The Hispanic Elderly: The Community's Response

Policy
Analysis
Center

National
Council of
La Raza

PROGRAMS FOR THE HISPANIC ELDERLY: THE COMMUNITY'S RESPONSE

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EXECUTIVE SUMMARY

The nation's population as a whole is aging. Hispanics are the youngest major American subpopulation; however, the number of Hispanic elderly, while currently a small proportion of the total Hispanic population, is growing rapidly. In fact, Hispanics represent the fastest growing segment of the elderly population. Yet until very recently the Hispanic elderly population has been virtually ignored by federal agencies and by most major aging advocacy organizations.

During the past two years the National Council of La Raza (NCLR) has been engaged in Project Ancianos, an applied research and analysis effort designed to increase public and policy maker understanding of and attention to the needs of the Hispanic elderly. The project enabled NCLR to obtain and analyze data on the characteristics and socioeconomic status of the Hispanic elderly, and to assess the needs of this rapidly growing population and examine the services available to and used by them.

The Council began this project because available data describing the Hispanic elderly were limited, and much of the existing information had not been published. NCLR collected national statistical information from a wide range of public and private sources in an effort to develop a comprehensive profile of the Hispanic elderly in the United States. This information was published in the project's first major report, The Hispanic Elderly: A Demographic Profile.

This report presents the second phase of Project Ancianos. Through case study analysis of eight Hispanic-run programs serving the Hispanic elderly in seven states, including focus group sessions with program administrators and elderly clients, the Council has attempted to learn about the human service needs of the Hispanic elderly and about the kinds of community-based program models which appear effective in helping to meet these needs. In addition, the Council reviewed state-level statistics on the Hispanic elderly in the seven states visited, in order to better understand their socioeconomic status and identify similarities and differences across states.

State-level data highlight similarities and differences in the socioeconomic status of Hispanic elderly in various locations. For example, the Council found that:

The Hispanic elderly are primarily concentrated in four states -- California, Texas, Florida, and New York. More than seven out of ten elderly Hispanics live in these states.

The Hispanic elderly are less likely than other elderly to live in homes for the aged and more likely to live in the community, especially in multi-generational families. Elderly Hispanics who are unmarried -- typically because they are widowed -- are far more likely than Blacks or Whites to live in households headed by adult children. Data from the 1980 Census show major variations by state; for example, about one-fourth of currently unmarried

elderly Hispanics in Florida and Illinois live with their children, compared to only about one-eighth of those in Arizona, Ohio, and Texas. Hispanic elderly are less likely than other elderly to live alone.

Hispanics are the least educated elderly subgroup. Nationally, only about one in five has graduated from high school, and more than one-third have less than five years of formal education. Here, too, there are major variations by state; for example, in 1980, nearly two-thirds of elderly Hispanics in Texas had less than a fifth-grade education, compared to only one-sixth of those in Florida.

The median per capita income for elderly Hispanics is less than two-thirds that of Whites, and the poverty rate for Hispanic elderly is twice the White rate. Poverty rates vary greatly by state; about one-eighth of California Hispanic elderly live below the poverty level, compared to more than one-fourth in Florida and nearly two-fifths in Texas. Blacks remain the poorest group of elderly; nationally, the poverty rate for Black elderly is three times the White rate. High poverty rates for Hispanics are related to the fact that nationally, one-fourth of elderly Hispanics receive no Social Security.

In its field studies, NCLR learned from the staff and clients of programs for the Hispanic elderly about service needs and gaps, and the critical role played by programs operated by Hispanic community-based organizations. Following are the major findings and recommendations from that effort:

One myth about Hispanic elderly is that because of the strong Hispanic family structure, their families take care of them; therefore, they have no need for services. This oversimplification ignores the high rate of poverty within the overall Hispanic community; about one-fourth of Hispanic families are poor. Though Hispanics are more likely than non-Hispanics to take care of their elderly parents or grandparents at home, the costs of such care place a serious financial burden on the whole family. Moreover, as with other Americans, a growing number of Hispanics live in nuclear families, have female household heads as well as males in the labor force, and become separated or divorced. Hispanic elderly, like other elderly Americans, need services and other assistance which their families cannot always provide. In addition, this myth ignores the fact that some elderly Hispanics do not have families, or -- if they came as refugees or immigrants -- do not have families in this country.

Hispanic community-based organizations are responding to increased service needs by developing programs to serve the Hispanic elderly, but their resources are insufficient to meet even current needs. Six of the eight field study agencies were existing organizations which established elderly programs in order to respond to community needs. All the agencies tend to see themselves as a "home away from home" for their clients, and as a support for Hispanic families. The study sites all report that the demand for services exceeds their capacity to respond, and is continuing to grow as the elderly population increases.

The most pressing service needs for elderly Hispanics are housing, health care and transportation. These priorities were consistently voiced by both community-based organization staff and the Hispanic elderly themselves. Some agencies which previously saw themselves as human service providers have become sponsors of federally funded Section 202 housing projects in an attempt to

increase the supply of safe and affordable housing for low-income elderly Hispanics. Many agencies have purchased vans or buses to meet critical transportation needs, but often find that insurance and operating costs make this service extremely expensive for the agency.

The Hispanic elderly tend to underuse many types of health care services. For example, they often do not receive regular dental or vision care or regular physical checkups, and lack the economic resources needed to purchase long-term care. Cost is a major factor, but even among Hispanic elderly enrolled in Medicare and/or Medicaid, problems of access due to lack of transportation and lack of bilingual staff also serve as serious obstacles to adequate health care.

The Hispanic elderly often feel uncomfortable or unwelcome in mainstream elderly programs, and depend upon programs in their own communities operated by Hispanic organizations. During most of this decade, Hispanics and other minorities have been underserved by Administration on Aging-funded programs. Clients at the field sites often indicated that they valued the local programs because of their bilingual staff and cultural sensitivity as well as their location within their neighborhood. Some reported feeling out of place or even unwelcome at mainstream elderly programs.

The service needs of the Hispanic elderly cannot be met without increased enforcement of Administration on Aging targeting requirements and greater funding of programs based in Hispanic neighborhoods. A major need is for strong enforcement of the Older Americans Act regulations which call for targeting of services to minority and low-income elderly. Funding to Hispanic-controlled community-based groups assures accessible, culturally sensitive services.

Mainstream social service and government agencies also need to develop a strong coordination with Hispanic elderly programs. Since a majority of the Hispanic elderly speak Spanish at home, and many have little formal education, service providers with public funding in areas with significant Hispanic populations should be required to have staff who can communicate with the Hispanic elderly and are knowledgeable about their culture and their needs.

Intergenerational programs should be expanded, and public policy should emphasize the development of community support mechanisms for the elderly and their families. Intergenerational programs allow families and persons of varying age groups within the community to work together as a cohesive unit. The Hispanic family support network needs support services, not family substitutes except for elderly who have no families.

American society is already in the midst of major readjustments needed to meet the growing human service needs of an aging population. The realization that new service models and increased resources must be applied to the needs of the Hispanic elderly has come only recently. Hispanic community-based organizations, which typically have a strong family focus, are committed to providing appropriate services for Hispanic elderly. However, they cannot meet this challenge without greater public awareness and support, and increased attention from public and private funders and decision makers.

"People who don't cherish their elderly have forgotten whence they came and whither they go." -- Ramsey Clark

I. INTRODUCTION

A. Background of the Study

For two years, the National Council of La Raza's Policy Analysis Center has been engaged in Project Ancianos, an applied research and analysis effort to determine the socioeconomic and health status of Hispanic elderly, and to assess the needs of and examine the services available to and used by this rapidly growing population. Project Ancianos was funded partly by the Villers Foundation and The Travelers Companies Foundation and partly through core Policy Analysis Center funds from the Rockefeller Foundation.

This project was undertaken because available data describing the Hispanic elderly are limited, and much of the existing information has not been published. The Council collected and analyzed information in an effort to develop a comprehensive profile of the Hispanic elderly in the United States. Through an analysis of the national data, and through focus group sessions with elderly program administrators and clients in selected communities throughout the country, the Council attempted to gain an understanding of the extensive needs of the rapidly growing and vulnerable Hispanic elderly population. Reports generated by the project are designed to increase public and policy maker awareness of the needs of the Hispanic elderly, with the hope and expectation that once they understand these needs, policy makers and program operators will be able to design appropriate policies and programs for this population.

B. A Demographic Profile

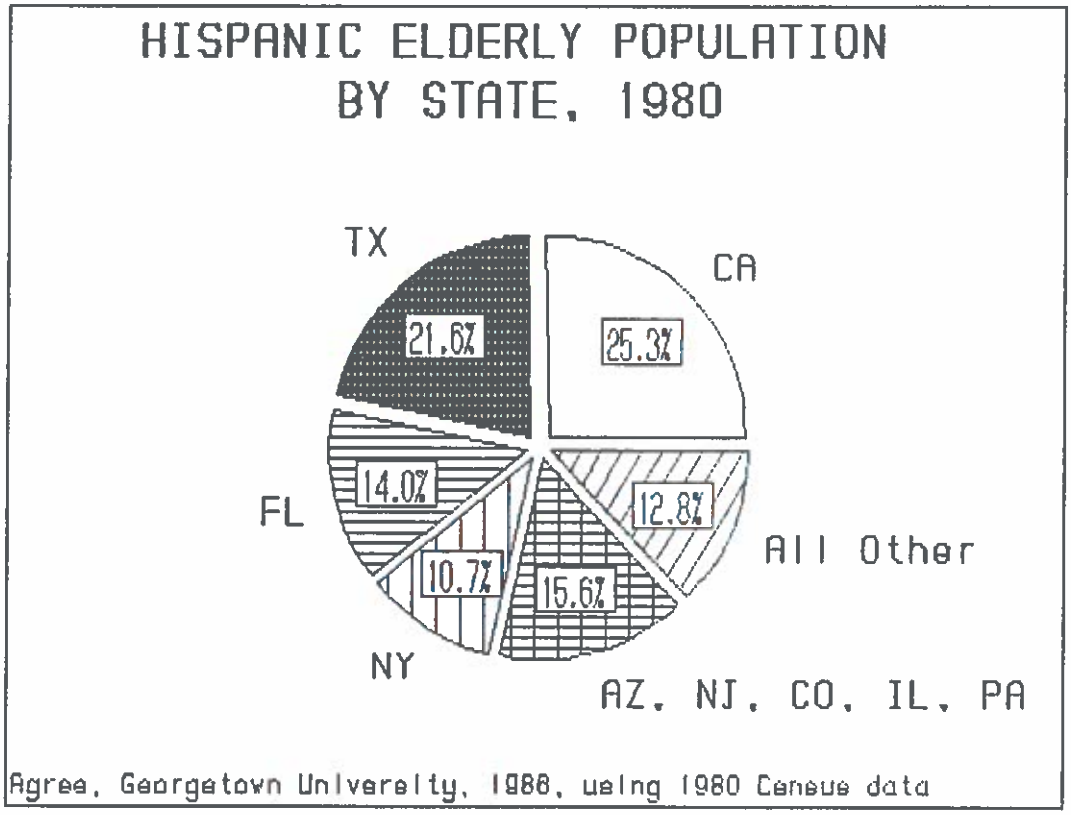
The first major project report, The Hispanic Elderly: A Demographic Profile, described and discussed the socioeconomic status of the Hispanic elderly nationally both overall and, where data were available, by subgroup. The report attempted to provide a basic understanding of the conditions under which the Hispanic elderly live, the problems they face and the need for appropriate policies and programs to address their needs. The main sources of information for the initial report were previously unpublished data from various federal agencies, including the Census Bureau, the Social Security Administration, and the Bureau of Labor Statistics.

1. Population Overview

The Demographic Profile revealed that Hispanics are the fastest growing segment of the 65-and-over population; the Hispanic elderly population has increased 61% since 1970. Although Hispanics are the youngest major U.S. subpopulation, the Bureau of the Census publication, "Projections of the Hispanic Population: 1983 to 2080," estimates that increases in the number of Hispanic elderly will account for one-quarter of the total Hispanic population growth over the next 20 years.1

The Hispanic elderly are primarily concentrated in four states -- California, Texas, Florida, and New York. As shown in Figure 1, below, more than seven out of ten elderly Hispanics live in these states, and more than seven out of eight live in just ten states, these four plus New Mexico, Arizona, New Jersey, Colorado, Illinois, and Pennsylvania.2

FIGURE 1



The Hispanic elderly are more likely to live in the community and in multigenerational families than other U.S. elderly. They are far less likely than White elderly to live in homes for the aged. For example, 1980 data indicate that only 5.4% of Hispanic women and 4.3% of Hispanic men 75 and over lived in homes for the aged, compared to 12.4% of White women and 6.8% of White men and 6.7% of Black women and 4.9% of Black men. In 1980, 97% of the Hispanic elderly lived in households in the community, either alone, with family members, or with non-relatives, compared to 96% of the Black population and 94% of the total elderly population.3

2. Socioeconomic Status

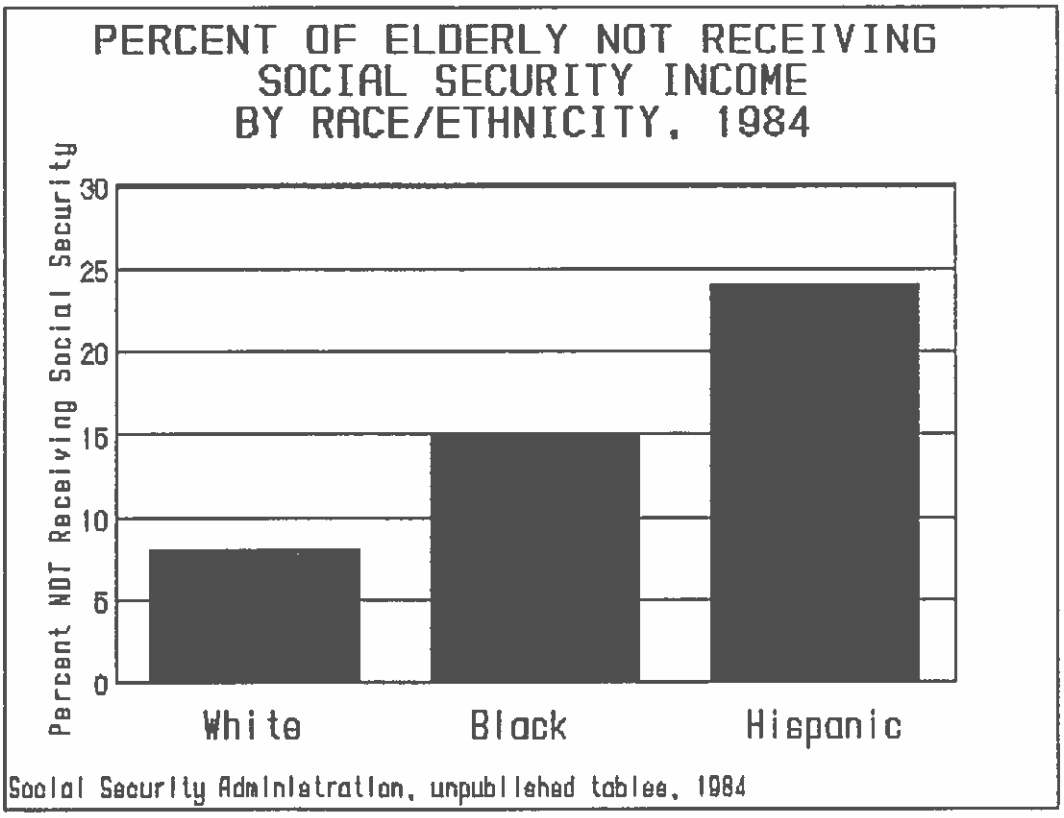
Hispanics are the least educated elderly subgroup. More than one-third of the Hispanic elderly have less than five years of schooling, compared to about one in four Black elderly, and just one in 20 White elderly.4 The median number of school years completed by Hispanics 65 and over in 1987 was 7.4%, compared to 8.4% for Blacks and 12.1% for Whites.5

Hispanic elderly have labor force participation rates similar to those of Blacks and Whites, but if in the labor force are far more likely to be unemployed: their unemployment rate averaged 10.7% in 1986, compared to 1.6% for Blacks and 2.3% for Whites. Elderly Whites are two and one-half times as likely as Hispanics to hold managerial or professional jobs; Hispanics are especially likely to work in service jobs or as operators, fabricators, or laborers.6

The median per capita income for elderly Hispanics ($5,510 in 1986) was less than two-thirds that of Whites ($8,544 in 1986), and the poverty rate for Hispanic elderly (22.5%) was twice the White rate (10.7%). Blacks remain the poorest group of elderly; the poverty rate for Black elderly is (31.0%), three times the White rate.7

Hispanic elderly are less likely than Blacks or Whites to receive Social Security (See Figure 2), and more likely to depend on earnings and on public assistance -- in the form of Supplemental Security Income (SSI) -- to survive. Nearly one in four elderly Hispanics (24%) receives no Social Security, compared to one in seven Blacks (15%) and just one in 12 Whites (8%). Elderly Hispanics are more than four times as likely as Whites to be receiving SSI (26% versus 6%).8

FIGURE 2



Hispanics are also far less likely than Whites to receive retirement benefits other than Social Security, and are less likely than Whites or Blacks to receive public pensions or veterans' benefits,9 which contributes to their low incomes.

Hispanic elderly tend to underutilize many types of health care services including dental and vision care, often do not receive regular physical checkups, and receive limited long-term care, according to a Georgetown University study.10 Cost is an important factor. While specific data are unavailable, it seems safe to assume that a very high proportion of Hispanic elderly who are receiving Social Security benefits and are 65 years and over are enrolled in Medicare. As for Medicaid, the data are incomplete because states are not required to collect recipient data specifying Hispanic origin. The Georgetown study indicated that in 1980 only 71% of eligible Hispanic elderly were actually enrolled in Medicaid, although Hispanics had high levels of Medicaid eligibility.

3. State-Level Data

Limited state-level data are available on the Hispanic elderly, primarily because most information comes from the decennial census, and 1980 data are somewhat outdated. However, the state-level data do provide some useful baseline information for planning. Appendix A therefore provides summary tables and narrative information on the Hispanic elderly population in each of the states visited during the field study.

II. METHODOLOGY FOR THE FIELD STUDY

In addition to national statistical data, Project Ancianos was designed to provide information on service needs and program models for the Hispanic elderly. During the first phase of the project, a preliminary survey was distributed among Hispanic organizations in the Council's network which run programs for the Hispanic elderly, to obtain information about the services they provide and characteristics of clients in their programs (see Appendix C). This information provided the basis for the second phase of the project, which included in-depth focus group sessions and local staff interviews with six of these agencies. Two additional agencies were also visited and reviewed, though formal focus group sessions were not conducted. Figure 3 lists the agencies visited and indicates their location and the primary subgroups they served.

FIGURE 3: AGENCIES INCLUDED IN THE FIELD STUDY

Name	Location	Primary Subgroups Served
Amigos del Valle	McAllen, Texas	Mexican Americans
Casa Central	Chicago, Illinois	Puerto Ricans and Mexican Americans
Chicanos Por La Causa	Phoenix, Arizona	Mexican Americans
El Centro Human Services Corporation	East Los Angeles, California	Mexican Americans
El Centro de Servicios Sociales	Lorain, Ohio	Puerto Ricans
Little Havana Activities and Nutrition Center	Miami, Florida	Cuban Americans
San Juan Center, Inc.	Hartford, Connecticut	Puerto Ricans
Spanish Speaking Unity Council	Oakland, California	Mexican Americans

This report focuses on these eight programs, which exist to serve the Hispanic elderly. It describes how the conditions and problems which were discussed in the Demographic Profile are being addressed at the community level, offering both case studies and a comparative analysis of the various programs and their clients, and a discussion of the policy implications of local findings.

Sessions were conducted at each site with program administrators and staff, as well as with elderly clients of their programs. The groups were selected to provide representation of various Hispanic subgroups, geographic locations, and sizes and types of programs. Thus, the sample included groups in the West and Southwest serving primarily Mexican American populations, in the Northeast serving primarily Puerto Ricans, in the Southeast serving Cuban Americans, and in the Midwest serving Puerto Ricans and Mexican Americans. One trend noted at many of the agencies was a shift in composition of the elderly population they serve to include many recent immigrants from Central and South America, though this group did not represent a majority at any of the agencies visited.

The groups varied in facility and budget size from multimillion-dollar budgets, multiple facilities, and decades of experience, to a new, small volunteer program using donated space. However, strikingly, the groups had many common features despite differences in program size and budget, geographic location, and populations served.

The visits were planned to include one half-day session with agency staff, one half-day session with elderly clients (see Appendix D), plus an additional half- to full-day session of advocacy training with the elderly clients. In meetings with program administrators and staff, Council personnel discussed a wide range of issues. These included:

- Program history, funding, goals, and service priorities;
- Service needs among the elderly in the community;
- Types of services offered to elderly clients;
- Agency relationships with state and local government entities and with other community-based agencies;
- Similarities and differences between the Hispanic elderly programs and non-Hispanic or mainstream elderly programs; and
- Community outreach and credibility.

Sessions conducted with the elderly clients included an overview of:

- Client background information;
- Service needs from the clients' perspective;
- Nature of client involvement with the agency; and
- Client involvement with other public and private service entities.

Information collected in all sessions was recorded on tape and in writing. Data regarding specific budget, staff size, and numbers of clients served were collected in surveys prior to the visits.

III. OVERVIEW OF HISPANIC ELDERLY PROGRAMS

A. Elderly Program History and Funding

Six of the eight elderly programs visited in this study emerged from existing community-based agencies which did not originally have elderly-specific programs. These groups launched their elderly programs as a response to the increasingly obvious need for services to this rapidly growing population, at the urging of staff, board members, and/or community representatives. The two exceptions were agencies which originated as elderly service centers. In three sites, subjective assessments of a growing need for elderly services led to formal verification of that need through needs assessment surveys. These surveys, completed at various stages in the evolution of the programs, provided important information about client populations and their needs which has been used when the agencies sought funding for their programs.

One agency included in the study was operating on an almost entirely volunteer basis. This program was extremely young (begun in the fall of 1987) and at the time of the Council's visit offered limited services. It was in the process of seeking long-term funding to supplement the few very small grants it had received. The other elderly programs visited had been in existence longer, most having started in the 1970s, and had fairly solid funding bases. The average 1987 budget for the agencies visited was $900,000. Amounts ranged from $300 for the agency operating on a primarily volunteer basis to $3.5 million for an agency operating 15 centers in 15 different communities.

Most funding for these elderly programs came from public sources, either federal, state or local government, with these sources accounting for approximately 82% of all funding. The largest remaining portion came from foundations. All agencies reported that their programs had been negatively affected by budget cuts at the federal, state, or local level. They indicated that the need for services has continued to grow at a rapid rate, and the agencies' ability to expand to meet these needs has been limited. Some have had to curtail existing services, such as transportation, home-based meals and homemaker services due to public sector cuts.

B. Program Goals and Service Priorities

The agencies visited were playing a critical role in their community as service providers for Hispanic elderly. The goal of the programs was to meet the needs -- physical, social, financial, etc. -- of the Hispanic elderly in their community. In most cases, without the programs, there would have been a serious void in services to this population. Different agencies were providing different levels and combinations of services, depending on resource availability and local priorities, but many needs continued to go unmet, despite these groups' best efforts.

Goals and program service priorities included efforts to provide housing, transportation, and/or nutrition services; to prevent premature institutionalization of elderly clients; to undertake economic development activities in order to secure resources for additional services and facilities; to bring elderly

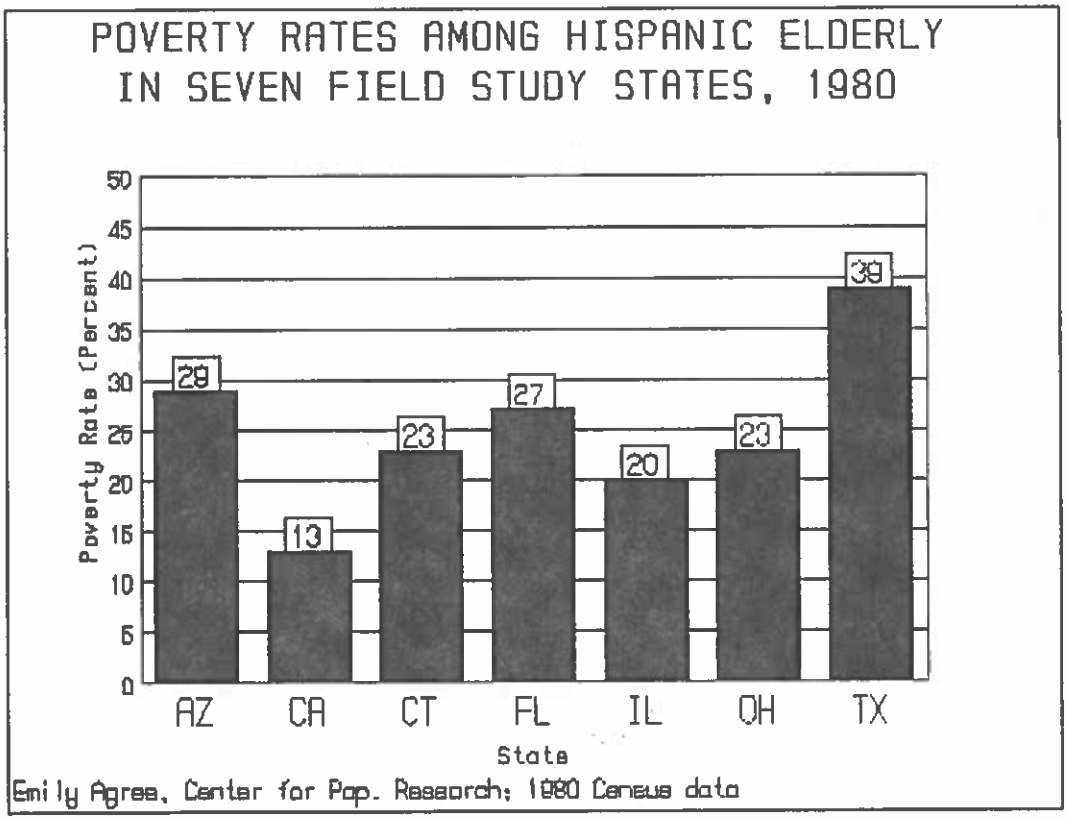
Hispanics together for social interaction, especially those who are isolated in their homes; to improve the physical, spiritual and emotional health of the clients; and to empower the Hispanic elderly through English-language instruction and advocacy training. These and other goals were articulated in various ways by program administrators and staff. The manner in which these goals were put into practice also varied widely.

C. Service Needs

1. Demand for Services

In all locations visited, the demand for services to the Hispanic elderly exceeded the agencies' capacity to respond, and was continuing to grow rapidly. As noted in the Council's Demographic Profile, the overall elderly population in the United States is increasing rapidly, and is among the most economically, physically and emotionally vulnerable groups in the country. Agencies visited were struggling to meet these needs with limited resources. Figure 4, below, shows the poverty rates for Hispanic elderly in the seven states in which the targeted programs are located; as of 1980, the poverty rate for Hispanic elderly were 20% or above in every state except California.

FIGURE 4



The programs observed in this study exist because voids in service to Hispanic elderly were noted, and the programs were created to fill these voids. In addition to the aging of the current Hispanic population, reasons cited for the high level of demand for services included the continuing migration of elderly from other parts of the country and from Puerto Rico, and the growing immigrant population, particularly from Central and South America, and the lack of funding and paucity of agencies able to serve this population. In most cases, existing mainstream service agencies (government and private) were not accessible to Hispanics or were not able to work with monolingual Spanish-speaking elderly, so the Hispanic community-based agencies stepped in with bilingual and culturally sensitive staff. In some cases, a specific service need was going unmet, such as housing, nutrition, transportation, or mental health care, and the agency worked to establish the service.

Once services became available, the pool of clients grew rapidly and continued to grow beyond the capacity of the agencies to fully serve them. One administrator this situation by saying that when the agency implemented appropriate programs for the Hispanic elderly, it "opened up the floodgates" to a large group of people in need of these services. According to this administrator, the level of demand in that community was easily twice as great as the number of clients currently served.

Demand for transportation, housing and nutrition services appeared to be especially great in all locations. Several agencies had plans to secure federal funding for Section 202 subsidized housing, some were seeking funding for vehicles and insurance to provide transportation, two were looking for larger facilities to accommodate existing programs, and six wanted to hire additional staff.

The most critical need for all the agencies was increased funding, without which they cannot grow, while the Hispanic elderly population continues to grow. Their growth plans were for the most part still "wishes." Like most nonprofit community-based groups, the agencies could not be assured that the funding they were seeking would materialize. Some sought to build upon a basically solid infrastructure, while others were still at the ground level and just beginning efforts to meet the demand for services among Hispanic elderly in their communities.

Other efforts to meet the increasing demand for services included education of the aging population to enable them to take greater advantage of existing resources and, for slightly younger generations, to prepare them for retirement in the hopes of preventing some of the problems faced by older generations.

2. Services Provided

Although the agencies varied in facilities, budget, and services provided, underlying similarities among all the programs reflected the general characteristics and needs of the Hispanic elderly population. For example, at all sites, a number of the elderly clients described the agencies as a "second home" to which they turned for assistance and companionship.

Without exception, the agencies served as intermediaries between the elderly individuals and government or other offices with whom the clients had to

interact, such as Social Security offices, and clinics or doctors' offices. Bilingual staff are usually not available at these offices, and according to staff people, the elderly clients were often intimidated by the complicated bureaucracy, including burdensome paperwork, with which they were forced to deal. Thus, the community-based agencies were relied upon to assist the elderly in their interaction with the mainstream system. The community-based agency as a link between a disadvantaged population group and mainstream agencies is not a phenomenon unique to the elderly, but it does appear to be particularly critical for this group, since many have little formal education and limited knowledge of English.

All the agencies visited offered meals, recreation, and social services, while additional services varied from agency to agency. Only two agencies were able to provide home-delivered meals to elderly in their communities. Seven out of eight offered some type of education program (e.g., English-language classes), and at least two brought in speakers from the community to address the elderly clients on a variety of issues. Four centers provided their own transportation assistance. One additional center owned vans, but was forced to discontinue its transportation service due to funding cutbacks and increased insurance costs.

Three agencies provided health, housing, employment, and emergency services. Still another was in the final stages of negotiating a contract to build a Section 202 elderly housing facility. While most agencies did not have in-house health care facilities, several did offer health support services by bringing in nurses or other health professionals to provide routine medical exams and health information. Escorting clients to doctors was also a service provided by many of the agencies. Translation services, formal or informal, were an important part of all the programs.

All agencies expressed an interest in intergenerational programs. However, only four agencies were implementing such programs, which generally included activities involving the elderly and school-age children. These often took the form of recreational or arts and crafts activities and child care programs. One agency operated English classes and tutoring with its elderly clients and younger participants. Another coordinated several youth activities with its elderly program, including a housing rehabilitation project, its summer youth employment and training program, and a program for teenaged mothers. One agency coordinated intergenerational activities with a local junior high school. For multi-service agencies, intergenerational activities appeared to be particularly effective in maximizing use of their facilities and achieving goals such as better sensitivity on the part of the young toward their elders, and vice versa.

3. Unmet Needs

The most unmet pressing needs voiced by the elderly themselves were housing, health care, and transportation. No matter how large or how comprehensive their menu of services, the agencies visited were not currently able to meet the demand. Where agencies had constructed publicly subsidized housing, the existing facilities filled immediately and had very long waiting lists. Where subsidized housing had not been constructed, administrators cited this lack of decent, affordable housing as the "number one" problem in their community.

Health care was a serious problem for most Hispanic elderly in the communities visited, for a variety of reasons. First, many Hispanic elderly at these agencies had serious health problems related to their work history; many had started working at very early ages (8 to 14), and they were often employed in positions involving hard physical labor (e.g., farmwork or manufacturing), which left them with a variety of illnesses or disabilities. Second, inaccessibility of health care facilities appeared to be a very serious barrier. Without adequate transportation services, many Hispanic elderly said that they had difficulty getting to clinics, hospitals or doctors' offices. When they did get there, they rarely found bilingual staff to assist them. They often relied on staff from the community-based agency to escort them to the health centers. Cost did not appear to be the most serious barrier for these elderly, since a majority at the centers visited were covered by Medicaid, Medicare, and/or other publicly subsidized health programs.

Transportation was mentioned at every center as a very serious problem; several people described it as the "biggest" problem in their community. Even the agencies which were able to offer their own transportation services to clients explained that they could not begin to meet the demand --they could not possibly transport all the elderly who wished to participate in their programs.

Where agencies did not have their own vans or buses to transport clients, the elderly were forced to rely on public transportation, transportation provided by other private sources (such as a local "Dial-A-Ride" service, where one exists), family members, or in a few cases, on their own cars. Most staff and elderly described their public transportation systems, when they were available at all, as very inadequate (or, as one put it, "lousy"). Clients complained that the local buses ran infrequently, were not convenient to their homes, or did not accommodate the needs of elderly who were especially frail. "Dial-A-Ride" systems, which require the elderly client to call in advance to reserve a ride, were the most frequently relied-upon sources of transportation in several locations. However, these systems were often criticized for having very inflexible schedules, or for having neither bilingual staff people to handle calls from Spanish-speaking elderly nor bilingual drivers to understand them once on the bus or van.

Mental health care was also mentioned as an inadequately met need by two agencies. One of these was a mental health care provider. It was the only agency in the community providing comprehensive mental health services to Hispanic elderly. Staff observed that, though many Hispanic elderly experienced some mental health problems, there was a tremendous reluctance among the elderly to acknowledge the need for care. Another agency cited particular mental health problems associated with the "traumatic" circumstances of immigration on the part of most of its elderly clients. Unfortunately, few professionals outside this agency could provide the mental health care needed by the clients.

Several agencies discussed the need for increased services to the home-bound elderly. Discussions with staff and elderly at these programs led to the distinct impression that Hispanic family living arrangements were shifting away from the traditional multigenerational model, though Hispanic elderly still appeared to reject institutionalization whenever possible. Thus, administrators noted that agencies were being called upon more frequently to provide services

to home-bound Hispanic elderly. These agencies described as one of their primary goals the prevention of premature institutionalization. Though national data indicate that Hispanic elderly are more likely than other elderly groups to live in multigenerational families, and are less likely to be institutionalized than White elderly, different trends were observed in the groups visited. The clients in these programs were less likely than Hispanic elderly overall to live with other family members. These differences can be explained at least in part by the fact that such elderly are most likely to look to a community-based group or other agency for the services they need, as distinguished from those who live with family members and have less critical needs for outside support systems.

Other unmet service needs described by various agencies included security for the elderly at home and as they went from place to place, assistance with immigration matters, increased translation services, assistance in obtaining entitlements and other public benefits, English-language training, additional meals, fund-raising assistance for program administrators, and additional capacity for the elderly centers.

D. Relationships with Other Agencies

In general, agency administrators reported good working relationships with other providers or government offices serving the elderly. Several mentioned the lack of Hispanic involvement in the local Area Agency on Aging (AAA) as a problem, though none appeared to be seriously hindered in its own ability to serve the Hispanic elderly because of this. Most administrators explained that they tried to expose their clients to other sources of assistance and information, and reiterated the importance of their role as liaisons between the Hispanic elderly and mainstream agencies. Referrals from other agencies to the Hispanic service providers were also common. However, one administrator noted that the Hispanic elderly the agency served were reluctant or unable to participate in mainstream programs or organizations because of fees charged for services.

For elderly clients, language was most frequently mentioned as a barrier to interaction with mainstream offices. In only a few instances was lack of cooperation or insensitivity on the part of staff at government agencies cited as a serious problem.

E. Community Outreach and Credibility

With demand exceeding most agencies' capacity to serve the elderly in their communities, outreach was not a major priority of the agencies visited. Several agencies did mention some difficulty at the initial stages of program operation in convincing elderly to come to their centers. This appeared to be due to a lack of target group familiarity with the types of programs offered, or to the absence of a tradition of participation in such programs. One group which constructed subsidized housing facilities described difficulty in convincing elderly people to leave their homes, no matter how dilapidated, to move to a larger "group" housing situation with which they were unfamiliar. After hiring outreach workers, visiting homes, and cooking meals for the elderly, the agency attracted the first pool of clients.

Once exposed to these programs, the clients at all agencies appeared convinced of their merits and passed the word along to their peers. Thus, word-of-mouth has been the primary "outreach" mechanism for the agencies. Some also cited good relations with other, mainstream agencies as a source of client referrals. Since the agencies visited were often the only ones providing services geared specifically to the Hispanic elderly, they had experienced little difficulty in attracting a large pool of clients.

The fact that the agencies were able to attract clients to their programs does not necessarily mean that they were serving those with the greatest need. In fact, all the agencies, and particularly those without agency-sponsored elderly housing facilities, mentioned difficulties in providing services to home-bound elderly. Often, these elderly were the most frail, the most in need of services, and the least able to obtain them. Only the few agencies that delivered meals and provided homemaker services were able to serve a limited number of home-bound elderly.

All the agencies visited were providing much-needed services and had become very well known and valued in their communities. In most cases, the programs had helped to change certain attitudes and expectations within the Hispanic community, making the elderly and their families aware of options for care outside the immediate family or neighborhood. In the case of one mental health center, the agency had clearly increased the use of mental health services by elderly Hispanics, who previously shied away from such services. Several agencies had gained reputations as the strongest local advocates on behalf of Hispanic elderly. All the agencies, even one which had been in existence for only a few months, had gained a strong following in their communities.

F. Case Study Information

Each of the agencies visited is an important provider of services to the Hispanic elderly. Because a review of the services and structure of these elderly programs can be helpful to other Hispanic organizations as well as to funders, providing possible models for replication and program ideas which may strengthen services in other communities, case studies of the eight field study agencies are provided in Appendix B of this report.

IV. IMPLICATIONS AND RECOMMENDATIONS

A. Conclusions

The most obvious characteristic which distinguished the programs visited from mainstream agencies serving the elderly was their clear focus on the Hispanic elderly. The programs came into existence to serve primarily Hispanic clients, and the agencies designed their programs with this constituency in mind. They employed bilingual staff and conducted activities and services in Spanish when necessary, provided traditional meals for the ethnic group they served, and held culturally relevant social activities, such as parties celebrating traditional holidays. Program administrators and clients alike cited these as critical elements of service to the Hispanic elderly, without which this group probably would not have been attracted to the programs.

Other factors contributing to the success of these programs included the hiring of highly motivated staff, special care in the manner in which clients were addressed, treating clients as "family," and obtaining client input to program development. Strong relationships with other local agencies, and special arrangements such as provisions at one subsidized housing facility to allow elderly to bring pets with them, were cited as keys to program success.

The Hispanic elderly programs visited were playing a critical role in meeting the service needs of a very vulnerable population. However, the National Council of La Raza found that existing programs are underfunded given the existing demand for services. The most critical need is more funding for Hispanic-focused community-based organizations. Without the entry of Hispanic community-based agencies into the field of aging, many Hispanic elderly would not receive badly needed services. If future needs are to be met, resources must be expanded and some policy changes must be made in the service delivery system for older Americans.

B. The Older Americans Act and Hispanics

The National Council of La Raza's first report on the Hispanic elderly documented that they are the fastest growing elderly subgroup, and that they suffer from high poverty rates and often lack any semblance of economic security. Hispanic elderly are less likely than other elderly to receive Social Security or other pension benefits, tend to under-use many types of health care services, and are underserved by programs funded through the Older Americans Act. The field studies confirmed that Hispanic elderly are heavily dependent on those programs run by Hispanic agencies, which are culturally sensitive and readily accessible, but lack the resources to fully meet community service needs.

When the Older Americans Act became law in 1965, it created for the first time a federal program specifically designed to meet the social service needs of the elderly. The Act, recently reauthorized through Fiscal Year 1991, remains the major vehicle for the organization and delivery of social services to the elderly. Its largest program is Title III, Grants for State and Community Programs on Aging, which authorizes grants to state and area agencies on aging

to develop supportive and nutrition services, to act as advocates on behalf of programs for the elderly, and to coordinate programs for the elderly.11 It authorizes a wide range of community supportive services, and nutrition services. In addition, it funds such programs as non-medical services; in-home services for the frail elderly; long-term care; ombudsman services; elder abuse prevention activities; health education and promotion services; outreach to persons who may be eligible for assistance under the SSI, Medicaid, and food stamps programs; and assistance to older persons with special needs.

The program requires that services be available to all older persons, but especially to those in greatest social or economic need, particularly low-income minority elderly. However, data from the Administration on Aging (AOA) reveal that participation by minority elderly persons in Older Americans Act Programs has declined significantly in this decade, from 22% of clients in 1980 to 17.5% in 1985. There has been a decrease in minority participation in congregate nutrition services as well as home-delivered nutrition services.12

The underrepresentation of minority elderly is not a new phenomenon. A 1982 report by the United States Commission on Civil Rights stated that ethnic minority elderly persons were not participating fully in programs funded by AOA for the following reasons; (1) funded programs did not maximize the use of community supports, and program staff had a limited knowledge of language and cultural differences, although the Act explicitly states that bilingual services should be provided for elderly persons who do not speak English; (2) many nutrition sites and programs were located outside minority communities, making them inaccessible or difficult to reach due to lack of transportation; and (3) many minority elderly perceived that they were not welcome in the programs.13

C. Recommended Program and Policy Changes

If AOA-funded and other community programs are to equitably serve Hispanics, certain changes must be made in delivery systems, services, and funded service entities. The following specific recommendations address these needs, as well as broader program issues affecting the Hispanic elderly.

National Hispanic organizations should establish a sustained, long-term commitment to issues affecting the Hispanic elderly. Few national Hispanic groups currently have a well-defined advocacy or program agenda to improve the status of the Hispanic elderly; this situation probably contributes to the underutilization of services by the Hispanic elderly and the underfunding of local agencies serving this population. Such organizations, however, can and should play a critical role in monitoring and advocating for the improved effectiveness of public policies and programs affecting the Hispanic elderly, and in identifying, developing and disseminating for replication program models that can be implemented by local Hispanic and mainstream groups. The involvement of national Hispanic organizations can facilitate linkages between the Hispanic community and mainstream elderly groups.

In order that the Hispanic elderly be adequately served in AOA-funded programs, it is critical that Hispanic community-based organizations be encouraged and funded to develop programs to meet for this population. Discussions with agency representatives confirmed documented observations about the lack of Hispanic elderly participation in mainstream or non-Hispanic

programs. The programs of the Hispanic agencies visited appear to attract that segment of the Hispanic elderly population which relies less on family or neighbors for support, and more on community-based agencies. These agencies, located primarily in Hispanic neighborhoods, play critical roles as service providers and even as surrogate families for many Hispanic elderly. Yet many receive no AOA funding.

The AOA should require that state and area agencies comply with strong targeting formulas in order to equitably serve low-income minority elderly. Recently, one of the agencies in the study participated in a major court case against its State Office on Aging charging that existing funding formulas led to discrimination against minority elderly; the case was won and this has led to changes in funding priorities.

Private foundations and corporations which fund mainstream elderly programs need to invest in the Hispanic elderly. Few of the agencies surveyed receive funding from private sources. As the Hispanic elderly population increases, private funders should begin to target this elderly subgroup. This will require an informational and educational process, as well as increased resource development skills on the part of agency personnel.

Those mainstream elderly agencies which serve a large Hispanic elderly population should have bilingual and bicultural staff. All agencies visited place considerable emphasis on employing such staff. Translation and interpretation services are important for elderly clients, and bilingual staff assist the clients in their contacts with various bureaucracies. Staff need an awareness of how culture influences the daily lives of the elderly; culturally appropriate practices such as the observation of holidays and the planning of ethnic meals were often a part of agency activities. Staff also need to be aware of the dynamics of culture in planning and providing services, such as group and individual therapy and health education activities.

Mainstream social service and government agencies should develop strong coordination with Hispanic elderly programs in order to reach this population successfully. The agency visits confirmed what had been revealed in earlier studies: the underrepresentation of Hispanics in many types of mainstream services, including health care and publicly-subsidized social services. Good coordination may result in improved services to the Hispanic elderly, and in more efficient use of existing resources.

There should be an expansion and better coordination of existing transportation services for the elderly and disabled. Clients and staff alike stressed the critical importance of convenient transportation to service facilities, and it is clear that lack of transportation often prevents Hispanics from participating in programs located outside their neighborhoods, including AOA-funded centers. Both the 1971 and 1981 White House Conferences on Aging stressed the importance of transportation to assure access to community-based services. Yet neither the legislative nor the executive branch has taken action to address this issue.

Housing is a growing priority which must be met. As Hispanic family living arrangements begin to shift away from the traditional multigenerational model, more subsidized housing for the elderly is critical. Many Hispanic elderly will

be looking to community-based groups for housing which will allow them to stay in their communities and maintain an independent living status, while receiving necessary support services. The long waiting lists for existing agency-sponsored Section 202 housing units indicate the high level of need for such housing.

Housing policy changes are also needed, as recommended by the latest National Council of La Raza housing report, The Hispanic Housing Crisis. For example, the federal government should redefine "family" to include close, live-in relatives including grandparents for all federal housing allowance, new construction and rehabilitation, and mortgage insurance programs. This would provide families the option of maintaining multi-generational living arrangements.

Both health and mental health services must be expanded and made affordable and accessible to the Hispanic elderly. Health care is a critical issue for the Hispanic community, particularly for the elderly. Many of them have serious health problems due to their work history and inability to afford basic health care when they were younger. Major obstacles to health care include lack of adequate transportation and language barriers.

Intergenerational programs should be expanded, and public policy should emphasize the development of community support mechanisms for the elderly and their families. Intergenerational programs allow families and various segments of the community to work together as a cohesive unit at one location, and promote sensitivity among clients of different ages. They also help nonprofit agencies maximize use of their facilities and resources.

As the overall elderly population in the United States increases, both families and the service delivery system -- public and private -- face growing challenges. Because Hispanics are the youngest major U.S. subpopulation, the Hispanic community has tended to focus on issues facing the young, such as education and employment. However, because Hispanics are also the fastest growing elderly population, human service agencies in Hispanic communities across the country are becoming aware of the increasing needs of this population. As these agencies can attest, services are already seriously inadequate, and the service gap will widen in the future, unless major policy, funding, and priority changes occur at the national, state, and local levels.

ENDNOTES

1. Bureau of the Census, "Projections of the Hispanic Population: 1983 to 2080," Washington, D.C., U.S. Department of Commerce, Current Population Reports, Series P-25, No. 995, 1986.

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3. Agree, Emily, "The AARP Minority Affairs Initiative: A Portrait of Older Minorities," Washington, D.C., Center for Population Research, Georgetown University, 1986.

4. Cubillos and Prieto, op. cit.

5. Bureau of the Census, Statistical Abstract of the United States, 1988, U.S. Department of Commerce, Washington, D.C., 1988.

6. Bureau of Labor Statistics, unpublished tabulations from the Current Population Survey, Department of Labor, Washington, D.C., 1987.

7. Cubillos and Prieto, op. cit.

8. Social Security Administration, unpublished tables, 1984.

9. Social Security Administration, "Income of the Population 65 and Over, 1984," U.S. Department of Health and Human Services, Washington, D.C.

10. Agree, op. cit.

11. The Older Americans Act of 1987, Public Law 100-175.

12. Cubillos and Prieto, op. cit.

13. U.S. Commission on Civil Rights, "Minority Elderly Services, Parts I & II," Washington, D.C., June 1982.

APPENDIX A: STATE DEMOGRAPHICS AND TABLES

Data were obtained for each of the seven states visited in the field study in order to provide a comparison with the national data and a statistical base against which to study the programs visited. Most of the state data comes from a Georgetown University study by Emily Agree, carried out for the American Association of Retired Persons and based on 1980 Census data; thus the information is somewhat outdated. However, it represents the most complete available state-level data on the size and socioeconomic status of the Hispanic elderly population.

As the state-level data indicate, there are some major similarities across states. For example, as with other elderly populations, the majority of Hispanic elderly are females. Women tend to have much lower median incomes than men, and Hispanic women usually have lower incomes than White or Black women. In 1979 (the reporting year for income data for the 1980 Census, which was conducted in April), the poverty threshold for an individual 65 or over was $3,479, while for a couple it was $4,390; in many states, median incomes for both Hispanic and Black elderly women would put them below the poverty level if they were living alone. Hispanic elderly in most states are somewhat less likely to be poor than Black elderly, but more than twice as likely to be poor as White elderly. Hispanics are less likely than Blacks and much less likely than Whites to live in homes for the aged, somewhat less likely than Blacks or Whites to be living alone, and if currently unmarried (usually this means widowed), a great deal more likely to be living with an adult child who is the head of household. Hispanics are also the most undereducated major U.S. subpopulation, and generally are less likely than Whites or Blacks to be high school graduates and much more likely to have less than five years of formal education.

There are some differences by state, some of them associated with subgroup characteristics, but the similarities tend to be greater than the differences. For example, Hispanic elderly in Florida -- who are predominantly Cuban -- are considerably less likely than Hispanic elderly in other states to have less than five years of schooling, but their poverty rates and incomes are similar to those of Hispanic elderly in other states. In many instances, while the specific income or education or poverty levels vary by state, the relative status of Hispanics compared to Blacks and Whites remains similar.

A R I Z O N A

As a Southwestern state, Arizona has a high proportion of Hispanics; in 1980, Hispanics accounted for 16.3% of the state population. Hispanic adults 65 years and over represented 4.3% of the total Hispanic population of Arizona, and Hispanic elderly were the largest minority elderly population, with a population of 19,281 persons, compared to 4,699 elderly Blacks.

Hispanic elderly were more likely than other elderly groups to live in multigenerational families, especially with their children. In 1980, 14.4% of Hispanic elderly who were not currently married lived in a household headed by an adult child, compared to 9.4% of Black elderly and 9.1% of White elderly.

Hispanic elderly in Arizona, as in other states, have low median educational levels. In 1980, almost half (47.1%) of the Hispanic elderly had less than five years of schooling, compared to 19.5% of Black elderly and 3.8% of White elderly. Only 8.9% were high school graduates, compared to 11.4% of Blacks and 28.0% of Whites.

A high proportion of minority elderly had incomes which would put them beneath the poverty level if they lived alone; this was especially true of minority women. The median per capita income for Hispanic elderly men was $4,770, and for Hispanic women $2,585. This compares to $3,905 for Black males and $2,684 for Black females, and $8,220 for White males and $3,987 for White females.

The poverty rate in 1980 for elderly Hispanics (29.6%) was nearly three times the rate for elderly Whites (10.0%), although it was considerably below the rate for Black elderly (40.4%).

These statistics are summarized in Figure 1, attached.

FIGURE 1
ARIZONA: DEMOGRAPHIC PROFILE OF ELDERLY 65+, 1980*

	White	Black	Hispanic**
Population Characteristics			
Total Population			
Number	2,260,288	74,159	444,102
Percent	83.2	2.7	16.3
Total Number 65+			
Male	125,782	2,077	8,621
Female	159,886	2,622	10,660
Percent of Population 65+	12.6	6.3	4.3
Percent of 65+ by Race	93.2	1.5	6.3
Living Arrangements			
Percent Living in Homes for the Aged	2.3	2.2	2.4
Percent Living Alone	23.7	34.1	22.6
Percent Unmarried Living with Child Householder	9.1	9.4	14.4
Education			
Percent High School Graduates	28.0	11.4	8.9
Percent with Less than 5 Years of Schooling	3.8	19.5	47.1
Income and Poverty			
Median Income			
Male	$8,220	$3,905	$4,770
Female	3,987	2,684	2,585
Percent Below Poverty	10.0	40.4	29.6

* Native and Asian American persons are not included in profile.
** Hispanic persons can be of any race.

Source: Emily M. Agree, Center for Population, Georgetown University, 1986; and 1980 Census, Detailed Population Characteristics.

C A L I F O R N I A

California has the largest Hispanic population of any state; in 1980, the Hispanic population totaled 4,541,300, or 19.2% of the total population. The California Hispanic population is even younger than the overall Hispanic population; in 1980, Hispanic adults 65 years and over represented just 3.7% of the total Hispanic population, yet according to the Georgetown University study, one-fourth of all Hispanic elderly in the U.S. lived in California. Hispanic elderly were the largest aged minority in the state, with a population of 169,787, compared to 114,392 Black elderly.

Hispanic elderly in California were more likely to live in the community and much less likely to be living in homes for the aged than were White elderly. In 1980, according to the Georgetown study, just 2.5% of Hispanic elderly in California lived in homes for the aged, compared to 3.6% of the Black elderly and 5.0% of the White elderly.

The Hispanic elderly were also more likely than other elderly groups to live in multigenerational families, especially with their children. In 1980, 20.3% of unmarried Hispanic elderly lived in a household headed by an adult child, compared to 9.4% of Black elderly and 8.1% of White elderly.

Although Hispanic elderly in California were somewhat better educated than those in Arizona, they had far less schooling, on the average, than Blacks or Whites. In 1980, 35.3% of the Hispanic elderly had less than five years of formal education, compared to 16.6% of Black elderly and 5.1% of White elderly.

A high proportion of California's elderly had low incomes, and women's income levels were particularly low, although they were higher in absolute terms than the median incomes in any other state studied. The median per capita income for elderly Hispanic man in California was $5,233, and for Hispanic women $3,884. While elderly Hispanic men had slightly higher incomes than Blacks ($5,052), Hispanic women had lower incomes than Black women ($4,079). White elderly had higher median incomes, $8,709 for White men and $4,553 for White women.

The poverty rate in 1980 for elderly Hispanics in California (13.1%) was much lower than in most other states; this was the only one of the seven states in which the poverty rate among Hispanic elderly was less than double the rate for White elderly (7.5%). As in other states, the Hispanic elderly poverty rate was somewhat below the Black rate (16.6%).

These statistics are summarized in Figure 2, attached.

FIGURE 2
CALIFORNIA: DEMOGRAPHIC PROFILE OF ELDERLY 65+, 1980*

	White	Black	Hispanic**
Population Characteristics			
Total Population			
Number	18,221,353	1,818,660	4,541,300
Percent	77.0	7.7	19.2
Total Number 65+	2,132,894	114,392	169,787
Male	855,576	46,403	72,031
Female	1,277,318	67,989	97,756
Percent of Population 65+	11.7	6.3	3.7
Percent of 65+ by Race	88.8	4.8	7.1
Living Arrangements			
Percent Living in Homes for the Aged	5.0	3.6	2.5
Percent Living Alone	28.3	30.6	20.6
Percent Unmarried Living with Child Householder	8.1	9.4	20.3
Education			
Percent High School Graduates	28.5	15.1	12.1
Percent with Less than 5 Years of Schooling	5.1	16.6	35.3
Income and Poverty			
Median Income			
Male	$8,709	$5,052	$5,233
Female	4,553	4,079	3,884
Percent Below Poverty	7.5	16.6	13.1

* Native and Asian American persons are not included in profile.
** Hispanic persons can be of any race.

Source: Emily M. Agree, Center for Population, Georgetown University, 1986; and 1980 Census, Detailed Population Characteristics.

C O N N E C T I C U T

In 1980, Hispanics constituted just 4.0% of the total population of Connecticut and less than 1% of its elderly population. The Black elderly population was about three times as large. Hispanics in Connecticut were an especially young population compared to the national Hispanic population; adults 65 years and over represented just 2.8% of the total Hispanic population in Connecticut.

As in other states, Hispanic elderly in Connecticut were more likely to live in the community and less likely to be institutionalized than White or Black elderly. They were also more likely than other elderly groups to live in multigenerational families, especially with their children. About 22.9% of the unmarried Hispanic elderly lived in a household headed by an adult child, compared to 10.7% of Black elderly and 9.1% of White elderly. Hispanics were somewhat less likely than Black or White elderly to live alone.

As in other states, the Hispanic elderly in Connecticut were the least educated major elderly subgroup. In 1980, 31.9% of the Hispanic elderly had less than five years of schooling, compared to 22.5% of Black elderly and 6.1% of White elderly. Only about one in ten Hispanic elderly was a high school graduate, a percentage similar to that in other states.

The Hispanic elderly in Connecticut had lower median per capita incomes than Black or White elderly, with Hispanic women having extremely low median incomes. In 1980 the median income for elderly Hispanic men was $4,642 and for women $2,806. This compares to $5,374 for elderly Black men and $3,162 for Black women, and $8,026 for elderly White men and $4,360 for White women.

In 1980, the poverty rate for Hispanic elderly (22.6%) was nearly three times the rate for White elderly (8.2%), and slightly below the rate for Black elderly (24.8%).

These statistics are summarized in Figure 3, attached.

FIGURE 3
CONNECTICUT: DEMOGRAPHIC PROFILE OF ELDERLY 65+, 1980*

	White	Black	Hispanic**
Population Characteristics			
Total Population			
Number	2,811,092	216,641	125,256
Percent	90.5	7.0	4.0
Total Number 65+	351,186	10,899	3,546
Male	138,033	4,401	1,435
Female	213,153	6,498	2,111
Percent of Population 65+	12.5	5.0	2.8
Percent of 65+ by Race	96.4	3.0	1.0
Living Arrangements			
Percent Living in Homes for the Aged	6.5	5.3	3.6
Percent Living Alone	25.7	31.4	21.8
Percent Unmarried Living with Child Householder	9.1	10.7	22.9
Education			
Percent High School Graduates	23.8	16.1	10.5
Percent with Less than 5 Years of Schooling	6.1	22.5	31.9
Income and Poverty			
Median Income			
Male	$8,026	$5,374	$4,642
Female	4,360	3,162	2,806
Percent Below Poverty	8.2	24.8	22.6

* Native and Asian American persons are not included in profile.
** Hispanic persons can be of any race.

Source: Emily M. Agree, Center for Population, Georgetown University, 1986; and 1980 Census, Detailed Population Characteristics.

F L O R I D A

Florida is a popular retirement state, and persons 65 and over made up nearly one-fifth (19.2%) of the State's population in 1980. Hispanic adults 65 years and over represented 5.6% of the total elderly population, but 10.9% of the total Hispanic population in 1980. This reflects the fact that the Hispanic population of Florida is largely Cuban American, and is considerably older, on the average, than the general U.S. Hispanic population. According to the Georgetown University study, in 1980 14% of all Hispanic elderly in the U.S. lived in Florida.

The Hispanic elderly in Florida in 1980 were extremely unlikely to be institutionalized in homes for the elderly (1.0%). They were also far less likely (15.9%) than Blacks (27.9%) or Whites (23.9%) to live alone, and much more likely to live in multigenerational families, especially with their children. In 1980, 25.0% of unmarried Hispanic elderly lived with an adult child householder, compared to 8.3% of Black elderly and 8.9% of White elderly.

Hispanic elderly in Florida were better educated than other Hispanic elderly. Unlike the situation in other states, Blacks were the least educated of the elderly subgroups in Florida; in 1980, 16.3% of Hispanic elderly had less than five years of schooling, compared to 38.0% of Black elderly and 4.3% of White elderly.

Median income levels for Hispanic and Black elderly in Florida were quite low as of 1980. Minority elderly women had the lowest median per capita incomes; the median for Hispanic elderly women was $2,530 and for Black women $2,625. Elderly Hispanic men had somewhat higher median incomes than Black men -- $4,289 compared to $3,708 for Black men. Elderly Whites, especially White men, had higher incomes; the median was $3,967 for women and $8,261 for men.

Poverty rates among minority elderly were also much higher than for White elderly. In 1980, 10.6% of Florida's White elderly lived in poverty, compared to 26.8% of Hispanic elderly and 42.5% of Black elderly.

These statistics are summarized in Figure 4, attached.

FIGURE 4
FLORIDA: DEMOGRAPHIC PROFILE OF ELDERLY 65+, 1980*

	White	Black	Hispanic**
Population Characteristics			
Total Population			
Number	8,184,855	1,343,134	858,105
Percent	84.0	13.8	8.8
Total Number 65+	1,569,870	99,370	93,815
Male	679,087	40,809	38,903
Female	890,783	58,561	54,912
Percent of Population 65+	19.2	7.4	10.9
Percent of 65+ by Race	93.2	5.9	5.6
Living Arrangements			
Percent Living in Homes for the Aged	1.9	2.2	1.0
Percent Living Alone	23.9	27.9	15.9
Percent Unmarried Living with Child Householder	8.9	8.3	25.0
Education			
Percent High School Graduates	28.3	7.5	19.1
Percent with Less than 5 Years of Schooling	4.3	38.0	16.3
Income and Poverty			
Median Income			
Male	$8,261	$3,708	$4,289
Female	3,967	2,625	2,530
Percent Below Poverty	10.6	42.5	26.8

* Native and Asian American persons are not included in profile.
** Hispanic persons can be of any race.

Source: Emily M. Agree, Center for Population, Georgetown University, 1986; and 1980 Census, Detailed Population Characteristics.

I L L I N O I S

As of 1980, Illinois had an Hispanic population of more than 600,000 but Hispanics represented only 5.6% of the total population; the Hispanic population was and is heavily concentrated in the Chicago metropolitan area.

The Illinois Hispanic population, which includes all the major subgroups but is predominantly Mexican American and Puerto Rican, is somewhat younger than the Hispanic population nationally. In 1980 Hispanic adults 65 and over represented just 2.4% of the total Hispanic population of Illinois. Hispanic elderly made up 1.2% of the total elderly population of the state, compared to 8.6% for Black elderly.

As in other states, elderly Hispanics in Illinois were less likely than Black or White elderly to live in homes for the aged and more likely to live in multigenerational families, especially with their children. In 1980, 27.1% of Hispanic elderly lived with an adult child householder, compared to 10.8% of Blacks and 7.8% of Whites. Hispanic elderly were somewhat less likely to live alone; 21.2% of Hispanics lived alone, compared to 28.3% of Black elderly and 29.1% of White elderly.

Hispanic elderly in Illinois had low educational levels, as was true nationally. In 1980, 33.1% of Hispanic elderly had less than five years of schooling, compared to 18.4% of Black elderly and 5.2% of White elderly.

Median income levels for Hispanic elderly followed the pattern of most other states studied. Elderly Hispanic women had the lowest median income level of any identified group; in 1980, the median per capita income for Hispanic elderly women was $2,788, compared to $3,088 for Black women and $4,360 for White women. Hispanic men had a slightly higher median income ($5,138) than Black men ($4,799), but both had much lower incomes than White men ($8,461).

In 1980, the poverty level among Hispanic elderly (20.5%) was double the White rate (10.1%) but considerably below the Black rate (28.9%).

These statistics are summarized in Figure 5, attached.

FIGURE 5
ILLINOIS: DEMOGRAPHIC PROFILE OF ELDERLY 65+, 1980*

	White	Black	Hispanic**
Population Characteristics			
Total Population			
Number	9,267,607	1,674,467	634,617
Percent	81.1	14.7	5.6
Total Number 65+	1,137,568	108,256	14,976
Male	444,192	44,024	6,489
Female	693,376	64,232	8,487
Percent of Population 65+	12.3	6.5	2.4
Percent of 65+ by Race	90.3	8.6	1.2
Living Arrangements			
Percent Living in Homes for the Aged	5.5	3.0	1.7
Percent Living Alone	29.1	28.3	21.2
Percent Unmarried Living with Child Householder	7.8	10.8	27.1
Education			
Percent High School Graduates	22.1	12.8	10.7
Percent with Less than 5 Years of Schooling	5.2	18.4	33.1
Income and Poverty			
Median Income			
Male	$8,461	$4,799	$5,138
Female	4,360	3,088	2,788
Percent Below Poverty	10.1	28.9	20.5

* Native and Asian American persons are not included in profile.
** Hispanic persons can be of any race.

Source: Emily M. Agree, Center for Population, Georgetown University, 1986; and 1980 Census, Detailed Population Characteristics.

O H I O

Of all the states in the field study, Ohio has the smallest Hispanic population. As of 1980, Hispanics represented just 1.1% of the total state population, and Hispanic elderly comprised just 0.5% of the state's total elderly population. Hispanic adults 65 years and over represented 4.4% of the total Hispanic population in 1980, which is similar to the national average for Hispanics.

As in other states, Hispanic elderly in Ohio were more likely to live in the community and less likely to be institutionalized than Black or White elderly. In 1980 just 2.2% of the Hispanic elderly lived in homes for the aged, compared to 4.2% of Black elderly and 5.4% of White elderly.

The Hispanic elderly were also more likely to live in multigenerational families; in 1980, 12.1% of unmarried Hispanic elderly lived with an adult child householder, compared to 8.7% of Black elderly and 7.5% of White elderly. However, the percentage of Hispanics living with their children was much lower in Ohio than in the other states included in the field survey.

Hispanic elderly in Ohio were the least educated of the elderly subgroups. In 1980, 24.1% of Hispanic elderly had less than five years of schooling, compared to 18.8% of Black elderly and 4.4% of White elderly. However, this was a lower percentage for Hispanics than in any other state visited except Florida.

In Ohio as in other states, elderly minority women had the lowest median incomes; in Ohio, Hispanic women had a slightly higher median income ($2,998) than Black women ($2,900), but both had incomes which would put them below the poverty level for a person living alone; White women had a median income of $3,946, slightly above the poverty level. In 1980, the median per capita income for elderly Hispanic men was $5,465, compared to $4,997 for Black men and $7,603 for White men.

In 1980, the poverty rate among elderly Hispanics was 22.9%, more than double the rate for Whites (11.3%) but below the rate for Blacks (29.1%).

These statistics are summarized in Figure 6, attached.

FIGURE 6
OHIO: DEMOGRAPHIC PROFILE OF ELDERLY 65+, 1980*

	White	Black	Hispanic**
Population Characteristics			
Total Population			
Number	9,607,133	1,076,742	120,002
Percent	89.0	10.0	1.1
Total Number 65+	1,080,314	83,912	5,228
Male	424,986	34,658	2,442
Female	655,328	49,254	2,786
Percent of Population 65+	11.2	7.8	4.4
Percent of 65+ by Race	92.4	7.2	0.5
Living Arrangements			
Percent Living in Homes for the Aged	5.4	4.2	2.2
Percent Living Alone	28.9	30.5	27.0
Percent Unmarried Living with Child Householder	7.5	8.7	12.1
Education			
Percent High School Graduates	25.4	12.8	13.6
Percent with Less than 5 Years of Schooling	4.4	18.8	24.1
Income and Poverty			
Median Income			
Male	$7,603	$4,997	$5,465
Female	3,946	2,900	2,998
Percent Below Poverty	11.3	29.1	22.9

* Native and Asian American persons are not included in profile.
** Hispanic persons can be of any race.

Source: Emily M. Agree, Center for Population, Georgetown University, 1986; and 1980 Census, Detailed Population Characteristics.

T E X A S

Texas has the second highest Hispanic population after California; in 1980, nearly three million Hispanics lived in Texas, where they made up more than one-fifth of the total population. Hispanic elderly comprised 10.7% of the State's elderly population, and represented 4.9% of the total Hispanic population. According to the Georgetown University study, 20% of all Hispanic elderly in the U.S. lived in Texas in 1980.

As in other states, the Hispanic elderly in Texas were less likely than other elderly groups to live alone or in homes for the aged, and somewhat more likely to live in multigenerational families. In 1980, 15.0% of unmarried Hispanic elderly lived with an adult child householder, compared to 6.8% of Black elderly and 7.6% of White elderly. However, the percentage living with their children was considerably lower than in most other states visited.

As in other states, Hispanics in Texas were the least educated elderly subgroup, and educational levels in Texas were especially low. In 1980, 64.8% of Hispanic elderly had less than five years of schooling, compared to 25.7% of Black elderly and 10.9% of White elderly. Just 4.9% were high school graduates, compared to 7.6% of Blacks and 16.1% of Whites. These statistics indicate that elderly Hispanics in Texas had less education than elderly Hispanics in the other six states studied.

In Texas, Hispanic elderly women had slightly higher median incomes ($2,817) than Blacks ($2,565); the median for White women ($3,441) was higher but still below the poverty level. Elderly Hispanic men had a median income very similar to that of Blacks: $3,873 compared to $3,727. Only White males had a median income significantly above the poverty line for a single person at $7,076.

In 1980, 17.9% of Texas' White elderly had incomes below the poverty level. In contrast, 39.2% of Hispanic elderly and 43.0% of Black elderly lived in poverty.

These statistics are summarized in Figure 7, attached.

FIGURE 7
TEXAS: DEMOGRAPHIC PROFILE OF ELDERLY 65+, 1980*

	White	Black	Hispanic**
Population Characteristics			
Total Population			
Number	11,303,054	1,704,741	2,982,583
Percent	79.4	12.0	21.0
Total Number 65+	1,175,346	141,008	145,333
Male	474,297	58,345	64,329
Female	701,049	82,663	81,004
Percent of Population 65+	10.4	8.3	4.9
Percent of 65+ by Race	86.1	10.3	10.7
Living Arrangements			
Percent Living in Homes for the Aged	6.0	3.9	3.3
Percent Living Alone	27.2	31.0	19.9
Percent Unmarried Living with Child Householder	7.6	6.8	15.0
Education			
Percent High School Graduates	16.1	7.6	4.9
Percent with Less than 5 Years of Schooling	10.9	25.7	64.8
Income and Poverty			
Median Income			
Male	$7,076	$3,727	$3,873
Female	3,441	2,565	2,817
Percent Below Poverty	17.9	43.0	39.2

* Native and Asian American persons are not included in profile.
** Hispanic persons can be of any race.

Source: Emily M. Agree, Center for Population, Georgetown University, 1986; and 1980 Census, Detailed Population Characteristics.

APPENDIX B: CASE STUDIES OF FIELD STUDY PROGRAMS

Brief case studies are provided below for the eight programs visited during the field study. The attached chart provides summary information about these elderly programs.

Amigos Del Valle, McAllen, Texas

Amigos del Valle was established in 1972 as a result of the Older Americans Act. In the Lower Rio Grande Valley of Texas ("the Valley"), the local Council of Governments received funding to start a program providing nutrition and other services for the elderly. Amigos del Valle was "spun off" and incorporated as a nonprofit entity in 1974.

Amigos was the first community-based organization in the Valley to receive elderly nutrition and transportation funding, and it now competes every year for Older Americans Act monies. With a working budget of $3.5 million a year, Amigos is the primary provider of transportation and nutrition services to the elderly in both urban and rural areas of the Valley. The chief goal of the agency is to bring isolated elderly to its centers to keep these people active; through its outreach program, Amigos serves a number of homebound elderly as well. Staff hope to maintain the independent living status of their clients, and prevent institutionalization.

Under its nutrition program, Amigos serves clients through a total of 33 centers. The agency manages and staffs 15 of these, while the remainder are managed by the Area Agency on Aging. Amigos del Valle's primary service area includes three counties, Hidalgo, Cameron, and Willacy, though some rural communities outside this jurisdiction are also served. Amigos serves 3,200 meals per day five days a week, and delivers meals to the homebound through its "meals on wheels" program. It maintains a fleet of 12 buses, 16 vans, and 10 two-axle vehicles which are used not only to transport clients to and from the centers, but also to take them on recreational outings, medical visits, and other errands.

In addition to extensive nutrition program and transportation services, the agency provides housing and outreach services. Amigos has developed five Section 202 housing projects, each of which includes a community center where meals are served and social services and recreational activities are provided. A sixth housing project is under development. Amigos also manages two energy assistance programs, the Energy Crisis Intervention Program, funded by the State of Texas, and the Federal Emergency Management Assistance Program, which provide financial assistance to low-income elderly to pay utility bills.

Unlike clients of other programs visited for Project Ancianos, elderly residents of the Valley appear to have little difficulty dealing with government agencies. A major reason is that, in an area that is 85% Mexican American, almost all government agencies have bilingual staff, thus eliminating the language barrier often encountered by Hispanic elderly in other regions. Amigos del Valle has a very good relationship with community and government agencies. Many clients participate in federally supported efforts such as the Retired Senior Volunteer Program (RSVP), Senior Companion, and Foster Grandparents program.

PROJECT ANCIANOS FIELD STUDY SITES

AGENCY NAME	LOCATION	FY 1987 BUDGET	STAFF SIZE	CLIENTS SERVED DAILY (AVG.)	YEAR AGENCY OPENED	YEAR ELDERLY PROJECT BEGAN
Amigos del Valle	McAllen, Texas	$3.5 million	100	3,500	1974	1974
Casa Central	Chicago, Illinois	$2.6 million*	161	450	1954	1981
Chicanos Por La Causa	Phoenix, Arizona	$174,000*	11	280	1969	1976
El Centro Human Services Corporation	Los Angeles, California	$209,000	10 + student interns)	24	1978**	1983
El Centro de Servicios Sociales	Lorain, Ohio	$300	10 volun-teers##	40	1974	1987
Little Havana Activities and Nutrition Center	Miami, Florida	$2.7 million	60	3,000	1972	1972
San Juan Center	Hartford, Connecticut	$36,225	5	25	1972	1976
Spanish Speaking Unity Council	Oakland, California	$702,000#	21 (+ 12 volun-teers)	180	1964	1979

* Does not include agency-sponsored Section 202 housing facilities
** Agency was a training center from 1968-1978; became a mental health center in 1978
# Includes two of three major elderly programs
All-volunteer program

The region served by Amigos del Valle is extremely poor, with nearly one-third of the permanent population receiving food stamps and perhaps one-tenth living in unincorporated "colonias" -- rural slums that frequently lack sewage treatment or potable water. Most of Amigos' clients are low-income Mexican American elderly. However, in the past decade, the region has received a steady flow of retired middle- or working-class migrants from the Midwest and Canada who spend winters in what is sometimes called the "poor man's Florida." The number of these "Winter Texans" has grown to approximately 200,000 per year, and this seasonal population has had a significant impact on Amigos' services.

Many of the "Winter Texans" go to Amigos del Valle centers for meals, but they rarely participate in social activities. In the winter months, the presence of non-Hispanic "Winter Texans" sometimes discourages the permanent residents from coming to the centers. Staff report that the poorer Hispanic elderly feel uncomfortable with the "Winter Texans," who are usually better dressed and speak only English. Another problem is that funding allocations for Amigos are based on the number of permanent elderly residents and do not include adjustments for this seasonal influx of additional clients.

Overall, the population served by Amigos del Valle is a healthy elderly group. The agency's programs stress prevention, working with the well elderly in trying to maintain their health and independence. However, the clientele at Amigos is aging, and administrators recognize the growing need to serve a population that is increasingly frail. For the future, Amigos administrators are considering such options as adult day care programs and nursing homes. Though Amigos provides extensive services to the elderly in the Lower Rio Grande Valley, staff also recognize the limitations in their capacity to serve a rapidly growing aging population. Among the agency's hopes and goals for the future are expanded space (additional buildings), an updated transportation fleet, expanded services to remote rural areas, another central kitchen facility, and more professional staff, especially health specialists.

Casa Central, Chicago, Illinois

Casa Central, located in the predominantly Puerto Rican neighborhood known as Humboldt Park in the City of Chicago, is a multi-service agency which was established in 1954. Casa Central's approach to social services is comprehensive, with varying levels of programs designed to meet the needs of all generations in the family. As the Director of Casa Central noted, the agency serves clients from age 3 to age 103. Among Casa Central's menu of programs are day care for pre-schoolers, adoption services, a domestic violence program, a juvenile delinquency program, a food co-operative for the local community, an after-school program, and an internship program for high school students.

During its first year of operations, Casa Central had a budget of about $26,000 and a staff of three. By 1986, it had approximately 230 employees, and 23 distinct programs serving 12,000 clients annually, and was operating the only Hispanic nursing home in the country. Casa Central now operates nine elderly programs serving an average of 450 clients daily. Excluding a Section 202 housing project, the elderly programs have a combined annual budget of nearly $3 million. The entire staff of the elderly programs is bilingual.

The elderly programs came about relatively recently -- in 1981. Initially, the agency had not intended to open a nursing home, but only to offer programs which would give elderly individuals a choice as they became more frail, to avoid premature institutionalization. Eventually, recognizing the need for appropriate nursing care, and the failure of available institutions to meet the needs of Hispanic elderly, Casa Central opened its own nursing home with a 140-bed capacity.

Consistent with their desire to offer elderly individuals a choice in level of services, Casa Central administrators developed four tiers of service, all within a three-block area. The first level offered to the elderly is the "independent living" setting -- an 80-unit, six-story Section 202 housing complex designed for elderly individuals who are able to care for themselves, but at the same time wish to take advantage of the other activities sponsored by Casa Central. Also included in this first level of care is the community center known as "Club Casa" where the elderly may take part in the nutrition program, a Spanish-language library, an "over-55" employment program, the Foster Grandparents program, and an outpatient clinic maintained by a local hospital. Casa Central places considerable emphasis on intergenerational programs at Club Casa.

The second level of care involves adult day care, including supportive services for homebound elderly, such as housekeeping and other chores. This program serves approximately 50 elderly. The third and fourth levels of service are offered at the nursing home. Intermediate care (44-bed capacity) is offered to seniors who have some degree of mobility, while skilled care (96-bed capacity) is provided for seniors who require more intensive medical attention.

In early 1988, Casa Central was renovating parts of the community center (e.g., installing an elevator), and seeking to upgrade its library. Casa Central provides a model for other agencies serving the Hispanic elderly. However, in the spring of 1988, like other elderly and health care centers in Illinois, Casa Central faced a major cash-flow problem when the Governor imposed a "slow-payment system" on Medicaid payments for a three-month period. The director of Casa Central was concerned about the impact of the system on its programs, especially the nursing home. He mentioned that the agency would probably need to refinance the mortgage on one of its buildings in order to ease the cash-flow crisis.

Chicanos Por La Causa, Phoenix, Arizona

Chicanos Por La Causa (CPLC) is a multi-service community-based agency incorporated in 1969. The agency began serving Hispanic elderly in 1976-77 after a Board of Directors survey revealed that the elderly, and particularly monolingual Spanish speakers, were not being served by local mainstream elderly agencies. Representatives of the City and other elderly service agencies argued that mainstream agencies established to serve the elderly should suffice for the Hispanic community. CPLC has struggled (usually successfully) to educate those charged with approving and funding elderly programs about the needs of elderly Hispanics in Phoenix. It has succeeded in this effort largely because of very thorough examination and documentation of community needs through professional surveys of the community.

CPLC initially opened a center to provide nutrition, recreation, and transportation services for the elderly five days per week. Further interaction with clients revealed what staff described as "deplorable" housing conditions for many Hispanic elderly. Subsequently, providing housing for the Hispanic elderly and handicapped became a priority. Since 1980, CPLC has opened four Section 202 housing complexes in Phoenix and surrounding communities, and received funding in early 1988 to open a fifth complex in Peoria, northwest of Phoenix.

The program visited for the Council's study had a Fiscal Year (FY) 1988 budget of $174,000, a staff of 11, and served approximately 280 clients per day. At CPLC's centers, clients are offered an array of social services, a hot lunch, recreation, and limited health services. Recently, CPLC has made efforts to expand health services, and to develop advocacy training for its clients. The latter program was initiated because program administrators found that Mexican American elderly had no "voice" in community decision-making processes. For example, the local Grey Panthers, while successfully advocating on behalf of other elderly, did not address needs of Hispanic elderly.

Among agencies visited for Project Ancianos, CPLC has one of the most extensive intergenerational programs. These programs include involvement of elderly clientele in day care programs, a teenage parent Adopt-A-Grandparent program in which the elderly provide infant care, programs in which the elderly visit local schools and students visit the center, and a youth employment program which trains youth in construction/housing rehabilitation while working on homes of the elderly.

The majority -- 70% -- of the elderly clients served by CPLC reside in one of the agency's housing projects, and the remaining 30% come from the surrounding communities. Most of those coming to the center from the community live by themselves, while a minority live with their spouses. Clients and staff noted that this situation is different from what they saw or experienced in past generations, when multigenerational households were more common. One staff person noted that one of her most important jobs has been in counseling the elderly to understand and accept this change -- that they are not being "abandoned" by their children. Many clients noted that their children do live nearby, and visit frequently. Some even expressed a feeling of "relief," albeit with a twinge of guilt, that they are no longer burdened by the responsibility of caring for their children or grandchildren.

Program administrators noted that one of CPLC's greatest successes has been in making the elderly aware of resources they may turn to for support and assistance outside their immediate family or neighborhood. Participants described a sense of involvement in planning the agency's programs, which helps them feel they are making an important contribution to their peers and to the community. A number of the elderly who participate in CPLC's program, particularly those who do not reside in the housing complexes, also participate in the local Senior Companion program. These elderly, who tend to be more "mobile," volunteer to visit homebound clients (primarily at the CPLC residences), and assist them in a variety of ways. Other than the Senior Companion program, CPLC clients appeared to have little involvement with other, more mainstream senior programs or organizations.

While CPLC provides many services to Hispanic elderly in and around Phoenix, administrators and clients alike noted that the demand far exceeds the agency's current capacity. For example, while some routine health care is provided through CPLC centers, the need for comprehensive, affordable health care remains largely unmet. Staff pointed out that while a majority of clients are eligible for the Access program (Arizona's alternative to Medicaid), many are not aware of services available to them under the program.

Transportation was also cited as a major unmet need. Though CPLC owns vans, funding to maintain transportation services (including insurance coverage) has virtually disappeared, and clients are forced to rely on the community's public transportation system or in a few cases their own private cars. Clients also expressed great concern over problems of security at the residences and their homes, and feel that more should be done to safeguard against possible intrusions or assaults. Clients agreed that the most successful elements of CPLC programs are the companionship they have found at the centers, recreation activities, the emergency services provided for residents of the housing complexes, subsidies provided for rent and utilities, and the meals.

El Centro Human Services Corporation, Los Angeles, California

El Centro Human Services Corporation is a mental health service agency located in the predominantly Hispanic community of East Los Angeles. The agency opened as a training center in 1968, then became a comprehensive mental health care center in 1978, serving people of various age groups. After several aborted attempts, the agency successfully instituted an elderly program in 1983. After what staff described as a "rough" start, a Hispanic social worker was hired, and she succeeded in demonstrating a great need for mental health services among the Hispanic elderly. Once this need was demonstrated, the agency was able to hire a director for the elderly program. The program had an FY 1988 budget of $209,000, with a staff of 10 plus occasional student interns, and an average daily client load of 24.

The primary aim of El Centro's elderly program is to prevent premature institutionalization of elderly clients (primarily Mexican Americans), and to help elderly clients who have suffered from some form of mental illness or related setbacks to become active members of their community once again.

El Centro achieves its goals through a variety of services, including socialization groups, which serve as a rehabilitation program for mentally ill elderly; psychotherapy; medication assessment; various community outings (to familiarize the elderly with additional resources available to them); and caregiver support groups for family members and others charged with caring for mentally ill elderly. Clients are also served lunch at the agency. Clients go to El Centro three days per week, and staff noted that these days also serve as a respite for family members and others who care for mentally ill elderly. In addition to these East Los Angeles services, El Centro also operates two sub-clinics and a homeless program in another Los Angeles community.

The administrators of the El Centro program maintain that the need for mental health services for Hispanic elderly in their community is easily twice as great as the number currently served. Prior to the initiation of El Centro's elderly programs, according to staff, the need for such services was not

recognized. However, when culturally-relevant and bilingual services were made available, the "floodgates were opened" to Hispanics seeking these services. Administrators noted, however, that among less "assimilated" or "acculturated" families, there appears to be a reluctance to bring in elderly family members suffering from mental illness. Nonetheless, staff, space and transportation services are strained by the high demand, and administrators hope to acquire a much larger facility and to bring on additional trained staff. They also cited the need to increase transportation services and to build Section 202 housing facilities.

El Centro de Servicios Sociales, Lorain, Ohio

El Dorado, the program for the elderly at El Centro de Servicios Sociales (ECSS) in Lorain, Ohio, is a very young program, and as of the spring of 1988, was staffed entirely by 10 part-time volunteers. The program serves an average of 40 clients four days a week. After several years of efforts to organize the predominantly Puerto Rican Hispanic elderly in Lorain, several individuals, together with ECSS, asked the National Council of La Raza to provide some technical assistance to the group. After receiving this assistance, the group succeeded in launching the El Dorado seniors program with a very small donation of $300 in 1987.

The program operates out of an annex to a local, predominantly Hispanic, Catholic church, and is open to elderly of all religions and to non-elderly disabled individuals. The program coordinators are now seeking funding from local foundations and also conduct fund-raising activities such as special dinners, sales of arts and craft products made by the seniors, and a daily collection ($1) from participants for meals. ECSS volunteer staff noted that these latter activities add only "pennies" to overall program funds.

El Dorado is the only center in Lorain which specifically targets the Hispanic elderly. One other elderly center provides nutrition, but no other services. Another City-run agency does not attract the Hispanic elderly because it does not offer linguistically- and culturally-sensitive programs. This void in services to Hispanic elderly in Lorain was the catalyst behind the El Dorado program. The participants are drawn from the Section 8 housing complex operated by the church, as well as from the surrounding community.

Many of these individuals came to Lorain from Puerto Rico to work in the local U.S. Steel and auto manufacturing plants some 30 to 40 years ago, though the influx of migrants from Puerto Rico continues. While those men who worked at the plants have some retirement and health benefits, many complain that as they get older, their benefits are cut back. Nearly three-fourths receive Medicare, only a handful receive Medicaid, and others rely on private insurance to cover health care expenses. Housing appears to be a major problem for the recent arrivals, but some of those who have lived in Lorain for many years own their homes, or live in the Section 8 housing complex. Transportation was cited as a major problem.

El Dorado's services have been very well received. Clients and program coordinators alike noted that the opportunity to come together socially, to share a meal, and to engage in arts and crafts activities has led to an improvement in their physical, spiritual, and mental health. However, they also

noted that a much higher level of services is needed. El Dorado has ambitious plans eventually to construct its own building, hire staff, initiate more daily activities, establish an intergenerational program involving senior services and day care for young children, buy a vehicle and hire a driver to provide transportation assistance, and establish some sort of health center with bilingual services. Funding is being sought for program expansion.

Little Havana Activities and Nutrition Center, Miami, Florida

The Little Havana Activities and Nutrition Center operates programs in 11 sites in South Florida. Three of these are located in the predominantly Cuban area of Miami known as Little Havana. The Council visited only the Little Havana Activities and Nutrition Center (LHANC) in Miami, which has been serving this community since 1972. The Center emerged from a grassroots effort related to the Cuban Refugee Program. In the early 1970s, individuals from 12-15 grassroots community groups who were meeting socially on a regular basis became concerned about the growing needs of an aging Cuban immigrant population. The group of volunteers evolved into a more cohesive organization which sought funding from United Way to establish a center to provide social, nutrition, health and other services. An initial grant of $50,000 attracted some federal monies.

The Center still receives federal funding through the Older Americans Act, some money from the state, and funding from the Area Agency on Aging (AAA), as well as United Way funds. The agency had a budget of $2.7 million in FY 1987, employed 60 staff, and served an average of 3,000 clients daily. The Center provides transportation, recreation (various classes, games, entertainment, birthday parties, etc.), nutrition (both congregate and home-delivered meals), and a variety of social services five days a week.

The predominantly Cuban population at the Center is characterized by its refugee status; most came to Florida from Cuba when in their late 50s. Their immigration history has important implications for their service needs. For example, administrators cited the need for mental health services for many clients who suffer from effects of being permanently displaced from their homeland. Also cited was the importance of providing services which meet not just physical and economic also "spiritual" needs; shared meals and cultural activities are central to LHANC's programs. Staff members mentioned linguistic and cultural sensitivity in program implementation, in addition to good cooperation and coordination between the Center and other local community and government agencies, as keys to their success.

As with most agencies serving Hispanic elderly, community needs far exceed the current capacity of the agency to meet them. Client satisfaction is evident, however; many clients described the Center as their "home away from home." LHANC would like to establish or expand homemaker services, transportation (which currently has waiting lists), and housing.

San Juan Center, Inc., Hartford, Connecticut

San Juan Center began in 1959 as a general social services program operated out of the basement of a local church and staffed mainly by volunteer nuns and priests. In 1972, the center was incorporated and began receiving funding to

operate its programs, which served the local Puerto Rican community. By the mid-1970s, at the urging of a nun, the center branched out into elderly services, and in 1976 obtained Community Development Block Grant (CDBG) funding to implement a structured program. The City of Hartford donated a dilapidated portable classroom (a large trailer-type unit) to serve as the facility for the elderly programs. The City is now the main funding source for San Juan Center's elderly program, which had a budget of $36,225 in FY 1987.

San Juan Center renovated the portable classroom and situated it on a very valuable plot of land which it owns in Hartford. The land is valuable because the City and private developers view it as the next logical area for expansion of the growing downtown area. At the time of the site visit, San Juan Center administrators were negotiating the sale of a portion of this land in hopes of generating a large amount of capital. This property has put the relatively small community-based group in a unique bargaining position with eager developers, and it hopes to use this leverage to achieve at least some measure of long-term self-sufficiency.

The Puerto Rican elderly served by San Juan Center participate in a variety of educational, recreational and social service programs five days a week. A hot lunch is provided daily by a "meals-on-wheels" program; Center staff indicated that they often "spice up" the meals, to make them more appealing to the clients and more in accord with the Puerto Rican food to which they are accustomed.

Five staff work with the elderly program; two are paid by the agency, and three by the City. English classes are offered once a week by a volunteer instructor, and an instructor from a local artists-in-residence program teaches photography classes. Staff provide some advocacy training, to educate clients about the political process and encourage them to vote. Most clients seemed very enthusiastic about participating in the political process. Occasionally, health professionals are brought to the Center to provide blood pressure screening or general health information. When necessary, staff escort clients to their doctors' offices.

The Center also conducts some intergenerational activities, such as arts and crafts, which are coordinated with a local school. Each year, the Center sponsors a large and very popular community festival, which also serves as a fund-raising event. At the time of the site visit, the agency had recently acquired funding to begin publication of a newsletter. San Juan Center was also in the final stages of pre-construction development of a 36-unit Section 202 housing facility for the elderly, which will emphasize Spanish-language services.

In the future, San Juan Center hopes to improve services to the Puerto Rican elderly by obtaining funding for a van and a driver in order to provide convenient and safe transportation. Staff also hope to provide in-house health care services, more subsidized housing, their own meal service, and more translation and advocacy services. In early 1988, the agency was completing a needs assessment survey of its elderly client community, in order to determine what services are adequate and what services need to be augmented or improved.

One administrator noted that systems currently in place to serve the elderly are "designed for the system's sake, not for the client." Agency staff recommended greater funder flexibility in regulations governing program design, with sensitivity to the particular needs of the Hispanic community they serve.

Spanish Speaking Unity Council, Oakland, California

The Spanish Speaking Unity Council (SSUC) is a multi-service community-based agency and a federation of Hispanic organizations in the Oakland, California area. The Unity Council has been extremely successful in raising funds and implementing major community development projects. Established in 1964, the Unity Council began serving the elderly in 1981 and has developed its elderly programs along a "continuum of care" model. SSUC's elderly facilities are not concentrated in a single area of the city, but instead are located in sites throughout Oakland, and the agency serves both Hispanic and non-Hispanic elderly. SSUC is becoming the primary provider of services to the Hispanic and other elderly in the city of Oakland.

The agency now operates a large Section 202 housing facility, and a separate senior center, where meals, health care, recreational services, social services and transportation are offered. These facilities had a combined FY 1988 budget of $702,000, with a staff of 21, plus about 12 volunteers, and served an average of 180 elderly clients daily. The agency recently purchased a facility which will provide residential care to seniors who are not able to live independently, but who are not in need of intensive medical services either. The new facility will have primarily dormitory-style rooms, with a wide range of services available, such as nurse's aides, an activities coordinator and advocate for the seniors, and a dining facility providing three meals a day. Two-thirds of the slots at this facility are reserved for low-income seniors, while about one-third will be available to those who are able to pay the entire fee themselves.

When SSUC purchased this $4 million facility, it also purchased adjacent buildings to extend the "continuum of care." These include a lodge with a 10-bed capacity for individuals in need of nursing supervision and adult day care, several cottages which the agency hopes to use for hospice care or shared housing for seniors, and another 17-bed facility which SSUC plans to use as an intermediate-care facility staffed by Licensed Vocational Nurses and other health care providers. The goal of such intermediate care is to prevent the institutionalization of those who are in need of extensive care but do not need to be placed in a nursing home. The maximum length of stay in this intermediate care facility would be one year.

APPENDIX C

SURVEY INSTRUMENT

PRELIMINARY SURVEY

OF NATIONAL COUNCIL OF LA RAZA AFFILIATES

WHICH OPERATE PROJECTS FOR THE HISPANIC ELDERLY

PROJECT ANCIANOS

SURVEY OF PROJECTS FOR THE HISPANIC ELDERLY

The purpose of this questionnaire is to begin to assess the needs of Hispanic elderly in communities across the country and to examine the services available to and utilized by this population group. The responses, along with Census and other statistical data, will provide the basis for a substantive analysis of the economic and health status of Hispanic elderly in the U.S., and the ability of existing institutions to meet their needs. The Council is asking Hispanic organizations in its network who run programs for the Hispanic elderly to complete this brief summary of existing services and clients. Based on this initial information, several affiliates of the National Council of La Raza who provide services to the elderly will be selected for more in-depth project involvement, including case studies of their programs. In addition to the presentation of study findings, the data will be used in training sessions to prepare groups of elderly to take a leadership role in making their needs known to policy makers and program administrators.

If you would prefer to be interviewed over the phone, please contact Maggie Prieto at (202) 628-9600 by April 2nd to arrange such an interview. If we do not hear from you by April 6th, we will call you.

A. Services Your Agency Provides

1. Check the services provided by your agency for Hispanic elderly:

____Meals	____Transportation
____Employment Services	____Housing
____Health Care	____Social Services
____Recreational Services	____Emergency Assistance
____Education	____Other (specify) _____

2. Please indicate the approximate overall budget for your elderly program(s).

   FY 1985 $_____ FY 1986 $_____ FY 1987 $_____

3. a. How many elderly clients do you serve overall? _____
   b. How many elderly clients do you serve in a typical day? _____

4. About what portion of funds for your elderly programs do you receive from:

   (Indicate amounts as accurately as possible. If you cannot provide dollar figures, please indicate percentages of your funds received from each source.)

Federal government	_____	Foundations	_____
State government	_____	Special Events	_____
Local government	_____	Other (specify)	_____
Corporations	_____		

5. Have recent federal or other budget cuts affected your agency's programs for the elderly? ____ Yes ____ No If yes, explain. _____

_____

_____

B. Characteristics of Your Clients

Please provide exact numbers wherever possible. If you prefer using percentages, do so but indicate here which measure you will be using (check one).

Figures stated in absolute numbers_____
Figures state in percentages_____

1. What national origins are represented in the elderly Hispanic clientele served by your agency? Indicate numbers for each.

_____ Mexican American
_____ Puerto Rican
_____ Cuban American
_____ Central American
_____ South American
_____ Other Hispanic
_____ Non-Hispanic

2. About how many of your clients are:

_____ Recent immigrants/recent migrants to mainland from Puerto Rico (Arrived in 1982 or later)
_____ Long-term residents (Have lived in U.S. mainland more than five years continuously)
_____ Native-born U.S. citizens
_____ Native-born U.S. citizens - Puerto Rico

3. About how many of your clients have each of the following living situations?

_____ Living alone
_____ Living with spouse only
_____ Living with children
_____ Living with children and spouse
_____ Living in group home or retirement community
_____ Living in nursing home or health/mental health institution
_____ Other (specify) _____

4. How many of your clients:

_____ Have little or no formal education (completed 0 - 5 yrs.)
_____ Have fewer than four years of high school (completed 6 - 11 yrs.)
_____ Have a high school degree
_____ Have education beyond high school

5. How many of your clients are:

_____ Literate in English only
_____ Literate in Spanish only
_____ Literate in both
_____ Literate in neither

6. How many of your clients:

_____ Speak only English
_____ Speak only Spanish
_____ Are fluent in both English and Spanish
_____ Are fluent in English and speak some Spanish
_____ Are fluent in Spanish and speak some English
_____ Speak some English and some Spanish

7. Does language present a significant barrier for obtaining services or jobs for many of your clients?

_____ Yes _____ No _____ Not sure

8. Describe the approximate income level of clients.

_____ Are low-income
_____ Have limited income, but above poverty level
_____ Are mid- or upper-income

9. Describe the occupational status of clients.

_____ Retired
_____ Working part-time
_____ Working full-time
_____ Unemployed, temporarily
_____ Unemployed, long-term
_____ Disabled

10. If working, what types of jobs do clients hold?

_____ Managerial, professional
_____ Self-employed -- business owner
_____ Skilled worker or technician
_____ Other white -- collar
_____ Operative or other semi-skilled job
_____ Laborer or other unskilled job
_____ Other blue collar
_____ Other (specify) _____

11. How many of your clients receive:

_____ Social Security
_____ Supplemental Security Income (SSI)
_____ Old age, survivors, and disability insurance (OASDI)
_____ Some other pension

12. Approximately how many of your clients utilize the following government non-cash benefits?

_____ Medicaid
_____ Medicare
_____ Public housing/housing assistance
_____ Food Stamps
_____ Other (specify) _____

13. How many of your clients receive services from your agency:

_____ Daily
_____ Several times per week
_____ Once per week
_____ Less than once per week

C. Service Needs

1. To what degree is housing a problem for the agency's clients?

___Extremely serious problem ___Serious problem ___Somewhat serious problem ___Minor problem ___Not a problem

2. About how many of clients have access to affordable health care? ____

3. What are the major barriers to adequate care?
(Rank in order of severity of barrier; 1 = most severe, 4 = least severe)

_____Language
_____Money
_____Physical distance to facilities
_____Other (specify) _____

4. What types of health/medical problems do clients experience? Check all that apply and circle the three most prevalent.

_____heart disease
_____visual impairment
_____arthritis
_____dental problems
_____hardening arteries
_____kidney disease
_____high blood pressure
_____hearing impairment
_____diabetes
_____headaches
_____other (specify) _____

5. a. How many of your clients need transportation assistance on a regular basis? _____

b. Is this need met? ____Yes ____Partly ____No
If yes or partly, how is need met?

6. What services do clients receive from other sources?

_____Meals
_____Employment Services
_____Health Care
_____Recreational Services
_____Education
_____Transportation
_____Housing
_____Social Services
_____Emergency Assistance
_____Other (specify) _____

7. To what other support structures do your clients turn for such help?

   a. Formal agencies:
      _____Government agencies
      _____Local churches
      _____Hospital or clinic
      _____Private, community-based organizations (e.g., United Way)

   b. Informal systems:
      _____Friends
      _____Relatives

   Please name the most important service providers for Hispanic elderly in your community.

   _____ _____

   _____ _____

8. What are the major unmet needs of the Hispanic elderly in your community? List top three in order of priority.

   1._____

   2._____

   3._____

D. Advocacy on Behalf of Hispanic Elderly

1. Does the agency or elderly group carry out any advocacy with the City Council, County offices, state or federal agencies? ____Yes ___No

   If yes, describe.

2. Does the agency provide any kind of advocacy or leadership training for the elderly clients? ___Yes ___No If so, what policy issues are addressed?

3. Would your agency be interested in serving as a focus site for further research and advocacy or leadership training?

   _____Yes _____Not sure _____No

4. Add other comments.

Thank you. PLEASE RETURN COMPLETED QUESTIONNAIRE NO LATER THAN APRIL 9, 1987 to:

Project Anclanos
National Council of La Raza
20 F Street, NW
Second Floor
Washington, D.C. 20001

Attn: Margarita Prieto

APPENDIX D

TOPICS FOR DISCUSSION

AT

FOCUS GROUP SESSIONS AT FIELD STUDY SITES

PROJECT ANCIANOS

FOCUS GROUP SESSION
PROGRAM ADMINISTRATORS AND STAFF

I. Program goals and focus

II. Service needs among elderly in the community

- A. Types of service needed by elderly in the community
- B. Current level of demand for service
- C. Available services vs. level of demand
  1. Programs administered by the agency
  2. History behind programs
  3. Funding for these programs
- D. Anticipated level of demand for services in the future
- E. Plans to meet changes in levels of demand

III. Service to elderly clients

- A. Frequency/Schedule of service
- B. Outreach and retention efforts
  1. "Regular" clients
  2. Hard-to-reach elderly
- C. Nature of agency programs (e.g., social activities vs. other services)
- D. "Wish list" of program changes; making programs more responsive

IV. State and local government agencies

- A. Community agency relationship/involvement with government agencies
- B. Client involvement with government agencies

V. Other local nonprofit elderly service agencies

- A. Community agency relationship with other nonprofits
- B. Client involvement with other nonprofits
- C. Networks of elderly service agencies

VI. Characteristics of elderly clientele

- A. Changes over the past five-to-ten+ years
- B. Projected changes over next ten-to-fifteen years

VII. Other

- A. Most significant factor influencing changes in agency's programs
- B. Impact of agency on local community
- C. "Uniqueness" of this agency vs. non-Hispanic or mainstream elderly service agencies; what procedures or activities does this agency undertake that are particular to your clients' service needs?
- D. Elements of program which contribute to its success/are most helpful

PROJECT ANCIANOS

FOCUS GROUP SESSION
ELDERLY CLIENTS

I. Client background information*

A. Language proficiency
B. Literacy levels in Spanish and/or English
C. Educational attainment levels
D. National Origin
E. Immigrant status
F. Living situations
G. Income level
H. Occupational Status
I. Benefits

II. Service Needs

A. Frequency of service utilization at agency

B. Housing
   1. level of need
   2. availability

C. Health Care
   1. types of health problems
   2. access to health care

D. Transportation
   1. level of need
   2. availability

E. Services sought from other sources
   1. types of services sought
   2. sources of support
      a. government agencies, other formal institutions
      b. informal sources (family, friends)

III. Client relationship with agency

A. Reasons for participating in this agency's programs/client expectations of the agency and its programs
B. With which aspects of the programs is client most satisfied?/disatisfied?
C. If possible, what changes would client most like to make?

* Note: this client background information will be collected only informally, not systematically.