to implement rules and regulations. And when you sit by yourself writing policy and then you try to implement it, you get to learn a few lessons.

In the federal government, it appears that many people have not learned the lessons to learn how to implement some of these policies. There are great ideas out there that are critical for our communities, particularly to our senior community. I'm going to speak to just a couple of projects that you are very familiar with, particularly Medicare Part D. I'm going to say something about the Social Security new plan for the direct deposit, and raise a couple of questions about policy issues that seem to be in opposite direction to their purported intent. These are all policies which everyone considers to be very important.

Medicare Part D. Those of us in the community who participated in the implementation of the Medicare prescription drug card program went through quite a bit of a hassle. Not only because there was a very short time frame to work with, but also because of the way it came down and what we had to operate with. Just to give you an example of where public policy can go wrong. Let me say this, I'm not bashing the Medicare Modernization Act. I think there are a lot of good things that this will bring to a lot of people, but for the particular constituency that we service in DC, that is not the case. Ours is a senior population that comes from 18 different countries, which average age is 77, that is primarily comprised of females, that are living alone about 66% of them, whose average income for 86% of them is less than $500 a month. And anybody who knows the federal standard for poverty level knows that that is quite a few percentages below the standard. Then you realize that whenever somebody sits around to set some policies like this [Medicare Modernization Act], they should at least talk to the people who are the experts. And [they are] the people in the community, the people who are dealing with these issues on a daily basis, specifically, dual eligibles.*

At our Center, the majority of the seniors that we have at the Center are dual eligibles. A great thing happened, a great thing happened, when suddenly all the seniors were converted to Medicare Part D. We didn't have to process them because automatically a computer somewhere in Washington, DC moved them from Medicaid to Medicare Part D. Well, suddenly, other than getting the [Medicare] card which was, you know, a glitch

* There is a select group of individuals who qualify for both Medicare and aspects of the Medicaid program. Known as a "dual eligible" these persons may receive benefits under Medicare Part A and/or Part B as well as some form of Medicaid.

somewhere and they're going to their pharmacies and not being able to get their medication because it happened that they were not on the list, or could not get identified, or their names were misspelled, things like that. They found that they were paying more. Particularly for this group, the ones that were paying only $1 now found themselves paying $10 and $15. Now, if your income is $500 or less, $10 or $15 a month is a huge cost on your income. What happened is that, although per prescription you may be paying $2 or $3, this is more than the $1 that they were paying when they were getting their prescriptions through Medicaid. Now, if you do the multiplication, at our Center, the average senior uses at least five prescription drugs. Then that translates into $10 to $15. Now that's the average, with a larger number it is about ten [prescription drugs], which is the national average. So it's not such a good thing because now we [have] issues that we didn't have before.

The automatic enrollment also brings another glitch. People were enrolled in a plan. Now, one of the advantages of the program is that you get to choose a plan that is appropriate for your medical conditions and for the medications you have to buy, etc. But through the automated process, that didn't translate. So we have at the Center, we are working with seniors to move them from the plans that they were enrolled in before because now they are not getting their prescriptions because it doesn't cover them. People forget that a doctor can give you a medication today and can change it tomorrow. So you know, things of that nature have affected the seniors and we, the community workers, got to provide the answers. And, of course, none of this comes with the big and the very important resources, which are the dollars to actually implement this.

The second thing is, as the gentleman before me pointed to,

culturally and linguistically appropriate information. Now, I honestly tell you, for me, it has been a great experience because you have people from 18 different countries. At any given time, you have people from 13 countries around you. And if those people come from rural areas, as primarily the ones that we are servicing at the Center, I'll tell you, you need to know, that when you open your mouth and you talk to them, you need to know exactly what you're saying to them, and understand what they are saying to you because what – I think the chair of the National Council was making a joke the other day about *ahorita y ahora*.* Those things can mean different things to people. Consequently, it is imperative that whenever policy-makers go about setting anything, you have the ability to develop the information that is going to be used in a manner that is culturally and linguistically appropriate for the particular constituency.

Now I think one of the problems that the federal government has with these programs is that after the policy is set up, somebody implements it. One of the decisions that they will have to make is who is going to implement this contract, who will carry out this function. So they go to the GSA schedule and they find some linguistically competent company who provides language services, but don't know my community of 18 different countries. And when the vendors write these beautiful fliers, tool kits, and so forth, they are following a few due diligences that they have to follow. They cannot say something that is not true according to the law or to the regulation, so they are copying the language of

* *Ahora* means now and *ahorita*, depending on where one is from, can mean right now or in a little while.

government. That is why the process of translations is a serious issue for us. You know, nobody is going to say in the federal language government "this is a free service," "gratis," 'cause you know that may trigger some serious reaction from the poor folks out here. The bottom line is that culturally and linguistically appropriate information seems to be – even though there are some attempts to get it done – seems to be a last thought on many people's minds.

Technology. We were told that this task was going to be accomplished within 20 minutes. With the Medication [Medicare] Prescription Drug Program, we learned that it would take at least four hours, at least. We figured out that in order for us to carry out our job for the conversion of the program, we needed to plan for at least four sessions of one hour. That means we have to have the staff to attend to one person at least four times on different occasions. Why?

Simplicity is the better way. But that's not how things are delivered to the community. There is this desire to create new processes. I mean this is like somebody needs to leave their stamp behind and they are using new processes. Many of these programs are based on means – tests, how much money you have. Well, I am sure that if you are participating in the Medicare program that is already determined. So why do we need to go through the process of repeating? And I understand, I am not trying to be simplistic about this, but there are a lot of things that we repeat through the process that are not necessary. And that is a major issue.

Our Treasurer [Anna Cabral] today was saying something about the new direct deposit program. I have a question: Is this data about direct deposit - that is, that the federal government will

know where your checks go, and to what bank, and it's in a database - is that data going to be available to the government, how much money do I have in my bank account? If so, *las abuelitas*,* are not going to apply. They don't want the direct deposit; however, you know, that can be of so much help to them. No, they aren't going to tell you. It doesn't matter that they only have $500 or less a month; they don't want to tell you. It's a serious challenge for us to get financial information from folks who have very little. It does not matter that you will tell them that, "they should not be concerned," "they're qualified," "they are eligible," "they are below the threshold." Still they don't want to tell you. And if we were to tell them, "If you were to do the direct deposit, the government would know how much money you got," most likely, many of them will never do the direct deposit.

Food stamps, great program. I think it's one of those programs, that I think, can be of great help to our seniors, primarily the low-income. But now we have an issue with the program, and that is recertification. There's a requirement that you recertify [annually]. Somehow somebody thinks that a senior who is 77 years old is getting more money and needs to tell the government, "I am not eligible this time because somehow I inherited something." It defies logic, but we need to recertify them every year. Do you know how much staff time it takes? First of all, I've been negotiating with the District of Columbia Department of Human Services that instead of us taking the seniors to them, that they come to us. But then, for them to allow their staff to come out to the field to do certifications, that takes time and resources

* The grandmas

on their part. That means that they are isolating, they are not using their regular flow, which is whoever comes through the door is serviced on that day, but that they are losing the opportunity to do that. But, the bottom line is that if I have to put my 80+-year-old ladies into a van to take them downtown, just doing that task of getting them into the bus takes hours. You know, we have to make sure that they get on the bus, one step at a time that they get buckled down...It is a very exhaustive process. Bottom line – great idea, but what is the result?

One of the things that somehow got me a little going with the Medicare Part D program is that they have a great idea. That is, if you come into the program you're going to get free screenings, if you are a new recipient. But what happened to the ones that never got a screening? Couldn't we have grandfathered them in somehow? To have made sure that they got at least one screening for free? No, we could not think of that. I guess because it costs money. But ultimately, people think that people are doing screenings; they are not.

Recently, I had the opportunity to hire a young lady, 50+ years old, to work with our Congregate Meal Program. And as I was talking to her, I asked her if she had a personal health insurance program and she said "no." I said, "Do you go to the doctor with some degree of frequency?" She said to me, "I have not been to the doctor since I was 11 years old." Now, statistically, for me to have found somebody who could tell me that, that is a significant piece of information, I think. Because I know that most of the seniors that I have at the Center as a matter of routine don't do screenings. Bottom line: Why? Why set up the threshold there [at new participants]? Why not grandfather those for at least one free screening for those who were in the system before?

Prevention. That's a word we hear as the solution for the problem we have, but somehow we got stuck somewhere.

Nutrition. We think that good nutrition is good. But how much money is allocated for oral health? Ladies and gentlemen, many of the people that [I've] got at the Center have false teeth. I have some ladies at the center that don't use their false teeth. I mean, simple as that. And I realized that because at the time we serve their lunch, I go around and chitchat with them. A number of the ladies cannot use them because in their countries of origin, whenever they did this dental work, they got some poor jobs done, and it hurts for them to use them. So what's going to happen? This senior is going to be able to look for whatever is on her plate that can be easy to eat. And in our particular case, for the majority of the seniors, the lunch they got, on a particular day, may be the only meal of the day. And that meal will only represent one-third of the regular diet that they should keep. But just the fact that they don't have good oral health adds to the complexity of the problem that we have.

Medicare, again. Everybody knew we were trying to reach the hard-to-reach group – the poor. And everybody understood that technology could be of great help. So at one point somebody thought that maybe we should give or [make] available...the community laptops. Make them available, so that we could go to the community, to workshops, to job fairs, to health fairs, anywhere, and get as many people enrolled. Well, I think it's a great idea. And I got my laptop last week, just about the time that the program is going to end. And I did not say I don't want it because we are done with this, because certainly I know what the value of it is. But somehow there is this disconnect about what should come first, and what should come second. If they

[policy-makers] were to talk to us, we can make it easy, because we understand what works for our people.

I had a couple of other ideas, but I think I am going to leave it at that. I think the key here is somehow we need to get our policy-makers to understand that we, out here, are not trying to commit fraud with government resources, that we are basically dedicated to making sure that our needy members of our community get the best service possible. And as such, we are friends, and that we have a few ideas of our own that are as good as anyone that any Harvard degree professional can come up with by looking at the macro picture. We have the micro understanding of what works with our community, and if we can integrate those, maybe we can get rid of some of the contradictions in the implementation. Thank you.

Moderator Pamela Larson.
Thank you, Angel Luis. All right, so now it is our turn to make this an exchange with these wonderful policy-thinkers and doers. (*To Angel Luis Irene.*) How fortunate they are at the Center to have you there to be able to think about the bigger applications of the individual incidence you mentioned and how important those things are.

And I guess I will start first by one of the conventions we have at our [National Academy of Social Insurance (NASI)] conferences. If the panelists here have thought of something in listening to the others since you share in one sense that background in policy.

Fernando Torres-Gil.
I think we will hear from the audience.

Moderator Pamela Larson.
All right, we'll turn to the audience, then. Good, all right. Questions?

Questions

Question.
I have a question. Medicaid is different than the Medicare program?

Audience Interjection.
That is correct.

Question continued.
So, now in the process of eligibility [for these programs], we have to show proof of nationality in our certification process. It is kind of difficult for some people who are 70 years old to find a birth certificate or they never have had a passport, and maybe they were registered in the baptism and maybe they follow the baptism and only have the baptism certificate and maybe they were registered in the Bible and maybe the Bible burned. So, what the hell is going on?

Moderator Pamela Larson.
I guess, how flexible can the eligibility documentation be? And maybe asking you first, what you are seeing, hearing [about this problem]? (*To Angel Luis Irene.*)

Angel Luis Irene.
I'm with you. Your question basically is the illogic of a process that has not been consulted with the people who are familiar with how you can reach and make those services available to the people.

Yes, what about those who are here legally but happen to have lost their documents for whatever reasons because – their purse got stolen – and they are in the process of going through immigration and naturalization to get those papers back and it takes so long to get them, to get duplicates, because one of the processes is you have to show them that you are who you say you are.

Moderator Pamela Larson.
Any other comments on that from our panel? Okay, another question?

Question.
I just wanted to add to that question by saying that not only, I guess with the enactment of the Patriot Act, we now have to show two forms of legal, approved federal identification in order to get a bank account. And in our area, the Hispanic Advisory Council that I sit on, we see a lot of problems with the immigrant population in our area, as well as the elderly population with getting bank accounts, retirement savings, any kind of a banking account, and I was wondering if anyone here has any ideas or advice on how to navigate that for the immigrant population in that area?

Moderator Pamela Larson.
And the panel, are you answering this?

Audience Answer.
I can answer it. I know Citibank in St. Louis, you don't have to use a Social Security card...*(Indecipherable.)*

Question continued.
Well it's not just it's – they'll give bank accounts to nonresidents or non-naturalized, but you have to have two forms of photo

identification and most banks do not accept the international identification card. Um, there's a lot of people that push immigrants to get the international identification card, but they don't. It costs them money, but then they don't really do much good when it comes to getting banking accounts.

Moderator Pamela Larson.
Sounds like you have a lot of expertise in the audience here too, so I'm sure you can talk some more. Now, that's important information. And we [NASI] did find in a study we did on if we switch to [an] individual accounts [system] from Social Security – what about those who aren't [using accounts] – they're called the unbanked – is what [are] the people in our study going to do and looking at ways to offer alternative forms if that's something on the horizon. Well?

Question.
Hi. I'm Marlena Vega (*technical difficulties*). Listen, we have a South Bronx system. You ready? When you go and are picked up by any police, right? And you are in any way incarcerated for help. You get a thing called a rap sheet. On the rap sheet, you have a picture ID and a number with your birthday, etc., and we worked out a way, okay? For the *abuelas*,* it's a little hard for them to get to this. We're going to salsa them in a little bit, if you know what I mean. But truly, many people do not have any kind of ID. It is very hard. So I think you start where the client is, okay? You take lemons *y hacer limonada with un poco tequila*.** So, that's it.

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* grandmothers

** and make lemonade with a little tequila

Moderator Pamela Larson.
Very creative solution.

Question continued.
South Bronx style.

Audience Comments

I just wanted to add a little bit more to what Mr. Irene said with the prescription [Medicare] Part D. We worked that project in South Texas in the Laredo area. What we've come across is not just what he was talking about, but also the fact that a lot of our dual eligibles were put into plans that were not beneficial for them. These insurance companies, insurance agents, and the insurance brokers that are out are the ones that are actually taking advantage of these people. Where they're giving them a plan, they're having to pay a premium. And some of their medications are not even under the formulary. We've had people come to our office that are paying $199 for their medication. These are dual eligibles.

So, this education, when it first came out that they needed to enroll in Medicare Part D, it should have also specified that these were insurance plans that were out there. A lot of our people didn't know, didn't understand that these were insurance plans. The agents came out posing themselves as coming from Medicare, so, of course, they trusted in them. So we're still working on these people who – and it is not going to end because every day we're getting calls. We have people come in and that is their main concern – that they're paying a premium and they're dual eligibles. And they're not getting the medications that they need. So that's a big concern.

Moderator Pamela Larson.
Thank you for raising that. Fernando, you have a response?

Fernando Torres-Gil.
If I can be up front and somewhat critical, this Medicare Part D, which I agree with the Congresswoman, has the potential to provide some benefits to low-income, even maybe dual eligibles, but the bottom line – it's a flawed, a flawed piece of legislation that was designed to subsidize the pharmaceutical companies and to subsidize the insurance companies, and give them entrée into that very large consumer pool. It was not designed to benefit the consumer. We're trying to make lemonade out of lemon[s], so to speak, and do the best that we can. But I think its advocates here, and looking at the National Hispanic Council on Aging, we also need to pay attention to what may be some serious efforts to reform that piece of legislation. If the Democrats should gain the House of Representatives, I think you're going to see real efforts to both require the pharmaceutical companies to finally negotiate discounts, to perhaps reconsider using Medicare as the agency to administer this benefit which can be done far more efficiently than the individual companies, and to maybe take back some of the $30 or $40 billion subsidy to the insurance companies to do what they are doing. So, not to be partisan, but it's not a good piece of legislation – [it] has some very serious problems. That's where the implementation issues come in. But it's all we have right now. We need to do the best we can with it. At the same time, pay attention to the possibility that there could be some potential major changes to that legislation, hopefully in the next year.

Moderator Pamela Larson.
It'll certainly be part of the congressional debates. And on May 15th, I think, you should all be looking for that sort of natural behavior on people who didn't sign up. That's the end of the first enrollment period, feeling like "did I make a mistake by not enrolling?" Being able to help them through that decision-making at that point will be a very important step, I think. All right, we do have this working now (*referring to the microphone*). So, if you don't mind, I'll run it around.

Audience Comment.
What he said, and it's so true – our elderly, I mean, they've gone through all this – they're sick – to go look for the information? There's a lot of Hispanics out there that qualify for Food – again Food Stamp – we shouldn't say "Food Stamp," but you know its Food Stamp they call it – the ... – Food Stamp Program – that they could receive because they don't have any money. They don't have enough money. Everything is so expensive, but then when they ask them for all the documentation, they'd rather not go and apply for anything. And to reapply every month? It's hard for them to just get around, much less go look for the documentation that they ask them for.

And also, the same thing goes with the prescription drugs. I do see the girls working and the people come by and they have to ask them for the medications they have to take. How much do they receive? Well, I don't know, *m'jita*.* I don't know how much – my check is this much. How much is your premium? They have to – and the girl has to go through a lot to ask them those questions, and for them, because it's hard for them, sometimes they don't

* my daughter

want to. And we know, Mary and Elvia and Ms. Hernandez know, that there's a lot of people out there that they're not going to go into the plans. They're not. Even the pharmacies come to them, "What do we do with people? 'Cause I am not going to give them the medication 'cause they're not going to pay us." I mean they can give you testimonies of what happens to our elderly.

I feel real bad because these are people that paid to our society. I mean the dual, at least they can qualify and go into a program, but the people that – like Medicare, you know? They paid to our society and that's the way we're paying them? They can't even get their medication. So, yes, we need to – really we have a lot of homework to do.

Moderator Pamela Larson.
We're definitely [noticing] a theme about the difficulties in producing information that qualifies or makes someone eligible. [Panelists], [d]o you have any suggestions on things that could be changed in that area?

Angel Luis Irene.
Certainly, I think that what needs to happen, I think, in the process, and this is my local perspective having gone through these two exercises last year with the Prescription Drug Card and the change to Medicare Part D, and that is the federal government and the state agencies need to see us as allies. I think we could have done a lot of good things with that amount of money that has gone to companies that develop these products that we cannot use, by going directly to the people.

I'll give you a strategy that we use sometimes. At the Center, when we write proposals and we want to entice the seniors to partake and get involved in the process, we buy Safeway cards in

Washington, DC. If they were to be interviewed by anyone from the private sector, usually to entice them to participate with you, you give them something in return. We know that they have such a low income, well, if we give them a $10 Safeway card that could be of great help to them. So, we know what works with our population, if they were just to solicit that information that would be one way of taking care of this.

The issue of informing people, and in the particular case of this legislation, where people have to provide informed consent, that is a high standard in the process of providing services to people, where people are the ones that need to make a decision. In four hours, four sessions, you need to determine what plan do you want; we cannot pick it for you. So that informed consent process is significant. So, if you understand your role as a service provider, you know you cannot pick that program for that individual; they have to make that decision. Another thing that people need to understand when they are making these policy decisions and so forth is we have been very successful at one thing in our senior committee and that is we told them: "Don't talk to strangers. Don't give them information about you whatsoever. It doesn't matter how..."

Technical difficulties precluded the completion of this tape. The town hall continued for approximately ten minutes.

This town hall session was recorded at the 2006 National Hispanic Council on Aging Conference and was cosponsored by the National Council of La Raza and Freddie Mac.

Saturday, April 8, 2006

Intercontinental Hotel, Miami, Florida

Speaker Biographies

ANGEL LUIS IRENE

A native of Corozal, Puerto Rico, Angel Luis Irene grew up in the mountains of the "*Isla del Encanto*" helping his father work the fields with his four other brothers. He attended public schools, graduated from the University of Puerto Rico with honors, obtaining a bachelor's degree in political science and economics in 1971. In 1972, Mr. Irene received a scholarship from Georgetown University where he completed the course work for a master's degree in government.

During the past 30 years, Mr. Irene has built a distinguished public service career working selflessly and tirelessly to find solutions to the needs and problems facing the ever growing Latino community in the District of Columbia. He has extensive experience in private, public, and nonprofit sectors.

In 1974, Mr. Irene served as the first Latino social worker with the DC Chapter of the American Red Cross. In 1977, he worked as the first Latino Legislative Aide to the District's Delegate to Congress. From 1979 to 1981, he served as the third Executive Director of the DC Council of Latino Agencies. In 1981, Mr. Irene worked for the DC Office of Personnel to establish a citywide Hispanic recruitment program and later served as special assistant to both the Associate Director of Operations and the Deputy Director of Personnel. In 1999, he was recruited by the

DC City Administrator to assist with the establishment of the new DC Department of Motor Vehicles. There he held a variety of key positions, such as Performance Measures Manager, Legislative Liaison to the City Council, and Chief of the Management, Planning, and Analysis Division.

As a community activist since the early '70s, he worked closely with the vieja guardia in the establishment of the Bilingual Translation Act, the Council of Latino Agencies, the Office of Latino Affairs, and the Latino Commission. Mr. Irene has served on seven mayoral commissions and task forces. He has received more than 25 employment-related and community awards recognizing his dedication and contributions to the DC Latino Community. He has also worked as a licensed realtor in the District, Maryland, and Virginia for the past 15 years. Mr. Irene is currently a member of the DC Superior Court Chief Judge Merit Advisory Committee and a member of the District of Columbia's Selective Service Board.

Mr. Irene currently serves as Executive Director of The Educational Organization for Latin Americans' (EOFULA) Spanish Senior Center. EOFULA is the oldest Latino community-based organization in the District of Columbia and the only one in the metro area that services Latino elders using a wellness, adult day care and multipurpose center model of service. The DC Latino elders make up more than 6% of the Latino population in DC, are the poorest adult subgroup in DC, and represent Latinos from 18 different countries.

PAMELA J. LARSON

Pamela J. Larson has directed the National Academy of Social Insurance (NASI) since it began in 1986. First as Executive Director, then as Executive Vice President, she continues to work closely with the Academy's members, board, and staff to implement its programs on leadership development, public understanding, and international training as well as develop its services to social insurance professionals and its fundraising initiatives. Before coming to the Academy, she was Director of Membership Services for the National Association of Area Agencies on Aging. Prior to that she served as Director of Long-Term Care Services, Southwestern Pennsylvania Area Agency on Aging, and as a Health Services Specialist for the United Mine Workers of America Health and Retirement Funds. On mini-sabbaticals in 1998 and 1999, Ms. Larson taught Medicare policy at Florida State University and wrote articles on work and retirement research for the newspaper, *Aging Today*. A member of the NASI since 1993, Ms. Larson received her master's of regional planning from Cornell University.

ILEANA ROS-LEHTINEN

Since her election in 1989 to the United States Congress, Ileana Ros-Lehtinen has proudly represented Florida's 18th congressional district in the United States House of Representatives. Forced to flee with her family from the oppressive communist regime of Fidel Castro, Representative Ros-Lehtinen became the first Hispanic woman and first Cuban American elected to Congress and a powerful voice for the South Florida community.

Throughout her life, Rep. Ros-Lehtinen has been dedicated to serving her community. After completing public education in Miami and graduating from Miami-Dade Community College, she followed her passion for education and earned a bachelor's degree in education from Florida International University (FIU). Her passion for education continued while she completed a master's in educational leadership at FIU, and earned a doctorate of higher education from the University of Miami.

Understanding the issues facing South Florida, she was elected in 1982 to the Florida State House of Representatives, becoming the first Hispanic woman in that body. She was then elected to the Florida State Senate in 1986. When the 18th congressional district seat was vacated with the passing of Claude Pepper in 1989, Rep. Ros-Lehtinen won the seat, and was voted into Congress in 2006, winning by 62%.

Ileana Ros-Lehtinen is the Ranking Member on the House Committee on Foreign Affairs. While serving in this role, she has been a tireless advocate for the advancement of human rights across the globe, and continues to be a strong voice in opposition

to Castro's communist regime in Cuba. This marks her long involvement in foreign affairs, having previously served as a senior member on the International Relations Committee, and as Chair of the Subcommittee on the Middle East and Central Asia, the Subcommittee on Africa, the Subcommittee on International Operations and Human Rights, and as Vice Chair on the Subcommittee on the Western Hemisphere.

FERNANDO TORRES-GIL

Fernando Torres-Gil is currently serving as the Associate Dean of Academic Affairs, as a professor of Social Welfare and Public Policy, and is the Director of the Center for Policy Research on Aging. Previously, he was a professor of Gerontology and Public Administration at the University of Southern California (USC) and continues as an adjunct professor of Gerontology there.

Professor Torres-Gil is an expert in the fields of health and long-term care, the politics of aging, social policy, ethnicity, and disability. He is the author of six books and more than 80 articles and book chapters, including *The New Aging: Politics and Change in America* (1992). In recognition of his many academic accomplishments, he was elected a Fellow of the Gerontological Society of America (1985) and the National Academy of Public Administration (1995). He served as President of the American Society on Aging (1989-1992) and is a member of the National Academy of Social Insurance.

His academic accomplishments parallel his extensive government and public policy experience. He served as the first-ever Assistant Secretary for Aging in the U.S. Department of Health and Human Services (HHS). As the Clinton Administration's chief advocate on aging, Torres-Gil played a key role in promoting the importance of aging, long-term care, and disability issues, in consolidating federal programs for older persons, and in helping baby boomers redefine retirement in a post-pension era. He worked with HHS Secretary Donna Shalala in overseeing aging policy throughout the federal government, managed the Administration on Aging and was responsible for organizing the 1995 White House Conference on Aging. He also served as a member of the President's Welfare Reform Working Group.

Previous governmental experience includes serving as Staff Director of the House of Representatives Select Committee on Aging (1985-1987), where he administered the legislative and oversight activities of the largest committee in the U.S. Congress; Special Assistant to then-Secretary of Health and Human Services Patricia Roberts Harris (1979-1980); and White House Fellow and Special Assistant to Joseph Califano, Secretary of Health, Education and Welfare (1978-1979). President Carter appointed Dr. Torres-Gil to the Federal Council on Aging (1978).

At the local level, Dr. Torres-Gil was the Vice President of the Los Angeles City Planning Commission (1989-1993) and served as a member of the Harbor Commission (1997-2001) and the Taxi Commission (1996-1997) for the city of Los Angeles. L.A.'s newest Mayor, Antonio Villaraigosa, appointed him to the Board of Airport Commissioners. He was appointed by Governor Gray Davis to the Governors Blue Ribbon Task Force on Veterans' Homes and by Governor Arnold Schwarzenegger as a delegate to the 2005 White House Conference on Aging. He was also a board member of the National Steinbeck Center in Salinas, California. He currently sits on the Board of Directors of Elderhostel, the National Committee to Preserve Social Security and Medicare, the Families USA Foundation, the Los Angeles Chinatown Service Center, the Southern California Leadership Network, and The California Endowment.

Dr. Torres-Gil was born and raised in Salinas, California, and is the son of migrant farmworkers. He earned his bachelor's degree in political science (1970), graduating with honors from San Jose State University; an Master of Social Work (1972); and a doctorate in social policy, planning, and research (1976) from the Heller Graduate School in Social Policy and Management at Brandeis University.

CARLOS A. UGARTE

Carlos Ugarte has spent more than 25 years working in the U.S. and internationally, developing client-focused and community-driven health mobilization programs that emphasize designing, implementing, and testing appropriate strategies for reaching the "hardly-reached." He is currently a senior independent public health consultant specializing in providing technical support in the design, development, implementation, and evaluation of culturally-competent strategies to reach disenfranchised communities. Current clients include the National Council of La Raza (NCLR) where he serves as Senior Health Advisor to the President and CEO, the National Campaign to Prevent Teen Pregnancy, the National Hispanic Council of Aging, the Office of National Drug Control Policy, and the Hispanic Communications Network.

Recent positions he has held include Deputy Vice President for Health at NCLR; Director of South-to-South Technical Collaboration with CATALYST Consortium, a worldwide project sponsored by the U.S. Agency for International Development; Coordinator of the Hispanic Communications Initiative at the National Institutes of Health; Director of Latin American and Caribbean Programs for the Program for Appropriate Technology in Health; Director of the Division of AIDS and Chronic Diseases at the National Coalition of Hispanic Health and Human Services Organizations (COSSMHO); and Project Director for the Office of Minority Health Resource Center.

He holds a master's degree in public health with a specialty in comparative epidemiology and health education. He has authored a wide array of articles and made many presentations on topics relating to health promotion and disease prevention in the U.S. and in developing countries.