HISPANICS IN PHILANTHROPY

The Power of Giving and Connecting

THE LATINO AGE WAVE

What Changing Ethnic Demographics Mean for the Future of Aging in the United States

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ABOUT HISPANICS IN PHILANTHROPY

Hispanics in Philanthropy began in 1983 as a network of foundations committed to increasing philanthropic resources for social change in Latino communities. Since then, the organization has built a 550-plus transnational network of funders, academics, community leaders, businesspeople, and government officials, establishing a transnational infrastructure for strengthening the Latino civil sector across the United States and Latin America. Through innovative collaborative grantmaking initiatives such as the Funders' Collaborative for Strong Latino Communities, HIP and its partners have raised more than $40 million to build the capacity of more than 500 Latino community-based organizations. For more information visit www.hiponline.org.

ABOUT THE HIP AGING PROGRAM

The HIP Aging Program works to increase philanthropic and other resources directed to addressing the unique needs and policy issues faced by the growing number of older Latinos. HIP works in partnership with a wide network of philanthropic and nonprofit organizations to raise awareness of and find solutions to both the challenges and opportunities offered by this expanding demographic. The Latino Age Wave report is one of the first products of this effort, seeking to provide a broad assessment of Latino aging issues as a starting point for informed dialogue across the philanthropic, public, and private sectors.

THE LATINO AGE WAVE

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EXECUTIVE SUMMARY

According to the U.S. Census Bureau, the Latino population is projected to more than double from 48.4 million in 2009 to 106.2 million people by the year 2050. Similarly, between 2008 and 2030 the Latino population aged 65 years and older will increase by 224 percent compared to a 65 percent increase for the white population aged 65 and older (Greenberg/AOA, 2009). These growth trends are likely to have significant implications for programs and policies designed to support seniors. Yet, there has been little research about the societal implications of an aging Latino population for the U.S.

The purpose of the report is to bridge this gap in understanding by highlighting the relevant trends and data related to aging among U.S. Latinos, the assets and needs of community-based organizations serving or having the potential to serve Latino older adults, and some strategies for addressing gaps in policies and services that can support successful aging for Latino older adults.

The report seeks to inspire and empower a variety of stakeholders, including philanthropists, policy-makers, community leaders, and service providers, to take aggressive steps to help the nation meet the needs of a growing and diverse population of older adults.

Approach and Overview

The needs of Latino older adults must be understood not only from the perspective of whether general aging assets exist in communities where they live, but also whether they are able to access available resources. A significant body of research has found that Latino older adults are less likely to access services from mainstream service providers because many agencies are not culturally sensitive and do not have Spanish-speaking employees or materials (Robert Wood Johnson Foundation, 2007). Latino older adults also report having limited access to transportation options and are less likely to know about support services, like government-subsidized transportation programs, when they do exist (Sierra Health Foundation & California State University, Sacramento, 2008). Additionally, the primacy of family values in the Latino culture means that they tend to age at home with the support of family members rather than utilize nursing homes, mental health, or long-term care facilities (Purdy & Arguello, 1992).

This report seeks to fill a gap in the literature by examining the demographics and needs of Latino older adults as well as the community-based assets available to them. Utilizing primary and secondary data sources, this report includes: **1)** a literature review examining the demographics and socioeconomic status of Latinos; **2)** a national assessment of assets, both for the general aging population and the Latino older adult population specifically; **3)** a language accessibility audit of 24 Area Agencies on Aging; **4)** an assessment of Latino-serving community-based and national organizations; **5)** a framework for identifying best and promising practices in serving Latino older adults; **6)** interviews with opinion leaders in the field; and, **7)** sectoral recommendations for preparing the nation to meet the needs of a growing and diverse older adult population.

To provide an additional layer of depth, four successful community-based Latino older adult programs have been identified and studied. These Nonprofit Profiles are included throughout the paper, featuring programs spread across the country, from rural North Carolina to the city of Chicago, ranging from senior service centers to programs that engage grandparent volunteers.

Demographics and Socioeconomic Status of Latino Older Adults

The Latino older adult population is a unique and rapidly growing group. Large disparities exist between Latino and non-Latino older adults on a number of social indicators. Compared with non-Latinos of the same age group, Latino older adults:

- Are concentrated in a few large, highly-populated states: California, Texas, Florida, and New York.

- Are more likely to be foreign born and have lower rates of English speaking.

- Are less educated.

- Have lower incomes, fewer assets, and higher poverty rates.

- Receive a larger proportion of their income from Social Security but also have less access to Social Security benefits.

- Have lower rates of health insurance coverage.

The disparities experienced by Latino older adults are also evident for the general Latino population, which also experiences significant disadvantages in the areas of income security and employment, health, and education.

The well-being of future Latino older adults is heavily dependent upon the services available to them, investments in the Latino community, and the outcome of contemporary public

policy debates. Given their growing percentage of the U.S. population, the health and socioeconomic well-being of Latinos should be a concern for the entire nation.

U.S. Aging Assets

The U.S. aging infrastructure is comprised of a host of senior centers, nursing homes, long-term care facilities, healthcare facilities, social service agencies, legal aid clinics, community and home-based service organizations, associations, and advocacy organizations funded through a variety of public and private sources that primarily or exclusively serve older adults. Federal funds dedicated to supporting older adults and their caregivers are disbursed to organizations across the country through the "Aging Services Network", funded through the Administration on Aging (AOA), which seeks to provide "a comprehensive and coordinated system of home- and community-based services for older people and their family caregivers" (U.S. Administration on Aging, 2007).

> "For Latino older adults, best and promising practices are often rooted in practical considerations of their unique culture, values, and familial relationships and can vary among Latinos when there are significant differences among them. Developing an understanding of specific characteristics of the target community can help to establish effective practices."

Using Geographical Information Systems (GIS), major findings from the national assessment of general aging and Latino organizational assets are as follows:

- Federally-funded Aging Services Network (i.e., Area Agencies on Aging) assets are spread across the entire country with high concentrations along the Northeast Corridor and Western states population centers.

- Latino community-based assets are located primarily in cities with large population concentrations. They are concentrated in the Northeast Corridor and the Great Lakes region and Chicago. Assets are more dispersed along the West Coast, Southwest and Texas because of their larger size and less concentrated population area.

- Few Latino aging assets exist, and those that do are located primarily in the largest urban areas in the country. The Southwest region of the United States with the largest Latino population had relatively fewer Latino aging assets compared to the far West region and the Northeast Corridor.

- The regions of the country with relatively small concentrations of Latinos, predictably, had fewer organizations that served the needs of Latino older adults.

Area Agencies on Aging Analysis

The authors made calls to 24 randomly selected federally-funded Area Agencies on Aging (AAA), local and regional aging organizations that connect older adults and their relatives with information and resources in their communities. This audit revealed the following findings:

- A shocking majority of AAA's proved to be unable to serve a Spanish-speaking client upon first contact. Only 13 percent had representatives who were proficient in Spanish. The remaining AAA's referred the caller to another agency or office that they thought may be able to serve as a translator.

- More than half did not have Spanish hardcopies of their resources or Spanish translations on their websites that could serve to better assist Latinos.

- Nine of the 24 agencies also were unaware whether they could provide any Spanish resources in hardcopy form and one-fourth was unsure about whether Spanish resources were available on their websites.

- A majority of the agencies referred the caller to online databases to search for services, organizations, and other information — a daunting process for older adults or family caregivers with limited technological proficiency or English speaking abilities.

- Only 21 percent of the organizations had their entire website available in Spanish. Sixty-two percent did not have their websites available in Spanish, and 17 percent had websites that either had a component that was available in Spanish (e.g., a directory) or could be translated into Spanish through another website (e.g., NetworkofCare.org).

As the primary agencies intended to serve as a resource to people seeking to identify aging services, the AAA's inability to provide these services to clients seeking Spanish-language assistance underscores that the nation's federally-funded aging

infrastructure is ill-prepared to handle the Latino aging boom. Additionally, these examples illustrate how language barriers can serve as a form of discrimination that effectively excludes Spanish-speaking older adults from receiving critical services.

Latino Organizational Assessment

Major findings from the assessment of Latino organizations are as follows:

- Scarcity of community-based and national organizations that provide services exclusively to Latino older adults.

- Latino community-based organizations do not have the funding or support they need to provide quality services to Latinos in general and to Latino older adults specifically.

- Programs aimed at providing services to older adults are the most at risk of being underfunded or having their budgets cut, because there is little funding for Latino older adult programs to begin with.

- A lack of Latino professionals entering the field of gerontology or related disciplines means that there are

not enough professionals that have the language and cultural skills needed to provide optimal care for Latino older adults.

Perspectives of Opinion Leaders

In an effort to ascertain how leaders in the field view the challenges, needs, and priorities associated with projected demographic shifts, 30 interviews were conducted with representatives from community-based organizations, academia, government, and philanthropic institutions. Key themes from the interviews are as follows:

- Mainstream community-based service providers should have language-competent and culturally aware staff as a standard practice for providing quality services for Latino older adults. Unfortunately, many mainstream aging service providers currently lack these competencies.

- The family is an important cultural value in Latino communities. This should guide the design of programs and the provision of services for Latino older adults. The impact of caregiving on Latino families and the importance of

SPOTLIGHT: VIDA SENIOR CENTERS

Most seniors who visit the Vida Senior Centers building for the first time arrive with a relative or a friend in search of recreation and socialization. But, after visiting the large converted corner house in a tree-lined, brownstone neighborhood of northwest Washington, D.C., they also come away with a new focus on wellness and nutrition.

Vida's data shows that 65 percent of its seniors live alone, the average age of the people it serves is 78 and many are functionally illiterate in Spanish, their primary language. The center's eight full-time and six part-time employees come from 12 different countries, and almost all speak Spanish in providing seniors with health services, recreation and socialization, along with nutrition, education and transportation programs.

Health promotion is one of the center's cornerstones:

- A former physician in Cuba has served three days per week since 2007 as its Medical Case Manager/Health Promoter

- Seniors can participate in Milieu Therapy, a safe space where they can discuss, with each other and mental health staffers, their concerns about their health and their relationships. In turn, the staffers can assure appropriate services and follow-up are extended to each individual.

- A nutritionist answers questions at the center two days per week. Every new member of the center is presented with a bag of groceries during their first visit, and social work case managers and the site manager monitor the seniors.

- Late afternoon exercise videos keep some of the seniors moving.

- The medical management program, in addition to vital signs checking, includes a quarterly review of medications for the seniors who are most at risk, as well as tracking to make sure that the seniors understand changes in their medications. The center contacts doctors about any inconsistencies.

- Diabetes management includes counseling clients to check their blood sugar levels regularly, learn about healthy eating habits and choose meals that are appropriate.

The center's health promotion regarding diabetes was so successful that 83 percent of the seniors in the diabetic management program achieved a change from morbidly obese to a normal Body Mass Index.

"We try to educate our seniors to know that, whenever there has been a change in medications, to come to us so we can explain exactly what is happening," Vida Executive

providing care within the family context were also seen as important considerations.

• The development of a competent workforce that can assume responsibility for meeting the needs of an aging population generally and those of Latino older adults specifically was considered to be both a challenge and opportunity. Some fully-functional older adults may be able to be trained and employed in positions that involve assisting their peers.

• Public policy is an important factor in addressing the needs of the Latino elderly. Protecting Social Security and other social safety net programs, providing quality culturally-sensitive healthcare for Latino older adults, and teaching children about the importance of prevention early were identified as important public policy priorities.

Best and Promising Practices

For Latino older adults, best and promising practices are often rooted in practical considerations of their unique culture, values, and familial relationships and can vary among Latinos when there are significant differences among them.

Developing an understanding of specific characteristics of the target community can help to establish effective practices.

Best and promising practices that are specific to Latino older adults include:

• Involving the family of Latino older adults in adult daycare centers and other aging services (because Latinos, in general, feel more comfortable in family environments and because the family is highly important for this community).

• Ensuring that programs and services of community-based organizations are culturally-relevant.

• Ensuring that community-based organizations have bilingual staff.

• Making information materials, including websites and other resources available in both English and Spanish.

Evidence is an important part of determining whether a practice can be deemed "best" or "promising." Foundations and governmental agencies should prioritize building the capacity of Latino-serving community-based organizations

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Director Angel Luis Irene said. "When we find inconsistencies, we contact the doctors. We know when somebody is reacting differently."

The facility strives to provide socialization and tend to both the mental health and physical wellness of the seniors. In addition to learning crafts and playing bingo, the older adults take computer classes and use five to seven computers spread along one wall of the center. Above, red, yellow and green posters explain computer terminology. The educational program has also proven to be a good draw. Citizenship classes and English as a Second Language classes meet twice a week, and computer literacy classes and tango classes are held once a week.

"Seniors are also encouraged through these programs to pursue their own interests and suggestions, which leads to activities like late afternoon exercise classes and independent English-language classes, as well as computer literacy and tango classes," according to Laurel Bruntz, who was an Adelante development associate for part of 2010.

Many Latino seniors in D.C. might not have the luxury of going to the gym, even if they have transportation. On average, Latino elderly in D.C. had a monthly income of $500 or less, according to "The State of Latino Health in D.C.," a 2005 study by a collaborative of organizations supported by the District of Columbia government. Vida's meal program,

which is served on three floors of the big corner house, provides breakfast and lunch for 527 seniors. Of those, about 45 stay for the lunch program. The D.C. Office on Aging provides transportation services to shuttle the elderly between their homes and the center.

"We have 10- to 12-passenger vehicles. We need smaller vehicles to transport seniors to medical appointments. We'll need two new vehicles for the new center," Irene said, referring to a planned expansion to a second location in June 2011. "We provide them with the mobility and sense of independence. We need to get them out of their one room and get them moving."

The center's only site serves up to 600 people a year on a budget that is a little over $775,000, Irene said. The second center will be part of a 36-unit affordable and low-income apartment building with a commercial kitchen. Older and disabled adults will have priority for the $8.6-million project's one-bedroom apartments in NW Washington, D.C.

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so that they can verify the quality, scope, and impact of their services.

Recommendations

Creating and sustaining an aging infrastructure that serves the needs of an increasingly diverse older adult population will require developing and improving programs provided by both mainstream aging organizations and Latino-serving community-based organizations. Leveraging the assets of both networks will enhance the nation's capacity to serve a diverse older adult population.

This report offers a number of recommendations for preparing the country to support the successful aging of an increasingly older and diverse population.

> "The U.S. Census Bureau projects that between 2008 and 2030 the Latino population aged 65 years and older will increase by 224 percent compared to a 65 percent increase for the white population aged 65 and older."

Highlighted recommendations for stakeholders include the following:

- **Develop a National Preparedness Initiative on Aging:** In order to successfully meet the challenges of an increasingly older and diverse population, the U.S. must embark on a comprehensive preparedness initiative that includes systematic attention to building a gerontology-centered educational pipeline, developing an ethnically and linguistically diverse workforce, building the capacity of community-based organizations to serve both older adults and ethnically diverse populations, and enhancing the capacity of the existing aging services infrastructure to serve ethnically and linguistically older adults among other strategic areas of focus. Foundations can make strategic contributions that can build and help sustain every element of the national preparedness initiative on aging.

- **Invest in Organizations with a Track Record of Serving Linguistically and Culturally-Diverse Communities:** There are many Latino-serving organizations, some with a singular focus on serving older adults and others with a

multi-generational agenda, that are severely underfunded. These organizations are an important part of community life in areas across the country where Latinos have a significant presence. Given the importance of these organizations to Latino families, their capacity to provide services to older adults can and should be enhanced. Foundations and government agencies should support these organizations while also providing grants to build the capacity of mainstream aging organizations to serve a linguistically- and culturally-diverse clientele. The latter objective can be addressed if grant-giving entities verify that mainstream aging organizations applying for funding actually possess the capacity to (and are engaged in best practices that) appropriately serve an ethnically diverse older adult population prior to awarding grant funds.

- **Create a Latino Aging Agenda:** National organizations affiliated with or serving the Latino community must prioritize Latino aging on their respective agendas. Practically, this would mean formally adopting aging as an issue of organizational concern, defining a comprehensive aging initiative, and highlighting the issue in conferences, meetings, and organizational materials among other actions. Workforce development and education about retirement security should be at the forefront of such an agenda.

- **Adopt and Enforce Anti-Discrimination Measures:** Government agencies should adopt and implement policies that eliminate barriers to critical aging services. These agencies must also make sure that policies promoting access to interpreters, linguistically-appropriate materials, and other related factors are actually implemented in social service offices once the policies are adopted. Additionally, all governmental agencies (local, state and federal) that provide funds to national and community based organizations serving older adults must ensure that diversity and cultural proficiency standards are met before awarding the organization a grant.

We offer several specific recommendations for Hispanics in Philanthropy, which is positioned to play an important role in promoting awareness about the Latino age wave, fostering support for the Latino aging agenda within the broader philanthropic community, and developing innovative models for strengthening the infrastructure of the civil sector addressing Latino aging. These recommendations are as follows:

- **Raising Awareness of Latino Aging:** HIP should launch an effort to educate the philanthropic community about the aging of the U.S. Latino population, the expected increase in Latino older adults, and the unique challenges and opportunities related to this population. These efforts should be coordinated with philanthropic groups such as Grantmakers in Aging and may include additional research, dissemination of articles, funders briefings, presentations, and online resource-sharing.

- **Latino Age Wave Funding Collaborative:** HIP should establish a funder's collaborative comprised of national foundations, community foundations, and prominent high-net worth Latinos to strengthen Latino-serving community-based organizations serving older adults. The use of a matching funds model for this Collaborative would incentivize participation from funders not yet actively supporting Latino aging. Key focuses might include start-up funding for fledgling programs; funding to strengthen and expand existing programs with proven track records; and assistance with identification and dissemination of best and promising practices, resources, and training for Latino older adult service and advocacy programs.

- **Latino Aging Policy Initiative:** In addition to funding Latino community-based organizations, HIP should develop a program to support Latino advocacy efforts to advance a comprehensive policy strategy relevant for successful Latino aging. This initiative would provide funding and training for local, grassroots organizations engaging Latino older adults in policy issues affecting their lives, such as social security policy and healthcare policy. One aspect of this support could include fellowships for older adult leaders to become more deeply engaged in community-based advocacy efforts. Support should also be provided to strengthen linkages between local efforts and national policy organizations and leaders, such as AARP and NHCOA, contributing to the development and implementation of a national Latino aging policy agenda.

INTRODUCTION

The number of older adults in the U.S. is expected to double between 2005 and 2030 (Institute of Medicine, 2008). Media coverage about the aging of the U.S. population has focused almost exclusively on the retirement of the Baby Boom generation and the increasing demands that the elderly will place on the nation's budget. Virtually overlooked in these portrayals has been another phenomenon of equal importance: the shifting ethnic composition of the nation's older adults.

> "Heart disease, cancer, stroke, and type 2 diabetes were the top four leading causes of death for Latinos in 2007… Latinos are twice as likely to develop type 2 diabetes as non-Latino whites and are more likely to die from diabetes."

According to the U.S. Census Bureau, the Latino population is projected to more than double from 48 million in 2009 to 106 million people by the year 2050. Although the rapid growth of the Latino population has been widely discussed, attention to the shifting demographics has largely focused on their relative youth. Due to high fertility rates and immigration by younger workers, Latinos in the U.S. today are disproportionately young. For example, 46 percent of Latinos are under the age of 25 and only seven percent are over the age of 65 (U.S. Census Bureau, 2010a). However, it is inevitable that today's youth will become tomorrow's aged. The U.S. Census Bureau projects that between 2008 and 2030 the Latino population aged 65 years and older will increase by 224 percent compared to a 65 percent increase for the white population aged 65 and older (Greenberg/AOA, 2009).

These growth trends are likely to have significant implications for programs and policies designed to support seniors. Yet, there has been little research about the societal implications of an aging Latino population for the U.S. What will shifting demographics mean for our national network of mainstream aging service providers or for the primarily youth-oriented organizations serving the Latino community? How will the social, economic, and health status of Latinos affect their well-being? What are the policy implications of these shifting demographics, and how can Latino older adults be engaged in the policy issues that affect their lives?

This report intends to bridge this gap in understanding by highlighting the relevant trends and data related to aging among U.S. Latinos, the assets and needs of community-based organizations serving or having the potential to serve Latino older adults, and some strategies for addressing gaps in policies and services to support successful aging for Latino older adults.

Ultimately, this report seeks to inspire and empower a variety of stakeholders to take aggressive steps to help the nation meet the needs of a growing and diverse population of older adults. Philanthropists, policy-makers, community leaders, service providers, and other stakeholders must not only understand the implications of shifting demographics, they must take an active role to help the nation prepare for a future dramatically different from its past.

DEMOGRAPHIC TRENDS

Statistical Profile of Latino Older Adults

A growing segment of the U.S. population, there were 48 million Latinos in the United States in 2009 (U.S. Census Bureau, 2010). With an average age of 27, the Latino population is younger than any other racial or ethnic group (U.S. Census Bureau, 2010). Therefore, a relatively small proportion of the Latino population is age 65 and older. Compared with the 13 percent of the general population that is age 65 and older, only seven percent of the Latino population is in this age range (U.S. Census Bureau, 2010b). Currently, there are approximately three million Latinos age 65 and older living in the United States (U.S. Census Bureau, 2010a).

As the fastest-growing racial or ethnic group, the Latino population continues to increase, and the older Latino population is increasing as well. Just a decade ago, in 2000, there were two million Latinos age 65 and older in the United States. That number is expected to double to four million by 2015 (U.S. Census Bureau, 2010c).

The older Latino population is concentrated in a few large, highly populated states. Nearly two in three Latinos age 65 and older live in one of four states: California, Texas, Florida, or New York. The combined population of Latinos age 65 and older in these four states is approximately two million. With the exception of New York, these states are geographically located in close proximity to Mexico and other Latin American countries. In all four states, the local Latino community has a decades-long history spanning multiple generations.

The older Latino population disproportionately lives in poverty (Pew Hispanic Center, 2010). A number of factors likely contribute to the high rates of poverty among older-age Latinos, including lower wages, less education, and lower rates of English speaking compared with non-Latinos or the general U.S. population in the same age range. It is estimated that about one in three Latinos live in linguistically isolated households where no one over the age of 14 is English proficient (Valdez et al., 2000). In addition, more Latinos age 65 and older are female than male, 57 percent compared with 43 percent respectively. Latina women have lower earnings than men, in general, and are more likely to live in poverty. Similar gender disparities exist across racial and ethnic groups.

Foreign-born Latinos age 65 and older are more likely to live in poverty than Native-born Latinos in the same age category, 20 percent compared with 17 percent, respectively (Pew Hispanic Center, 2010). Latinos born outside of the United States may be less likely to speak English, have lower education levels, and have less access to Social Security benefits than their native counterparts, increasing their poverty risk. In 2007, 57 percent of Latinos were foreign-born. In general, because immigrants typically earn less during their lifetimes and receive fewer benefits, they are unable to stop working at the traditional retirement age (Johnson & Soto, 2009).

> "A 2009 AARP survey examining the impact of the recession on Latinos found that twice as many Latinos lost their jobs than the general population and almost one-third of those who didn't lose their jobs had their pay cut."

The high poverty rates among Latino older adults are likely a result of their lower levels of education, income, and wealth as well as labor market practices that disproportionately segment them into jobs that do not offer private pensions, health insurance or other important fringe benefits that help offset the costs of aging. More than half (54 percent) of Latinos age 65 and older do not have a high school diploma, which is more than three times the percentage of non-Latino whites of the same age who have not completed high school (Bureau of Labor Statistics & U.S. Census Bureau, 2009). Only nine percent of Latinos age 65 and older have a four-year college degree, compared with 23 percent of non-Latino whites.

Latino older adults have lower incomes than non-Latino older adults. The median annual income for households headed by a Latino person age 65 and older is $22,116, compared with $29,744 for all households headed by someone age 65 or older and $31,162 for households headed by non-Latino whites in that age range (Bureau of Labor Statistics & U.S. Census Bureau, 2009c). Among Americans age 15 and older, the median income for non-Latino whites is 40 percent more than that of Latinos (Bureau of Labor Statistics & U.S. Census Bureau, 2009c).

Latino older adults also have different sources of income than older adults from other racial and ethnic groups with higher income levels. Of Latinos age 65 and older with income, 20 percent earned money from wages, salary, or self-employment

income; 27 percent had property income (including interest, dividends, rents, royalties, estates or trusts); 82 percent had Social Security income; and 17 percent had pension income. In contrast, among non-Latino whites age 65 or older with income, 21 percent earned money from wages, salary, or self-employment income; 61 percent had property income (including interest, dividends, rents, royalties, estates or trusts); 90 percent had Social Security income; and 33 percent had pension income (Bureau of Labor Statistics & U.S. Census Bureau, 2009d). Latino older adults also have a higher reliance on Supplemental Security Income (SSI), a means-tested safety net program for the poor, compared to whites and African Americans (Torres-Gil, Greenstein, & Kamin, 2005).

Although fewer Latino than non-Latino older adults receive Social Security benefits, Social Security income is more important for Latino older adults because they are more likely to live in poverty. For more than three in four Latino beneficiaries, Social Security provides at least half of their total income. For 43 percent of Latino beneficiaries, Social Security provides all of their income (National Committee to Preserve Social Security and Medicare, 2008). An analysis of Latino Social Security beneficiaries, using data from the 2005 American Community Survey, revealed that the vast majority (about 87 percent) were U.S. citizens, a significant majority (about 67 percent) spoke English, and more than half (57 percent) were born in the United States (Martin, 2007).

Although 96 percent of all workers are covered under the Social Security system (Social Security Administration, 2010), only 92 percent of Latinos are (Bridges and Choudhury, 2009). Under current law, Latinos receive Social Security at lower rates because they are more likely to have not paid into the Social Security system for enough years to become eligible to receive benefits, are immigrant workers who do not posses the appropriate legal status to receive coverage, or work in the type of jobs (e.g., domestic and agricultural workers) in which employers tend to underreport Social Security earnings (Torres-Gil, Greenstein, & Kamin, 2005). If they do not qualify for SSI, it is likely that Latino older adults without Social Security income struggle to make ends meet by working longer or by receiving assistance from family, friends, and charities.

Despite lower coverage rates today, the numbers of Latinos using Social Security is expected to increase dramatically. In 2005, about six percent of Social Security beneficiaries 62 or older were Latino; by 2050 Latinos are expected to be more

than 15 percent of Social Security beneficiaries 62 or older (Martin, 2007).

Latino older adults also have lower rates of health insurance coverage than their non-Latino counterparts. Among Americans age 65 and older, six percent of Latinos did not have health insurance at any time during 2008, whereas less than one percent of non-Latino whites were not covered at all during that year. Of Latinos in this age range, 87 percent were covered by a government health plan, compared with 95 percent of non-Latino whites (Bureau of Labor Statistics & U.S. Census Bureau, 2009a). All Americans age 65 and older who are eligible to receive Social Security benefits are eligible to receive Medicare benefits. However, since eight percent of Latinos are not eligible for Social Security, they are not eligible for Medicare either (Center for Medicare and Medicaid Services, 2008), and thus are at a greater risk of being uninsured. The eight-percentage-point difference in the rate of government health insurance coverage between Latinos and non-Latino whites may help to explain the more than six-fold difference in the uninsured rate between Latinos age 65 and older and non-Latino whites in the same age category.

General Population Trends

Latinos have been adversely affected by policies and practices in the U.S. labor market, health care sector, housing industry, and education system that have systematically undermined their health and economic well-being. As a result, Latinos are more likely to earn a modest living during the course of their working lives, to experience spells of unemployment or under-employment, to live without regular access to health care (and to live with the resulting health consequences), to live in segregated and under-resourced neighborhoods, to attend under-resourced and poorer performing schools, and to retire with less income from private pensions, assets or personal savings.

All of these factors have consequences for the future of the aged population in the United States. It is certain that the social, economic, and health issues facing today's younger Latinos will become the concerns and needs of Latino older adults in the future. To the extent that this population will comprise a larger percentage of the aged, their health and socioeconomic well-being is a concern not just for Latinos but for the entire country.

Median weekly earnings of full-time wage and salary workers by sex, race, and Hispanic or Latino ethnicity, 2009 annual averages
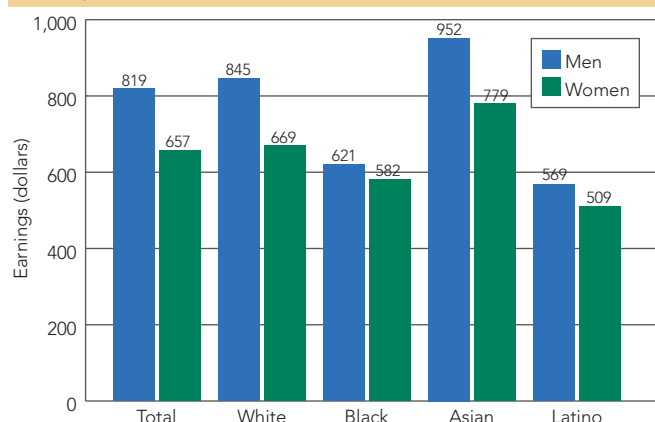
Source: U.S. Department of Labor, Bureau of Labor Statistics, 2010.

Income Security and Wealth

Large economic disparities exist among racial and ethnic groups in the United States. As a result of these disparities, Latinos have below-average lifetime earnings and wealth, which leaves them financially insecure as they age.

According to the U.S. Census Bureau, the median per capita income for Latinos in 2008 was $20,767 compared with $29,006 for non-Latino whites (Bureau of Labor Statistics & U.S. Census Bureau, 2009c). Additionally, there were 11 million Latinos living in poverty in 2008 (Bureau of Labor Statistics & U.S. Census Bureau, 2009e).

Older Latino adults are represented in a number of industries. More than one in four Latino men ages 50 to 69 work in the service industry. Between 10 and 20 percent of Latino men in this age range work in each of the manufacturing, construction, retail trade, and transportation, communications, and utilities industries. Among Latino women age 50 to 69, more than half (58 percent) work in service, 13 percent work in retail, and 11 percent work in manufacturing (Johnson & Soto, 2009). Overall, Latinos have more physically demanding jobs than their non-Latino counterparts and they tend to hold fewer positions in managerial, professional, and technical fields (Johnson & Soto, 2009).

The economic recession has hit Latinos especially hard. Because Latinos were disproportionately employed in the industries and areas of the country hardest hit by the recession, their unemployment figures have been consistently higher than those for whites. For example, the Latino unemployment rate was approximately 12 percent compared to about

9 percent for whites in May of 2010 (Bureau of Labor Statistics, 2010). A 2009 AARP survey examining the impact of the recession on Latinos found that twice as many Latinos lost their jobs than the general population and almost one-third of those who didn't lose their jobs had their pay cut (Perron, 2010).

The implications of the recession are compounded by the fact that Latinos already have significantly fewer assets than whites. Federal Reserve data show that for every dollar owned by the average white family, the average Latino family owns only 12 cents (Lui, 2009). These wealth disparities are in part caused by structural factors, such as lack of access to mainstream financial institutions, inappropriate and high-cost financial services and products, fewer opportunities to access financial education, less access to private pensions, lower home ownership rates, and a tax code that primarily subsidizes higher earners (Lui, 2009).

However, behavioral factors and attitudes towards savings and investments also play a role. One study found that only 29 percent of Latino workers aged 21-64 participated in an employer-sponsored retirement plan in 2003 compared to 53 percent of white workers and 45 percent of African-American workers in the same age category (Torres-Gil et al., 2005). Similarly, in a 2006 AARP retirement planning survey of Latino adults over the age of 40, only 32 percent of Latino workers reported saving for retirement compared to 70 percent of their non-Latino peers. The primary reason they gave for not saving for retirement was child-rearing expenses; other reasons included medical expenses and not having enough income (Holley, 2006).

Sources of Income Upon Retirement by Race and Ethnicity
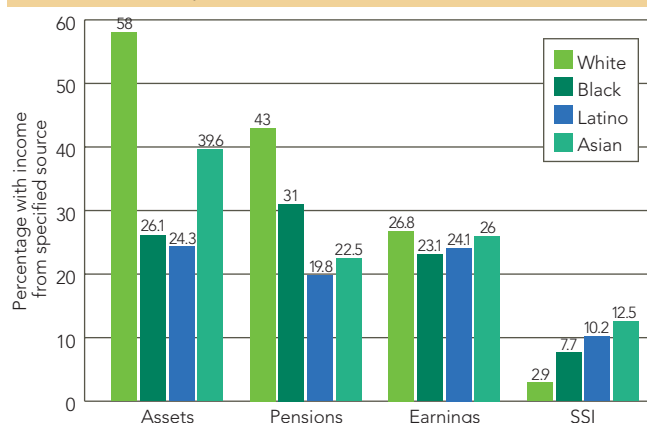
Source: Social Security Administration, Income of the Population 55 and Older, 2008, Table 2.A3, released April 2010.

Various studies have shown that high-priced financial products undermine the financial well-being of Latinos. One study found that Latinos were about four times more likely than the general survey population to use payday loan services with high interest rates (Ledbetter & Choi-Allum, 2006). Furthermore, the combined effects of high-cost mortgage products and the harsh realities of the economic recession have pushed many Latino homeowners to the brink of financial ruin. A 2010 report from the National Council of La Raza found that Latino and African-American borrowers were more than twice as likely to receive the kinds of mortgages most at risk of default (Bowdler, Quercia & Smith, 2010).

Given the effects of predatory lending and the recession, it is not surprising that Latinos are worried about their economic security in retirement. A 2009 national survey commissioned by the National Academy of Social Insurance (NASI) found that 80 percent of Latinos expressed high levels of anxiety about having enough money for retirement (Rockeymoore & Maitin-Shepard, 2010). Another survey found that 85 percent of Latino seniors do not have sufficient financial resources to meet their projected lifetime expenses and that only four percent of single Latino seniors are financially secure (Meschede et al., 2010). Their financial insecurity is compounded by the steep decline in private pension coverage for Latinos: from 1979 to 2006 pension coverage for Latinos declined by 16 percentage points compared to four percentage points for non-Latino whites (Meschede et al., 2010). The study concluded that Latino seniors are on the "edge of financial collapse."

Health

Health status is a fundamental measure of how well people age. Good health enables older adults to live longer, better and with fewer medical expenses. However, poor health often leads to higher out-of-pocket medical expenses, severe discomfort and physical limitations, and shorter lives. Interestingly, Latinos experience poorer health across a range of indicators, yet their health status has not translated into shorter life expectancies. This seeming contradiction has been referred to as the "Hispanic Paradox" or the "Latino Health Paradox" (Villa, Wallace & Huynh-Hohnbaum, 2006; Taningco, 2007).

Heart disease, cancer, stroke, and type 2 diabetes were the top four leading causes of death for Latinos in 2007 (Erving, 2007). Obesity is a known factor that contributes to all four of these diseases. According to the Centers for Disease Control and Prevention, Latinos have a 21 percent higher prevalence of obesity than non-Latino whites (Centers for Disease Control and Prevention, 2009). Latinos are twice as likely to develop type 2 diabetes as non-Latino whites and are more likely to die from diabetes (Segal, 2010; Erving, 2007; Villa, Wallace & Huynh-Hohnbaum, 2006). In addition to obesity, other risk factors for developing diabetes include poor diet, minimal exercise, high cholesterol, high blood pressure, impaired glucose tolerance, and a family history of diabetes (Caballero, 2008). Cultural, economic, and language barriers have been cited as factors preventing effective management of the disease (National Hispanic Council on Aging, 2007).

"The family is the most important social unit among Latinos and it plays a central role in how they care for aging relatives. According to a 2008 survey, there are an estimated 8.1 million Latino caregivers in the U.S. — 74 percent of who are female and in their early 40s."

Unfortunately, Latino youth — particularly those born in the U.S. — are at greater risk for obesity and type 2 diabetes than other racial and ethnic groups. Among children born in 2000, white boys have a 27 percent risk of being diagnosed with diabetes during their lifetimes, while Latino boys have a 45 percent lifetime risk. White girls born in 2000 have a 31 percent risk of being diagnosed with diabetes during their lifetimes, while Latino girls have a 53 percent lifetime risk (Narayan et. al., 2003). At epidemic levels among younger and older Latinos alike, obesity, type 2 diabetes, and related complications, such as amputations, blindness, and stroke, will continue to be a major health challenge eroding the quality of life for Latino older adults in the future (Segal, 2010; Villa, Wallace & Huynh-Hohnbaum, 2006).

When compared to the general population, Latinos also have higher mortality rates from HIV/AIDS and live longer with poorer health due to debilitating medical conditions such as arthritis, cognitive impairment, depression, hypertension, and Alzheimer's (Villa, Wallace & Huynh-Hohnbaum, 2006). Researchers studying disease prevalence among Latinos have

found differences in mortality among ethnic subgroups. For example, Puerto Ricans have the highest mortality rates and Cubans have the lowest.
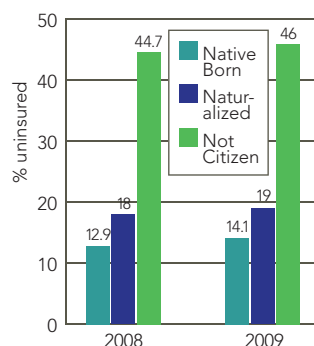
People without health insurance by select characteristics

People without health insurance by race and ethnicity | People without health insurance by Nativity
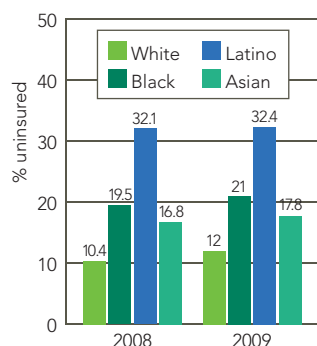
Source: U.S. Census Bureau. Income, Poverty, and Health Insurance Coverage in the United States: 2009. *Table 9. Issued September 2010.*

Given the severe health disparities that Latinos experience, it is indeed curious that Latinos live longer than their non-Latino counterparts (Johnson & Soto, 2009; Villa, Wallace & Huynh-Hohnbaum, 2006). A 2007 policy brief from the Tomás Rivera Policy Institute took a closer look at the "Latino Health Paradox," studying Latinos in California (Taningco, 2007). Taking socioeconomic status, insurance status, lifestyle, different cultural groups, and the effects of acculturation into account, the brief's author found that the paradox is true for mental health issues, asthma, and high blood pressure, but not for obesity, diabetes, heart disease, or overall health. Latinos that have been in the U.S. longer were more likely to develop diabetes, mental health conditions, asthma, and high blood pressure (Taningco, 2007).

Institutional factors play a significant role in shaping Latino health. Latinos are less likely than non-Hispanic whites to have a usual place to access medical care and more likely to go without needed care (Centers for Disease Control and Prevention, 2010). Even when they have access to medical care, Latinos are less likely to be prescribed or to use medications (Reyes, Van de Putte, Falcón, & Levy, 2004). This is particularly true for asthma, cardiovascular disease, HIV/AIDS, mental illnesses, and pain, and is also true regardless of other factors such as income, age or insurance status. Only 31 percent of older Latinos who have chronic health conditions have prescription drug coverage, compared with 52 percent of

non-Latino white older adults (Reyes, Van de Putte, Falcón, & Levy, 2004). Older Latinos also reported less access to supplemental pharmaceutical services, such as medication delivery and written medical information, than non-Latino white older adults did. As noted in many studies of Latino health (NHCOA, 2007; Erving, 2007), poor communication can affect medication usage. Although there is limited medical research on the Latino population, it is known that a lack of access to vital health resources imperils the health and well-being of all people, regardless of ethnic background.

Education

People who are better educated tend to have more economic security and better health. This is not surprising since level of education is most often directly correlated with higher earnings and better access to health insurance, retirement, and other important benefits.

Unfortunately, Latinos have lower levels of educational attainment that limit their access to higher-paying jobs with benefits. In 2008, the national high school dropout rate for Latinos was 18 percent compared with eight percent for the population overall (National Center for Education Statistics, 2010). A lack of English language ability among Latino immigrant youth is a prime characteristic of Latino dropouts (Fry, 2003).

Educational Attainment of the Population Aged 25 and Over by Race, Hispanic Origin and Nativity Status: 2007

High School Diploma or more education | Bachelor's degree or more education
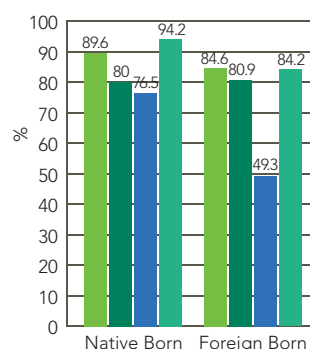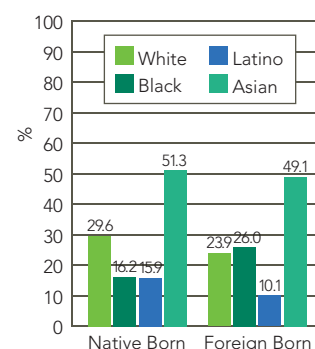
Source: Crissey, Sarah. 2009. Educational Attainment in the United States: 2007. Washington, DC: U.S. Census Bureau.

There is a wealth of evidence that points to a lack of investment in the educational preparation of Latino children and youth. Latino and African-American youth are 80 percent of the student population attending high-poverty schools

(Orfield & Lee, 2005). Only 20 percent of Latinos leave high school prepared for college compared to 40 percent of whites (Greene & Winters, 2005). By the end of high school, Latino students have math and literacy skills that are comparable to white middle school students (The Education Trust, 2003). Latino students' achievement on standardized tests lags far behind the achievement levels of white students (Nevarez & Rico, 2007).

Nevertheless, the Latino educational outlook is improving. According to the National Center for Education Statistics, the school dropout rate for Latinos has steadily declined over the past two decades, from 32 percent in 1990 to 18 percent in 2008 (National Center for Education Statistics 2010). U.S. Census figures show that the Latino high school completion rate reached an all-time high of 70 percent in 2008 (Fry, 2009). And even though only 58 percent of recent Latino high school graduates enrolled in college in 2006, compared to 69 percent of their white and 56 percent of their black peers, these numbers are also steadily improving (Excelencia in Education, 2008). A recent study from the Pew Research Center found Latino young adults were leading a recession-era college enrollment boom. From 2007 to 2008, Latino enrollment in postsecondary educational institutions increased 15 percent compared to eight percent for blacks, six percent for Asians, and three percent for whites (Fry, 2010).

Overall, demographic trends suggest that younger Latinos are becoming better educated than previous generations. A recent study claims that by the year 2050, only 24 percent of Latinos will lack a high school diploma (Johnson & Soto, 2009). The authors concluded that since educational attainment is greater for younger Latinos, they will likely have more and better job prospects and subsequently be more prepared for retirement than previous generations (Johnson & Soto, 2009).

Other Cultural Issues

Family, citizenship, language, religion, and levels of civic engagement are additional factors shaping how Latinos interact with each other and the public and private institutions that shape the quality of their lives.

The family is the most important social unit among Latinos and it plays a central role in how they care for aging relatives (Gallanti, 2003). According to a 2008 survey, there are an estimated 8.1 million Latino caregivers in the U.S. — 74 percent of who are female and in their early 40s (Evercare by United

Healthcare & the National Alliance for Caregiving, 2008). Eighty-two percent of those surveyed said that they believed the caregiver role was an expectation of their upbringing and 70 percent said that they believed it would bring shame on their family if no one would care for a relative in need (Evercare by United Healthcare & the National Alliance for Caregiving, 2008).

In a sign of the times, Latino children being raised by their grandparents is the fastest growing segment of grandparents as head of household families (Davies & Williams, 2003). However, research shows that Latino grandparent caregivers are much less likely than white or African- American grandparents to attend support groups, even though they need assistance. Among the reasons Latino focus group participants cited for not joining support groups was lack of awareness, concern about confidentiality, location of group meetings, and potential criticism of childrearing approaches (Davies & Williams, 2003).

> "The well-being of Latino older adults should be of special interest to the philanthropic community not just because they represent a vulnerable population in need of support but also because they are often critical contributors to the socioeconomic security of Latino families."

Whether it is younger adults providing care for seniors or older adults providing care for their grandchildren, caregiving can undermine Latinos' prospects for economic security at every stage of life. One report highlighted the dilemma of Latino baby boomers who are caring for their children even as they serve as caregivers for their aging parents. It concluded that the economic burdens experienced by this "sandwich generation" have further eroded their ability to financially prepare for their own retirement and that desperate financial decisions made by Latinos during the recession are likely to have detrimental consequences on their long-term financial health and well-being (Perron, 2010). Another study found that 41 percent of Latino caregivers had to make significant work adjustments due to their caregiving role, including cutting work hours, changing jobs, quitting their job, or taking a leave of absence

(Evercare by United Healthcare & the National Alliance for Caregiving, 2008).

Citizenship status is another factor shaping the lives of U.S. Latinos. Research shows that the experiences of Latinos in the U.S. are very different based on whether they are U.S. citizens born in the United States, U.S. citizens born in the U.S. territories, immigrants who are naturalized citizens, or not U.S. citizens (Gassoumis, Wilber, Baker, & Torres-Gil, 2010).

Depending on their country of origin, there can be significant differences in education levels, income levels, and cultural values among Latino immigrants to the U.S. and between Latinos born in the U.S. and those who more recently immigrated. According to the UCLA study, Latino baby boomers that were U.S. citizens had higher incomes and education levels and were more likely to own their own home compared to Latino boomers who were not citizens. Compared to non-Latinos, Latino boomers were also more likely to live in larger households and multifamily structures; this was especially true for non-citizens and those born in U.S. territories. Of Latino boomers who were not citizens, nearly 70 percent did not graduate from high school, 39 percent reported being linguistically isolated, and only 21 percent reported being fluent in English (Gassoumis, Wilber, Baker, & Torres-Gil, 2010).

Given the varied socioeconomic circumstances of Latinos and the identity politics currently shaping their social and political standing in U.S. society, it shouldn't be a surprise that nearly eight in 10 Latinos (78 percent) view discrimination as a problem. Overall, Latinos identify language (46 percent) and immigration status (22 percent) as the top two causes of discrimination against them (Pew Hispanic Center, 2007). Because these factors create significant barriers to accessing the programs and services that could support the health and economic security of Latino non-citizens and boomers born in U.S. territories, these Latino subgroups are at higher risk for entering old age in desperate circumstances that will have significant consequences for U.S. social insurance and safety net programs (Gassoumis, Wilber, Baker, & Torres-Gil, 2010).

Religion is another factor that influences the attitudes and behaviors of Latinos. Various studies have shown that strong religious beliefs can serve to make Latinos fatalistic about their futures and more apt to defer taking proactive steps to enhance their health, finances, and other outcomes (Phipps et al., 2003; Luquis & Cruz, 2006). For example, religious beliefs play a role in Latinos' perceptions of diabetes and their willingness to comply with treatment programs (NCLR, 1997; Cruz, 2007). Religious beliefs have also been shown to influence perceptions about breast cancer and end of life care decisions (Florez et al., 2009; Heyman & Gutheil, 2010). There is also evidence that Latinos tend to view politics through the lens of their religious beliefs. Among Latinos who follow a particular religious tradition, a majority said that their religious beliefs are important for shaping their political thinking (Pew Hispanic Center, 2007b).

Latino civic engagement has increased significantly in recent years for both migrants and those born in the U.S. In cities across the country, Latinos have organized and participated in marches for immigrant rights in large numbers. They have also increased their participation at the voting booth. Fifty percent of Latinos eligible to vote voted in the 2008 presidential election — about two million more than voted in 2004 (Lopez & Taylor, 2009).

From immigration and civil rights to health and education, Latino-serving and, in many cases, Latino-led, advocacy and service organizations have championed policies to enhance the political, health, and socioeconomic status of Latinos. However, a recent survey of prominent Latino groups and organizations concluded that although these organizations have expressed concerns about the changing demographics and the need for services and programs to address the special needs of the Latino elderly, they do not appear to be effectively prepared to advocate for or to implement the programs necessary to serve the Latino elderly (Haro et al., 2010). The authors asserted that these organizations need to strengthen their role in addressing the needs of Latino older adults in light of the precarious position of Latino boomers and the growing political debates about future investments in social insurance and safety net programs for the aged (Haro et al., 2010).

OPPORTUNITIES AND CHALLENGES

The literature review clearly conveys that Latinos in general and Latino older adults especially face significant challenges when it comes to health, education, and income security. While some may argue that these challenges can be attributed to personal behavioral factors, in reality the lives of Latinos are also shaped by systemic factors that are connected to contemporary public policy debates and public and private investments in the Latino community.

In fact, policy and investments are integrally intertwined with individual outcomes. For example, the impact of U.S. immigration laws on the fate of undocumented Latino immigrants may very well determine whether they are able to receive an education, access low-cost financial services, or even claim fair wages for their labor. Similarly, the amount of investment in Latino communities can determine the availability and quality of the community services and infrastructure that have a direct impact on the health, wealth, and general wellbeing of Latinos. As a result, policy advocacy on issues affecting Latinos and direct investments in their communities will be as critical as efforts to change the behav-

iors of individual Latinos. All of these issues are important for the successful aging of Latino older adults.

Public Policy

Latinos have an extremely high stake in the outcomes of policy debates as diverse as immigration, Social Security, healthcare, education, and aging services. What follows is a brief summary of the key issues important for successful Latino aging.

Immigration

Although the United States has traditionally welcomed immigrants from every corner of the world, there is a growing and pervasive anti-immigrant sentiment today. This sentiment is largely driven by the migration of Latinos from Mexico and Central American countries. Since citizenship status often determines immigrants' accessibility to public benefits or even their level of comfort in seeking services at a hospital or any other institution where their status might be questioned, immigration reform has become a critical quality of life issue that affects Latino immigrants of any age. However, Latino older adults who are undocumented immigrants face an

SPOTLIGHT: ADELANTE OF SUFFOLK COUNTY

When a friend or relative takes an elderly Latino to one of the offices of Adelante of Suffolk County, in Long Island, NY, they find that the employee at the front desk is far more than a receptionist.

The Family Services case workers at the front desk of Adelante's Central Islip headquarters, or a side office at the lunch program's temporary space last summer in Brentwood, were there to guide people in search of answers about supportive housing for the mentally ill. But they also were there to make sure that all visitors received appropriate referrals and assistance.

Erica Brooks stands more than she sits in the glassed-in reception desk at Adelante's administrative offices in Central Islip, where perhaps 50 to 100 people, many of them elderly, stop by to see her each week. They lean in to seek advice through a window by her desk enclosure.

Hands-On Help

"For somebody not having food or a place to sleep," Brooks explains, "we refer them, we advocate for them, and they need other services. Once we get a home for them, how do we get them food and other services?

"Latino elderly may not have enough resources to keep up with the rent. They are asking what other programs are available," Brooks said. "Sometimes, they need people who

can apply for Medicare for them. … We try to screen them when they come in."

Other services provided by Adelante personnel include sorting out seniors' confusion over the federal Medicare health-related benefits and Medicaid, which is a joint federal and state program that also covers some social services. "Sometimes we translate what the mail says. We help them with recertification with Section 8 [housing]," Brooks said. "We try [to ensure] that there are no gaps [in benefits] or any problems. And when they don't have any benefits, we try to help them get benefits."

Community-based organizations that wish to start similar programs can turn to Adelante for help. "They should have more bilingual personnel and not to hesitate to call us, if they need to," Brooks said. "Sometimes we get calls from hospitals. … And we wind up doing referrals through third parties."

Outreach

Because so many of the Latino seniors in the area are isolated from community services, Adelante has been proactive in its outreach activities. Quite often, they learn of seniors in need of services through youth-oriented outreach activities at local health fairs, school open houses and after-school programs in Bayshore and Brentwood, on Long Island. The senior

economic crisis as they age. After years of hard labor, many do not have the stamina to work longer, but they are unable to access retirement or health benefits due to their legal status. Immigration reform is a top policy issue for many Latino advocacy organizations and will likely be of concern well into the future given the expected immigration patterns.

Education

Once viewed as a national asset, the U.S. system of K-12 public education is increasingly viewed as a liability because of its inability to provide a consistently high quality of education for students across income levels and from all racial and ethnic backgrounds. This is particularly important for Latinos because there are nearly 10 million Latino children and youth enrolled in U.S. public schools and this number is expected to increase dramatically in coming decades (Fry & Gonzales, 2008). The future economic well-being of the Latino population, therefore, is highly dependent on how well prepared the U.S. public education system is in providing quality educational services for a culturally-diverse student body with differing language abilities and educational and social needs.

Latino children and youth are more likely to attend high-poverty, racially and ethnically segregated schools (Leadership Conference on Civil and Human Rights, 2010). These schools desperately need significant investments that result in more high-quality teachers, better facilities, and increased access to a high-quality curriculum and enrichment programs. While there are many issues to be addressed, one of the most salient for the Latino community is the issue of bilingual learners. The No Child Left Behind Act signed into law in 2002, required bilingual students to take tests and receive instruction in English regardless of their level of English language proficiency. Thus far, this policy has not resulted in higher levels of academic achievement for bilingual learners (Rocha, 2008).

Given the centrality of educational attainment to the income, wealth, and retirement security of older adults, engagement in education policy decisions at the local, state, and federal levels should be a key component of a policy agenda focused on successful Latino aging.

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center services are advertised through fliers posted in local supermarkets, senior apartment buildings and other facilities.

In 2009, Adelante served more than 7,300 meals and provided transportation services more than 1,300 times for older Latinos. About 35 people a day, of whom 33 are Latinos, gathered to eat lunch and to socialize in the back of a church in Brentwood on a typical day in the summer of 2010. They each paid $2 a day, transportation and lunch included. By 2 p.m., the seniors had all gone home.

This Adelante Senior Center was occupying temporary quarters due to the expansion of its permanent Brentwood facility, which was expected to be complete in December 2010. The temporary activity center, a large room with a separate kitchen, restrooms and small offices for social service providers, was across a narrow parking strip from the railway tracks and close to Entenmann's bakeries, a major employer in this industrial area.

"Their children work in the area," says Bill Ayala, who oversees the Brentwood senior center activities. "I've got a handful that age in place. But [mostly] they move into the area with their kids."

"Sometimes, both [children] work, and Mom is home alone," Ayala said of the seniors. But many of them have come to care for their grandchildren. He said that stewed pigeon peas over rice, a Puerto Rican favorite, and roasted

fresh ham is a popular luncheon dish for the elderly, who include natives of Puerto Rico, the Dominican Republic, Ecuador, Guatemala, Peru, El Salvador, and Honduras.

They keep coming back for their daily dose of Latin music, lunches catered from Los Latinos Restaurant in Brentwood, computer and internet access, a bank of sofas facing a large television, and monthly lectures in Spanish on nutrition, wellness and benefits by representatives of county, state and federal agencies. Sitting around the nine long tables under ceiling fans in the back of the church last summer, the seniors listened to Spanish-language music and got a chance to socialize.

"The staff treats the people with love, like their mother, their father," says Maria Carvajal, assistant to Adelante Executive Director Miriam Garcia. The program participants, she says, "come here to get away."

Administration

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Central Islip, NY 11722

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Executive Director
(631) 234-1049

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Healthcare

The healthcare system in America is fundamentally broken, particularly for Latinos who have the highest uninsured rates in the country (Bureau of Labor Statistics & U.S. Census Bureau, 2009a). The healthcare reform bill that became law in March of 2010 was intended to address the system's lack of access and affordability that has often kept Latinos from receiving quality care. While there are many encouraging provisions in the bill, expanded access to affordable preventive care being one of them, it is too soon to tell whether measures passed will be sufficient to dramatically expand coverage to the 14.6 million Latinos currently without access to health insurance year-round (Bureau of Labor Statistics & U.S. Census Bureau, 2009a). That being said, it is important for Latinos to be intimately engaged in the implementation of the healthcare law so that it is implemented in a way that maximizes their benefits and health outcomes.

Medicare and Medicaid are also important programs for Latino older adults and other economically vulnerable Latinos. Attempts to cut funding for both of these programs for the purpose of balancing federal and state budgets threatens access to critical care for many Latinos. Given the dispropor-tionate rates of chronic diseases experienced by Latinos of all ages, it is vital that these healthcare programs — particularly those focused on expanding access to low-income Latinos — be protected and strengthened.

> "The Institute of Medicine of the National Academies points out that there is a dramatic shortage of all types of health care workers, but mostly that the current health care workforce is inadequately trained to care for older adults."

Social Security and Supplemental Security Insurance

For 75 years, Social Security has been at the forefront of helping to reduce retirement insecurity for vulnerable retirees. The program has also been an essential source of income for Latino workers who have become disabled and for the dependents of Latino workers who have died. Latinos who have lower lifetime earnings and less wealth upon retirement, are more likely than whites to rely on Social Security for much or all of their income (Torres-Gil et al., 2005). Because Latinos

also have higher life expectancies, lower earnings, and higher disability rates than whites, they have also been shown to receive a higher rate of return from Social Security relative to the taxes they contribute to the system (GAO, 2005).

The national fiscal crisis has created budgetary pressures that have caused some Congressional leaders to look toward Social Security benefit cuts as a way to rein in costs and reduce national deficits; this is true despite the fact that Social Security's contribution to the national debt is minimal. Given the expected growth of Latino older adults, Latinos should be wary of calls to reduce Social Security's benefits. Their economic insecurity today will likely increase their need for Social Security's retirement insurance in the future and cuts to the program's benefits represent real reductions in the income of tomorrow's Latino older adults. Latino leaders should be at the forefront of advocacy efforts to protect and strengthen Social Security given their heavier reliance on and benefit from the program, as well as their growing share of the U.S. population.

Supplemental Security Income (SSI) is an important program for Latino older adults because of their high rates of poverty in old age and because they are more likely than whites and African Americans to rely on the program's income support (Torres-Gil et al., 2005). While the program is vitally important for Latino older adults who have no or limited sources of income, its means testing requirement dictates that the elderly possess limited or no accumulated wealth in order to qualify. This prevents lower income Latino older adults who possess some assets from accessing benefits they may need while also discouraging saving. It is important that Congress remove or raise the asset limits on savings, consider adjusting benefits for inflation, and also consider repealing restrictions that limit access to SSI benefits for legal immigrants. While these are important issues for Latinos of all ages, they are especially important for Latino older adults with extremely high rates of poverty.

Older Americans Act

The Older Americans Act (OAA) is the central piece of legislation that funds the U.S. aging infrastructure. In addition to authorizing funds, the law gives critical guidance to aging service providers on how to best serve older adults. While OAA includes language encouraging the provision of culturally appropriate services for Latinos and other non-white racial and ethnic groups, there are currently no enforcement

mechanisms for these provisions that positively affect the quality of services offered to Latinos by mainstream service providers. Additionally, Title VI of the law contains special provisions that award grants to institutions serving culturally unique Native American, Native Alaskan and Native Hawaiian older adults. Latino advocates should prioritize the development of enforcement mechanisms to compel mainstream service providers to provide language and culturally appropriate services and also explore how to expand Title VI to include special provisions for Latino older adults.

Philanthropy

As a vehicle for improving the lives of individuals and families and advancing the health and well-being of entire communities, philanthropic organizations have a special role in supporting the socioeconomic advancement of Latinos generally and Latino older adults specifically. Unfortunately, while the Latino population has grown rapidly in recent decades, Latino community-based organizations have continued to be underfunded, receiving less than two percent of all foundation giving (The Foundation Center, 2010). Similarly, Foundation giving has not kept up with the growing "age wave." Despite the rapid growth of the older adult population, less than two percent of foundation giving is devoted to organizations primarily serving seniors. With a small percentage foundations prioritizing Latinos or aging communities, only a handful have explicitly sought to address the intersection of the two issues.

To the extent that Latinos are increasing in numbers and are among the least educated and most vulnerable to health and economic challenges, foundations have an opportunity to expand their charitable giving to organizations and initiatives explicitly serving this population. Their investments will help build the capacity of Latino-serving institutions — organizations that will continue to be vital components of Latino life in the U.S. — while strengthening the well-being of the populations these organizations serve.

Expanding investments in Latino communities will likely become an increasingly important priority for foundations as Latinos become an even larger percentage of the U.S. population, including its older population. There is no doubt that the status of the U.S. and its role as a leader in the world is integrally tied to the health, educational, social, and economic status of its citizens. Demographic shifts illustrate that Latinos will become an increasingly important part of civic and economic life in the U.S. If the U.S. is to have a future as prosperous as its past, the philanthropic community — along with government, corporations and other stakeholders — has a vested interest in supporting the development and prosperity of Latinos.

The well-being of Latino older adults should be of special interest to the philanthropic community not just because they represent a vulnerable population in need of support but also because they are often critical contributors to the socioeconomic security of Latino families. Revered members of the family unit, Latino older adults often serve the role of family counselor, wise sage, and caregivers for grandchildren. Their contributions have an economic impact on Latino families to the extent that they alleviate the financial burden that families would otherwise incur if they had to pay market rates for these services outside of the home. Moreover, these older Latinos are often givers and leaders in their communities, with the potential to play an important role in the future of grassroots philanthropy and civic engagement.

NATIONAL ASSETS AND GAPS

Profile of U.S. Aging Assets

The U.S. aging infrastructure is comprised of a host of senior centers, nursing homes, long-term care facilities, healthcare facilities, social service agencies, legal aid clinics, community- and home- based service organizations, associations, and advocacy organizations that primarily or exclusively serve older adults. Funded through a variety of public and private sources, such as foundations, state and local governments, and corporations, the aging infrastructure spans the entire country, including the contiguous states, U.S. territories and tribal nations.

Through the Administration on Aging (AOA), the federal government's Department of Health and Human Services supports an "Aging Services Network" that seeks to provide "a comprehensive and coordinated system of community- and home- based services for older people and their family caregivers" (U.S. Administration on Aging, 2007). Authorized and funded through the Older Americans Act, this network is the primary vehicle through which federal funds dedicated to supporting older adults and their caregivers are disbursed to organizations across the country. The U.S. Departments of Agriculture, Housing and Urban Development, and Transportation, as well as the Centers for Medicare and Medicaid Services are other federal agencies that provide targeted funds to support older adults.

> "The diversity of the programs in these organizations is larger, probably because there is a holistic approach to providing services to the community. Also, the "multi-service/one-stop shop" model of service provision seems to be a common and successful model among the Latino community."

While many organizations and institutions funded through the AOA's Aging Services Network are located in areas of the country where Latino older adults live, it is not clear how many Latino-led or Latino-serving organizations are funded as a part of this network or whether mainstream AOA-funded organizations are prepared to meet the needs of Latino older adults. While not as vast as the Aging Services Network, there are also a significant number of community-based organizations across

the country that are Latino-led and/or Latino-serving. And while the vast majority of these Latino organizations do not specifically serve an older adult population, it is possible that these organizations can transition to serve more Latino older adults as the need increases over time. It is also unclear how well prepared these organizations are for meeting the needs of a growing Latino older adult population. Given demographic projections which forecast a dramatic increase in the numbers of Latino older adults in a few short decades, it is imperative to assess whether our nation's mainstream aging infrastructure and Latino-serving organizations are prepared to meet the challenge of serving a diverse older population.

Aging Network Analysis

The needs of the Latino older adult population must be understood not only from the perspective of whether general aging assets exist in communities where they live, but also whether they are able to access these resources. A significant body of research has found that Latino older adults are less likely to access services from mainstream service providers because many agencies are not culturally sensitive and do not have Spanish-speaking employees or materials (Robert Wood Johnson Foundation, 2007). Latino older adults also report having limited access to transportation options and are less likely to know about support services, like government-subsidized transportation programs, when they do exist (Sierra Health Foundation & California State University, Sacramento, 2008). Additionally, the primacy of family values in the Latino culture means that they tend to age at home with the support of family members rather than utilize nursing homes, mental health or long term care facilities (Purdy & Arguello, 1992).

In a 2006 thesis paper entitled *Aging Services Professionals' Views of Barriers Faced By Minorities in Accessing the Local Aging Network*, the author conducted a qualitative study assessing the adequacy and availability of services for "minority" older adults in Ohio. Her study assessed the validity of the three most frequent barriers cited by racial and ethnic groups when accessing the local aging network: information about services, availability and affordability. The vast majority of the key informants Johnson interviewed cited the accessibility of information as a major problem. Informants pointed to technology illiteracy among consumers and a lack of program marketing as two factors limiting access to information. While availability and affordability were not seen as significant barriers to service, multiple informants said that transportation

to programs or services locations was also a major problem for older adults (Johnson, 2006).

The study included recommendations such as more bilingual workers, better marketing in minority communities, cultural competency training, more church and community involvement, better targeted transportation services, and additional funding as ways to eliminate barriers facing Latino and African-American older adults (Johnson, 2006). The author also noted that "older minorities in the context of service delivery have been overlooked for decades." Unfortunately, there is little evidence indicating that this critical "blind spot" in the nation's aging infrastructure has changed or is likely to change in the near future.

This analysis seeks to fill a gap in the literature by examining the community-based assets for and the needs of Latino older adults. This analysis adopts an approach that expands the concept of what constitutes an aging asset in Latino communities. In the past, mainstream aging organizations and service providers have been viewed as the only aging assets available to older adults. Given the extensive literature demonstrating their limitations in serving Latino older adults and the strain on their capacity that is likely to accompany the growing older adult population, it is prudent to identify additional assets serving or that have the potential to serve Latino older adults in preparation for the forthcoming Latino age wave.

At the same time, this analysis seeks to assess the reach, scope and effectiveness of the AOA's Aging Services Network. Specifically, the analysis seeks to understand where traditional aging assets are located in the country, how their locations correlate with the geographic presence of Latinos, and whether they have adopted standard operating procedures that represent best or promising practices for serving Latino older adults.

This analysis is comprised of three parts: 1) a Geographical Information Systems project that identifies and maps the locations of Aging Service Network resources and Latino-led/Latino-serving community-based organizations; 2) a random audit of Area Agencies on Aging to determine what types of resources are available to Spanish speakers; and 3) an examination of the priorities, scope and capacity of Latino-led and Latino-serving community-based organizations.

GIS Asset Mapping Methodology

This analysis uses Geographical Information System (GIS) mapping to visually depict where the nation's general aging and Latino community-based assets are located and how their locations correlate to the geographic concentration of Latinos across the United States.
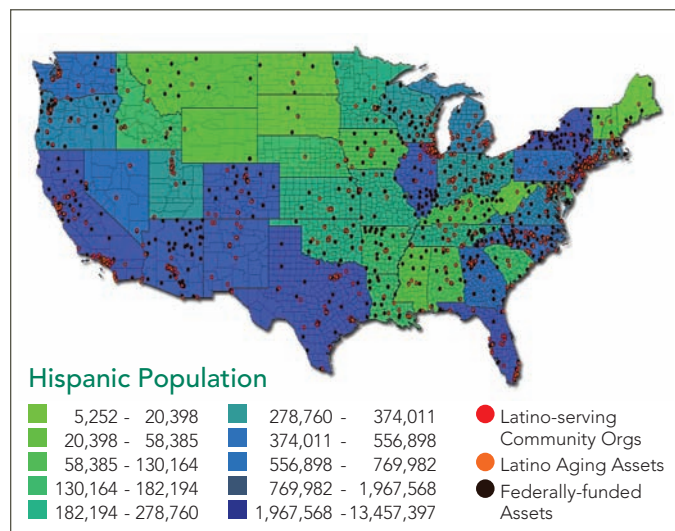
The mapping data was gathered using intensive web search methods that yielded a number of important online resources. The AOA's Eldercare.gov Database served as the primary resource for identifying the locations of the federally-funded Aging Services Network (ASN) assets. In the effort to map these assets, every state in the continental U.S. was searched to develop a database of organizational address and contact information. The mapped ASN resources represent Area Agencies on Aging hubs through which information and government funding is dispensed to additional community-based organizations that meet specific requirements for service and capacity. The scope of this project did not include mapping these additional community-based organizations. Basic state-by-state Internet research, the Charity Blossom database, and the Network of Care database were used to find Latino community organizations in each state. These locations were then geo-coded by address and zip code and added to the GIS map. A total of 2,092 assets were mapped.

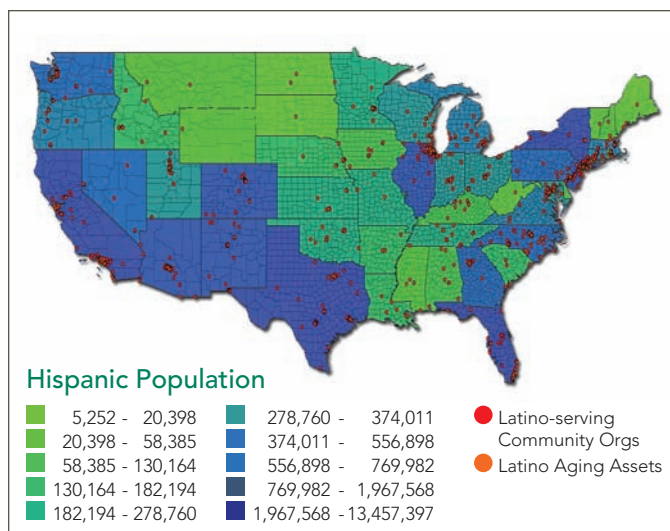An explanation of three GIS maps is as follows:

- The color-coded shading represents the concentration of the Latino population in each state, with the green colors representing states with fewer Latinos and the blue colors representing states with heavier concentrations of Latinos. (This is the most recent population data for the Hispanic Population, from 2006-2008, U.S. Bureau of the Census. This data and the graduated shading of the maps reflect absolute numbers for the Hispanic population, not percentages of the overall population.)

- The red dots depict all Latino-serving community-based assets, including community centers, grassroots organizations, professional associations, and others.

- The dark brown dots represent Aging Service Network assets, specifically Area Agencies on Aging — mainstream aging resources within each region of the country.

- The orange dots represent those assets for Latino older adults. These include day care centers, clinics, community centers and other locations that serve the Latino population in general and Latino older adults more specifically.

GIS Mapping Results

The Aging Network assets (black dots) are spread across the entire country with high concentrations particularly along the Northeast Corridor and the Western states. In those states with sparse population concentrations, there are fewer resources available for the elderly populations.

Hispanic Population

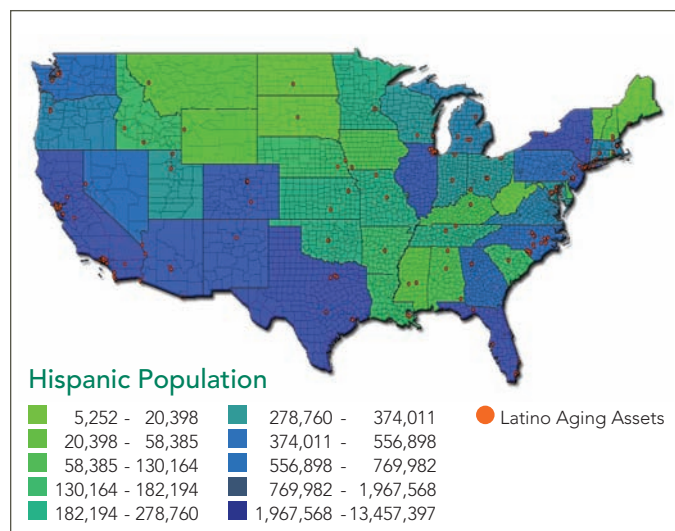|					
🟩	5,252 - 20,398	🟦	278,760 - 374,011	🔴	Latino-serving Community Orgs
🟩	20,398 - 58,385	🟦	374,011 - 556,898	🟠	Latino Aging Assets
🟩	58,385 - 130,164	🟦	556,898 - 769,982	⚫	Federally-funded Assets
🟩	130,164 - 182,194	🟦	769,982 - 1,967,568		
🟩	182,194 - 278,760	🟦	1,967,568 - 13,457,397		

The maps show that Latino community-based assets (red dots) are located primarily in cities with large population concentrations. The greatest concentration of assets is on the Northeast Corridor extending from DC up to Boston. The next greatest concentration is around the Great Lakes region and Chicago, with the West Coast, Southwest and Texas displaying a more diffused dispersal of point data given their larger size and less concentrated population area. The states of Nevada, New Mexico and Colorado stand out for what seems to be a disproportionate dearth of community-based assets. This is illusory to an extent since these regions possess harsh terrain and their assets are concentrated around cities.

Hispanic Population

🟩	5,252 - 20,398	🟦	278,760 - 374,011	🔴	Latino-serving Community Orgs
🟩	20,398 - 58,385	🟦	374,011 - 556,898	🟠	Latino Aging Assets
🟩	58,385 - 130,164	🟦	556,898 - 769,982		
🟩	130,164 - 182,194	🟦	769,982 - 1,967,568		
🟩	182,194 - 278,760	🟦	1,967,568 - 13,457,397		

Overall, the maps depict a concentration of Hispanic community assets that mirror the dispersal and migration of the population. This is to be expected, although the extreme concentration of assets in the northeast sector of the country is surprising when compared to the fewer assets in the Southwest region where Latinos are heavily concentrated. It may be that this difference is an indicator of the greater political power of the Latino population in the Northeast corridor, and their greater dispersal and diffused political power in the Southwest.

Another explanation may be that Latinos living in the Southwest have a very different orientation toward identity politics and ethnic-focused services than their counterparts on the eastern seaboard due to their distinct histories and migration patterns. For example, Latinos on the eastern seaboard are more likely to have immigrated from Puerto Rico and the Dominican Republican whereas Latinos in the Southwest are more likely to be from Mexico or descendents of Latinos who have lived in North America for centuries — long before the establishment of the United States (Finegan & Rockford, 2004). Further research will be needed to determine whether cultural differences based on country of origin determine how Latinos relate to ethnic-identified associations and services.

Hispanic Population

5,252 - 20,398	278,760 - 374,011	● Latino Aging Assets
20,398 - 58,385	374,011 - 556,898	
58,385 - 130,164	556,898 - 769,982	
130,164 - 182,194	769,982 - 1,967,568	
182,194 - 278,760	1,967,568 - 13,457,397	

There are very few Latino aging assets (yellow dots) in the nation. However, among the few that exist, their distribution is concentrated primarily in the largest urban areas in the country. New York, Chicago, San Francisco, Los Angeles, Seattle, Dallas, Houston and Washington, DC are among the cities with the largest concentration of Latino-serving aging organizations. Again, while the Latino population is highly concentrated in the Southwest region of the United States, this region had relatively fewer Latino aging assets compared to the far West region and the Northeast Corridor.

In those regions of the country that displayed relatively small concentrations of Latinos, predictably, there was also a dearth of organizations that served the needs of Latino older adults. Overall, the distribution of these aging resources followed the previously discussed distribution of the Latino community with a heavy concentration in the Northeast and the far West of the United States, with Chicago being the lone Midwestern exception. Potential causative factors for this distribution of resources include the relative availability of funding sources and the political climate in the far Western states and the Northeast as opposed to the Midwest, Deep South and Southwest of the United States.

As a general point of comparison, the ratio of Latino older adults to the number of Latino-serving aging resources varies widely by state. However, an analysis of the top six states in which Latinos are concentrated reveals both needs and disparities. The state of California contained the highest number of elderly Latino-serving assets as well as the largest number of elderly Latinos. Not surprisingly, the number of older adults

per servicing asset was also the highest, an astonishing 15,840 individuals for each Latino-serving elderly organization. Texas contained the second highest number of Latino elderly, while containing one of the lowest concentrations of elderly-specific services. The number of individuals served in that state was a staggering 83,009 per servicing asset. Florida possessed the third highest concentration of Latinos, while barely eking out Texas in number of servicing assets, resulting in 41,084 Latino older adults per organization. The state of New York, also with a similar number of elderly Latino organizations, displayed a much lower elderly Latino population, resulting in a lower number of elderly Latinos served per organization at 5,723. Illinois had the lowest ratio of these top six states, 5,821 individuals per asset, although the total number of Latinos in the state is far below that of the highest states in the list. Arizona rounded out the consideration of these top six states in the nation with a ratio of 13,707 individuals served per Latino-serving elderly assets.

Looking beyond the states with the largest populations of older Latinos, the state of North Carolina possessed a low number of Latino-serving assets and also has a population of elderly Latinos that was significantly lower than that of California and New York, resulting in a lower ratio of individuals to servicing assets, at 754 served per asset. The District of Columbia had the best overall ratio, with 239 individuals per Latino aging asset.

The relatively high ratio of Latinos at or over the age of 65, when compared to the number of Latino-serving elderly assets in the top six Latino-residing states reveals the immediate necessity of increasing the number of organizations that serve the aging Latino population in these states.

State	Total Latino Population	# of Latino Aging Assets	Latino Population Aged 65+	# of Latino older adults per Latino Aging Asset
California	13,457,397	45	712,815	15,840
Texas	8,870,472	6	498,055	83,009
Florida	3,845,964	10	410,842	41,084
New York	3,248,527	42	240,397	5,723
Illinois	1,967,568	14	81, 491	5,821
Arizona	1,959,197	7	95,952	13,707

Area Agencies on Aging Analysis

Area Agencies on Aging (AAA) are federally-funded local and regional aging organizations that help older adults and their relatives locate aging information and resources in their communities. They also serve as federal funding conduits to community-based organizations in their areas of operation. In an effort to better understand whether AAA offices are able to assist Latino older adults, we conducted a random audit of 24 agencies to determine the amount of information and support available for Spanish speakers.

| Survey of Agency's Employees' Ability to Direct Callers to Resources			
Unable to Provide Direction		Agencies Able to Direct Callers	
6	25%	18	75%

Agencies were randomly selected from a list found at www.eldercare.gov, the national website created to help senior citizens easily access support services in their communities. After calling and speaking with representatives of 24 agencies, whose websites and directories are noted below, we discovered that overall the services available are not as comprehensive or accessible as advertised. This analysis details the process it took to gain access to community resources from 24 Area Agencies on Aging scattered around the U.S. The audit results are organized by region, state, city and agency.

Of all the states' area agencies contacted, 75 percent were able to direct us to the services they provide for seniors and 25 percent gave us a different phone number and transferred us to other agencies.

One of the first questions asked of each agency was whether they had a Spanish speaker available, or if they offered any Spanish services. Unfortunately, only 13 percent had representatives who were proficient in Spanish. The other agencies directed us to call another agency or office that they thought may be able to serve as a translator. Upon first contact, Area Agencies on Aging in Rhode Island, New York and Seattle offered Spanish-speaking assistance and an option to speak to a Spanish- or English-speaking representative immediately. Seattle also has "seamar" which is a service especially created for Spanish speakers. Most of the organizations, however, suggested we contact other agencies directly to ask if they could speak Spanish.

Other types of Spanish services available were online pamphlets and website translating services like Babbelfish. Over half (13 out of 24) did not have Spanish hardcopies of their resources or Spanish translations on their websites that could serve to better assist Latino citizens. Interestingly, nine of the 24 agencies were unaware whether they could provide any Spanish resources in hardcopy form, and one-fourth was unsure whether Spanish resources were available on their websites.

Types of Spanish Resources Available
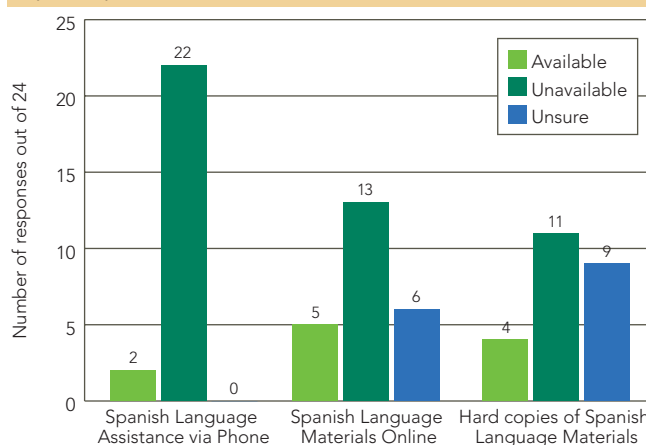
Generally speaking, the majority of the agencies referred clients to online databases to search for services, organizations and other information. This was a tedious process that would likely prove daunting for older adults with limited technological proficiency or to their family caregivers who would be better served if the information were easily accessible.

Other resources used by Area Agencies on Aging to present their services include pamphlets, booklets and websites outlining various organizations and community centers for seniors. (There are 23 agencies in this part of the analysis -because only one uses mail).

Only three of the 24 agencies had detailed websites providing contact information for all of the services they provided. Overall, the best website was from the AAA in Trenton, N.J. This website provided concise, accessible descriptions and contact information for older adults to use.

One of the best resources available was an online website called "Network of Care" that a few states had registered to use. In use at AAA's in Texas, Oklahoma, Colorado, Oregon,

Texas, Ohio, and Massachusetts, this website provided better information access for interested users. Users can personalize it and share information with their friends, family and community agencies. Information that can be shared includes access to a tutorial on how to use the site, resources in their counties (located in online service books), a "my folder" option to save searches as well as an option to translate the site into Spanish. The website can be accessed at http://networkofcare.org/index2.cfm?productid=1.

When asked for a list of services, many more were readily able to provide an Internet address or offered to mail a copy of a directory of services. As seen below, 59 percent of the agencies suggested we look on their website for more information and/or asked for an email address to mail resources to read. One-third suggested only that we look at the agency's website. After studying these websites, we found that no states offered PDF versions to print.

Upon asking if they could provide a list of services, 83 percent of the agencies we called suggested we use their online guide instead of the hardcopies of their brochures. Unfortunately, the online guides of some agencies were difficult to navigate and it was hard finding simple contact information for programs like Meals on Wheels or even transportation services.

Although many AAA's referred callers to their websites, an analysis of the language accessibility of the agency websites revealed that 62 percent had English-only websites and 17 percent had websites that either could be translated into Spanish through another website or contained Spanish language components (e.g., a directory). Only 21 percent of the AAA websites were capable of being fully translated into Spanish.

In sum, a shocking majority of AAA's proved to be unable to serve a Spanish-speaking client upon first contact. A majority did not have Spanish-speaking employees or translators, materials available in Spanish, or even a way to readily refer clients to Spanish-speaking community-based organizations. Their inability to provide these services to clients seeking critical assistance underscores that the nation's federally funded aging infrastructure is ill prepared to handle the Latino aging boom. Additionally, these examples illustrate how language barriers can serve as a form of discrimination that effectively excludes Spanish-speaking older adults from receiving critical services.

ASSESSMENT OF LATINO ORGANIZATIONS

Latino-Serving Community-based Organizations

Considering the existing need for services targeting Latino older adults, community-based organizations providing services exclusively to this population are scarce. Most of the organizations that provide services to older Latinos do so as part of the services that they provide to the Latino community as a whole. The community-based organizations that are focused exclusively on providing services to Latino older adults offer assistance in a variety of areas. The most common types of services offered are those related to health, social and recreational activities; housing; transportation; and assistance accessing government services.

Among the health-related services, some community-based organizations serving Latino older adults offer nutrition programs that serve meals in senior centers, offer home-delivery meals to older adults with disabilities, provide information about healthy eating and nutrition for specific medical conditions (diabetes, hypertension, and high cholesterol, among others), and have food distribution programs. They also provide services to encourage physical activity aiming to improve the health of the older adult population and home assistance for those with disabilities.

Other programs that community-based organizations offer intellectual stimulation by providing social and recreational opportunities for older adults. Some of the programs take place at senior centers where older Latinos gather to talk, play cards and bingo, have breakfast and lunch, engage in outdoor activities, participate in book clubs, develop friendships, and exercise. They also receive orientations and information about current topics and issues of concern, including health services, social services, and counseling. Other activities aiming to encourage socializing take place in shopping malls, recreational centers, parks, and museums and many of the activities — particularly those focused on the arts — are culturally rich. The community-based organizations coordinate the events and provide transportation for the older adults.

Affordable housing assistance is another common service offered by organizations focused on older Latinos. The programs in this area range from education about independent living to information about subsidized housing and other types of government assistance. In a few cases, Latino community-based organizations directly provide affordable housing for older adults.

One of the most common service areas provided by Latino aging organizations is transportation. The community-based organizations coordinate with city transportation services to assist older adults in traveling to key destinations such as doctors' appointments, governmental offices and agencies providing needed services, recreational and social activities, and senior centers. In addition to coordinating public transportation, some community-based organizations also fund and coordinate private transportation services for older adults.

Many community-based organizations serving Latino older adults provide help navigating available governmental services. The types of government services about which community-based organizations most commonly provide information and assistance are those related to housing, transportation, and food security. They also provide assistance with accessing entitlement and other benefits, including Medicare, Social Security, Temporary Assistance to Needy Families (TANF or "welfare"), Supplemental Security Income (SSI), and the Supplemental Nutrition Assistance Program (SNAP or "food stamps"). The organizations also refer their seniors to other community-based organizations providing additional services, such as daycare at home, job training, and care management for chronic diseases such as diabetes and hypertension.

The vast majority of the Latino-oriented community-based organizations provide services to people of all age groups, genders, and national origins; and some have specific programs for Latino older adults. The diversity of the programs in these organizations is larger, probably because there is a holistic approach to providing services to the community. Also, the "multi-service/one-stop shop" model of service provision seems to be a common and successful model among the Latino community.

Latino community-based organizations that provide services specifically for women also tend to be holistic in the services that they provide. For example, some provide daycare for children or have coordinated daycare with other providers, offer after school programs for children, family planning counseling, healthcare and financial independence, job search advice, and employment services. All of these programs also benefit older Latina women, many of whom are raising

their grandchildren and experiencing the same challenges as younger Latina women.

In addition, Latino older adults can take advantage of services that were created to primarily serve younger Latinos but that are also highly needed by older people. Some of the most common programs that have been developed in these organizations that can serve older adults are as follows:

Health and Wellness Programs	Social Service Programs	Independent Living Programs	Community Empowerment Programs
Diabetes self-management	Orientations to Social Security and Medicare	Transportation and food pantry services	Community outreach and organizing
Healthy eating	Adult day care	Adult and continuing education	Leadership development
Injury prevention	Referrals to governmental and community services	Computer and financial literacy	
Medical navigation services	Legal assistance and advice	Citizenship education and preparation	

In addition to the community-based organizations that provide services to Latino older adults, the national nonprofit organizations whose advocacy and service agendas focus on Latino older adults deserve particular attention. National organizations that exclusively address issues related to Latino aging are few. The National Hispanic Council on Aging (NHCOA) and the Asociación Nacional Pro Personas Mayores (National Association for Hispanic Elderly), are the largest and most known. These have developed programs in the following areas: health promotion and disease prevention, economic security and civic engagement, leadership development, education, low-income housing, employment services, training and technical assistance, and communications and media.

NHCOA and ANPPM (NAHE)'s main agenda issues are similar to the issues addressed by national not for profit organizations that focus on the general older adult population. This suggests that Latino older adults have needs and challenges similar to other older adults. The fact that NHCOA and ANPPM share agendas similar to other national aging advocacy organizations indicates an opportunity to reach consensus, collaborate, and coordinate on policy strategies that can positively affect older

adults, without overlooking the needs of specific communities in the United States.

There are other, smaller, national organizations that address issues important to Latino older adults. These organizations are mostly focused on a specific sector of the Latino population, such as the American GI Forum which provides employment training, employment, counseling for Latino veterans, and other services aimed to help their constituency with the Veterans Administration. Other organizations focus on advocating for a single issue that affects Latino older adults, such as the development of affordable housing and better healthcare services.

There is a striking amount of diversity on the issues addressed and constituents served by national Latino organizations without a singular focus on older adults. There are professional associations, research centers, national origin organizations, women's issues organizations, and organizations focused on specific issues of concern the Latino community. Despite their broader focus, some of the national organizations have developed custom programs for older adults particularly in the areas of economic stability and independence, low-income housing, senior services, and employment.

Most national Latino organizations have integrated older adults into their general initiatives even when their mission and objectives are not aimed to address the challenges of the Latino older adults. Latino older adults benefit from these initiatives. National organizations have created these intergenerational programs in areas such as affordable housing, citizenship and English-language classes, voter education and registration, health and wellness, and immigration assistance.

Similarly, national Latino advocacy efforts have largely focused on issues such as affordable housing, immigration policy, health care, education, consumer protection, workforce and labor, civil rights, and economic policy. Many of these policy issue areas contain elements that are important to Latino older adults. However, most national Latino organizations rarely frame their work explicitly through the lens of aging. As a result, there are missed opportunities for coalition-building and for consolidating their work on behalf of Latino older adults in a way that can be readily translated to funders, advocacy organizations, and other policy makers.

Some of the national Latino organizations focus on public policy development and advocacy and leadership development and organizing. In terms of policy development, national organizations fund research in specific areas of interest and publish documents that include policy recommendations to be implemented at the local, state, or national level. At the same time, many of these organizations advocate at multiple levels of government to ensure implementation of their preferred policies. Many have also established collaborative relationships with foundation and corporate funders whose support helps to advance their Latino-focused agendas.

Several multi-issue national Latino organizations provide support, advice, funding, and other types of resources to their community-based affiliates. Their efforts include funding some of the programs of the community organizations, supplying technical assistance and information resources, supporting leadership development, and promoting advocacy at different levels of government. Some engage in a type of "partnership" agreement through which the community-based organization becomes a member of the larger organization by paying an annual fee or dues.

However, it is important to clarify that the relationship that exists between the community-based and the national organization is not as hierarchical as it is reciprocal. The national organizations do not necessarily have the resources or the capacity to reach the base of the Latino population; therefore, the community-based organizations — who are most often the direct service providers and grassroots advocacy groups — provide the national organizations with first-hand information about the needs, interests, and challenges of the Latino population. Conversely, the national organizations provide community-based organizations with information and research about national issues with local implications and they also serve as a national advocate for issues of concern to Latinos on the ground. This reciprocal relationship is important for meeting the service and advocacy needs of the Latino community.

The number of national organizations that group people together according to their shared professional background is significant. Their programs and initiatives are concentrated in specific academic fields or professional areas. For example, the National Hispanic Medical Association provides support

SPOTLIGHT: GREENE COUNTY HEALTH CARE

Steve Davis excels at figuring out how to find hard-to-reach people. Thirteen years ago, before he was hired as Outreach Director for the Greene County Health Care in North Carolina, the nonprofit community health program served 150 Spanish-speaking rural workers. Last year, it served 15,000.

Greene County Health Care made a concerted effort to grow by reaching out to the many farm workers in its surrounding corn and tobacco fields. About 80 percent are uninsured, and many lack English-language skills. Many are undocumented. With support from the state of North Carolina, Greene County Health Care banded together with four other community health nonprofits to form a network linked by special software that covers 14 counties with 30 cities in southeastern North Carolina. Other members of the Community Partners HealthNet include Goshen Medical Center, Robeson Health Care Corp., Stedman-Wade Health Services, and Tri-County Community Health Care.

Greene County Health Care alone now provides care in three medical centers, a dental facility that was expanded in the summer of 2010, and several other facilities. Although most of the treatment goes to adults and children, Davis' outreach workers have also found about 100 older people in the farm worker camps. But first, they had to find the camps.

Finding people to help

When he was hired, Davis had to sort out who in state government tracked the housing for agricultural workers so he could visit their camps and dormitories. Finding patients now, however, is not as hard as it once was, Davis, 40, recalls. Although there is a 50 percent turnover season to season among the farm workers, 75 percent of the camps remain in the same place.

"We strive to provide not just linguistic but also culturally appropriate care," Davis says, whose agency was the first nonprofit to be recognized twice for Innovative Outreach Practices by the Washington, D.C.-based Farmworker Health Services awards program.

In the modern complex of low brick buildings where Greene County Health Care's main offices are located in Snow Hill, the Kate B. Reynolds Medical Center sees 30 to 50 patients per day. Yarima Chukwu, a medical family therapist, does psycho-social assessments there prior to doctor's visits, as part of a team that strives to provide holistic mental, emotional and physical care.

A big problem she sees with older Latino adults, Chukwu said, is depression.

"Most of it comes from being away from home," she said, adding that if the seniors are not busy working, caring for

and professional development opportunities for Latino physicians. Some of these professional associations also encourage, develop, and publish research in their specific professional fields. Most of them organize annual professional conferences for their members, where their issues and concerns are addressed and discussed. They also advocate for the protection of their profession, particularly issues related to how to practice the profession, certification exams and licenses to practice, among other issues. These organizations have direct access to professional Latinos and should be seen as a resource that can contribute to addressing issues of concern for Latino older adults.

Needs of Community-based Organizations Serving Latino Older Adults

Latino community-based organizations do not have the funding they need to provide the best quality services to the Latino population generally and to Latino older adults specifically. These organizations are strongly committed to Latino older adults and have implemented successful programs that address their needs. However, their everyday operations are directly and negatively affected by a lack of funding. Frequently the lack of financial resources forces the organization to close programs, make cuts in staff, and reduce the number of people they serve.

This lack of financial stability directly affects the frontline staff of these organizations. Executive directors have to lay off staff when programs are closed or when budgets are reduced, but they often continue to provide the services with less staff than is needed to adequately provide the services. As a result, there is frequent turnover among organizational staff. This hurts the continuity of programs and necessitates constant training of new staff and leadership. This is particularly true for organizations that serve Latino older adults.

The Institute of Medicine of the National Academies points out that there is a dramatic shortage of all types of health care workers, but mostly that the current health care workforce is inadequately trained to care for older adults (Institute of Medicine, 2008). The care of older adults in general requires skilled workers with knowledge and experience in gerontology. There is an immediate need to develop a workforce with the

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small children or other activities, their isolation can weigh on them. "Sometimes they feel like they have to depend on their children," she noted in listing other stressors. "They are torn by their divided families."

Davis' outreach workers also provide care for farm worker families where they live, visiting different sites with physician's assistants two to four nights each week. They transport patients to doctors' appointments and visits to labs or clinics for testing. The North Carolina Farmworker Health Program provides three-day trainings for outreach workers, covering health topics, language interpreting in health care and case management.

Now that the locations of the dwellings are known to the outreach workers, Greene County Health Care relies on word of mouth, visits to the camps and its free Snow Hill Health Fair, which is held each year on the last Sunday in August in collaboration with a local Spanish radio station, to educate and treat farm workers and their families.

"If people see that you're trying to help them…be straight from the beginning," Davis said. "We're well-established and trusted. We're there to help them, and that's it. Our biggest P.R. is word of mouth."

Reciprocal respect

One of the people Davis won over and who now collaborates with him, is a 77-year-old curandera, or faith healer. The native of Mexico's Guanajuato state has lived in the area for more than 20 years, tending to farmworker aches and pains both with medicinal herbs from her garden and with special massages. She can't write or read, and she initially didn't have much use for Davis' program. But she developed arthritis and was treated by his nonprofit to relieve her pain.

Davis later spent months, prior to the birth of his young daughter, learning about her special garden and how she uses the plants. And the curandera, in turn, occasionally refers people to the nonprofit.

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knowledge and skills required to work with the older adult population. Skilled workers are needed in diverse service areas such as healthcare, social services, public health, infrastructure development, financial advice, and family counseling. There is consensus about the lack of human resources able to implement a workforce development agenda focused on older adults and the lack of interest in developing such a workforce. The Institute of Medicine concludes that to adequately address the needs of older adults in the near future, three initiatives need to be implemented: 1) enhance the geriatric competence of the entire workforce, 2) increase the recruitment and retention of geriatric specialists and caregivers, and 3) improve the way care is delivered (Institute of Medicine, 2008).

Higher education institutions are not prioritizing gerontology in health-related professions, social science disciplines, or general studies programs. The lack of inclusion of gerontology as a topic in academic disciplines not only shows that aging issues are not a priority for most, but that institutions are not encouraging college students to explore gerontology as a possible major or specialty in the academic program of their choice. Therefore, there is an empirical need to include higher education institutions in the policy agenda to address the needs of the older adult population.

> "The care of older adults in general requires skilled workers with knowledge and experience in gerontology. There is an immediate need to develop a workforce with the knowledge and skills required to work with the older adult population."

The lack of Latino professionals entering the field of gerontology or related disciplines is especially troubling. Their absence means that there are few professionals with the language and cultural skills needed to make Latino older adults feel comfortable even as the size of the Latino population is increasing. Cultural proficiency is highly desirable when recruiting staff to provide services for Latinos. Latinos tend to feel more comfortable with staff members with whom they have developed a relationship. The sense of belonging to a community, a family, gives Latino older adults the comfort to attend activities, request services, return to the organization,

provide personal information, and share important information about their needs and challenges. The availability of bilingual staff of Latino origin in organizations that serve the general older adult population can help these institutions attract more Latino older adult clients.

Latino organizations also need better technological resources and technical assistance on data collection, evaluation, and management. It is important that community-based organizations collect data about the people that they serve (age, gender, national origin, legal status, economic level, education background) as well as the particular needs of the community. Most of the data these organizations use to get their programs funded comes from national data and not necessarily from local data sources relevant for the community that the program is aiming to serve. Additionally, it is important that these organizations institute a culture of evaluation that enables them to measure the effectiveness of their programs and services. Gathering basic information about the people that the organization serves and implementing evaluation measures allows for the development of new programs, the assessment of existing programs, and maximization of the available resources.

Together with data gathering, Latino community-based organizations need to develop user- friendly web pages for their constituents and to ensure that information is provided in Spanish. Even though Latino older adults do not tend to use the Internet as their first method for finding information, 78 percent of Latinos who are English-dominant and 76 percent of bilingual Latinos use the Internet (Fox & Livingston, 2007). Thus, younger Latinos can access web pages to collect information that they can then pass along to older adults in their families. In addition, the availability of information in Spanish can encourage Latino older adults to find the information themselves and learn about the use of technology in the process.

Critical Gaps in Infrastructure for Latino Older Adults

Given the paucity of organizations dedicated to serving Latino older adults at the local and national levels, there continue to be critical gaps in services that must be provided to guarantee them a better quality of life. These gaps include:

Civic engagement: Although there is evidence suggesting that Latinos are becoming more involved in civic life, there is a definite need for more leadership development and advocacy programs that empower Latinos to have a strong

voice in national, state and local policy and political debates. As revered figures in the Latino community, Latino older adults could have a special role in advocating for benefits and services for their communities. Latino community-based organizations have unique, largely untapped potential to provide a vehicle for Latino older adults to serve as effective leaders in civic engagement and advocacy, particularly around those policy issues that most affect Latino older adults, such as social security and healthcare.

Affordable housing: There are coordinated efforts to increase the amount of affordable housing available to older adults, but those efforts have not been sufficient to adequately address the housing needs of this population. In addition, there is a need to target more state and federal funds for improving the conditions of the private homes where many older adults live. As has been mentioned, Latino older adults prefer to live in their homes instead of moving to subsidized homes for the elderly. Therefore, funding to improve the homes of older adults and support to keep those homes safe should be a priority.

Economic security: The lack of economic resources to cover basic expenses seems to be a recurring problem among the older adult population. The cost of medications, medical treatments, and health insurance, together with the rising costs of housing and home utilities can be too much of an economic burden for older adults. There is a critical need to improve access to financial literacy programs for older adults and to provide legal advice regarding financial exploitation, consumer's rights, housing rights, age discrimination, right to work, and the rights of people with disabilities among other relevant issues. It is also important for Latinos to be educated, early in life, about Social Security, Medicare, the importance of a secure retirement, investments, and how to save money. That way, Latinos will be in a better economic position as they age.

The healthcare system: The healthcare system does not prioritize the preventive healthcare needs of older adults. Prevention is the key for successful aging. For example, preventing falls is critical for the wellbeing of this population. Encouraging regular exercise, active living, the use of adequate footwear, the use of correct eyeglasses prescriptions, and healthy eating are all precautionary measures that should be reinforced through regular medical advice and the use of media campaigns. There

is also little education about the management of chronic illnesses such as diabetes, hypertension, arthritis, coronary artery disease, dementia, and obesity among others diseases. Prevention and education are crucial because Latinos, regardless of age, have some of the highest rates of preventable chronic diseases, such as diabetes.

Senior centers: There is a need to develop more senior centers where older adults can spend their day while receiving social services and nutritious meals and engaging in intellectually stimulating social and recreational activities. Senior centers are a fundamental component of the support that families need to take care of their aging relatives. The availability of older adult day care centers allows the household breadwinner(s) to go to work knowing that their relatives are in good hands, receiving healthy meals, taking their medication, and engaging in interactions with peers. Through partnerships with civic and arts organizations, senior centers can significantly enhance the psychosocial engagement of Latino older adults.

At-home care for disabled older adults: There is a need for more homecare services for disabled older adults. Most of the homecare services paid by Medicare are for post-surgery care and not for older adults that suffer from chronic illnesses (such as diabetes or patients that need dialysis), some form of dementia, issues of independent mobility, or preventive care. Coordinated efforts between state agencies and community-based organizations are needed to make such services available and more affordable than services that already exist.

Transportation: The lack of adequate public transportation in rural areas is a serious problem for geographically isolated older adults. Currently, aging services are mostly available in metropolitan areas. Older adults that do not have the means to get to the city are not receiving the services that they need. Existing transportation services are mostly targeted toward older adults with disabilities and those receiving scheduled healthcare services. Thus, transportation for the active senior to attend social and recreational activities, doctor's appointments, and visits to community-based service organizations, is scarce.

PERSPECTIVES OF OPINION LEADERS

In an effort to ascertain how leaders in the field view the challenges, needs and priorities associated with projected demographic shifts, the authors of this report conducted 30 interviews with representatives from community-based organizations, academia, government, and philanthropic institutions in the U.S. and Puerto Rico. The interview responses were scanned for common themes, issues and perspectives as well as for distinct insights that will help provide readers with a well-rounded portrait of how opinion leaders are thinking about the aging of the U.S. population generally and Latinos specifically.

Overall, some of the common themes that were identified across interview types included the need to increase understanding about aging and ethnic demographic shifts, the importance of inclusion and understanding cultural differences; the importance of economic security; and, the importance of preparing the U.S. workforce for the aging of a diverse population. Interviewees also identified a range of priorities and opportunities presented by the growth in the number of older adults in the U.S. The following discussion represents a synopsis of the opinion leader interviews.

Philanthropic Views on Framing Aging Issues

Interviewees in the field of philanthropy largely expressed support for aging issues even as they expressed some disagreement about the relevance of framing the aging issue as Latino-specific as opposed to a matter that affects all racial and ethnic groups. The following comment highlights a philanthropic leader who embraces the importance of prioritizing Latino aging issues:

> I think that the challenge for the entire [philanthropic] community is to recognize that the entire population is aging and that we have to think in terms of how we can serve all of these older folks in terms of services, housing, long term care facilities, etc…The Latino community suffers from misperceptions about the demographics of the community. Everyone is young and there are no older Latinos. Which is wrong…The opportunity is to learn how different groups age, how cultures relate, how services, policy, and environments can be developed to speak to their needs.

In contrast, another foundation program officer argued for a more general lens:

> We need to support programs for the elderly across the board. If we start adding qualifiers [like Latino ethnicity] to what programs we want to fund I think that it's going to become tougher to find foundations to fund the initiatives.

Understanding differences in preferences for approaching the issue of aging and diversity among the older adult population is important because it can affect how deeply foundations engage the issues of aging and diversity as well as the viability of funding proposals. Despite differences in how to best frame the issue, there was a general consensus that all efforts to improve the quality services for current and future Latino older adults must be welcomed and encouraged.

Donor Reluctance to Prioritize Aging and/or Ethnic Issues

There was general recognition among community-based and philanthropic interviewees that foundations, corporations, and individual donors are not inclined to give money to issues and organizations focused on older adults. When asked why more foundations don't prioritize aging issues, quite a few of those interviewed cited discrimination against or misconceptions about older adults as the primary reasons. In the words of one foundation program officer:

> Why? Because it's not kids. There's ageism out there. They [foundations] want to fund things that are sexy and exciting. They don't see aging that way. When the needs of the elderly come to mind, there is a picture of a frail lady in the wheelchair on her last legs. There's a belief that there's not much that we can do for them.

Another funder independently voiced a similar perspective:

> It's not sexy. Kids are way cuter. Some of the issues are not attractive and fun to think about. Many don't want to think about their own mortality and people don't want to think about getting older…People think that older adults are well-resourced and they believe that children are far more vulnerable than older adults. They think that they really don't need our help. Lack of information makes them think that there aren't many poor, vulnerable older adults…children seem to be more needy. Older adults are seen as the 'greedy geezer' mentality in that 'they take enough of our resources, why should we help them or why do we need to do more'."

There was a striking similarity in themes expressed by community-based interviewees. "Talking about the end of life, illnesses, loneliness, being powerless…is not attractive to the money givers," said one community-based representative. What needs to change, said another is, "how we project the images of seniors in the media. If we present seniors as a highly valuable workforce and an active group of people with experience and knowledge that constantly contribute to society, we will be able to get more economic support to give them better-quality services."

Interviewees also pointed to the assumption that the family will take care of older adults and that government programs (Social Security and Medicare) are enough to provide the necessary services to the senior community as another reason why there isn't more attention to the issue of aging among philanthropic organizations. Another community-based respondent cited this misperception as a reason to make sure that awareness efforts go beyond the philanthropic community. He concluded, "It has to reach the people and corporations that give money."

Several respondents talked about the importance of cultivating Latino celebrities as both individual donors and spokespeople.

> Some of the wealthy Hispanic families need to be informed and touched and asked to take on the issue of Latino aging. Not only are they getting old, but so are their families. Gloria Estefan's cohort is getting old. Why not convince the Gloria's of the world to say give back to your fans.

Finally, one respondent from the philanthropic community attributed the lack of foundation attention to aging as more structural:

> In my opinion, each foundation has its own strategic plan in order to meet their goals. I think it's all about how that agenda has been framed. It's a way of focusing but sometimes it blinds the staff and board in terms of funding the real needs of communities they are trying to serve… What needs to happen is an explanation that gives foundations an opportunity to see how aging fits within a broad range of philanthropic opportunities. Any population you are focusing on is somehow connected to aging and a focus could help them meet their other goals.

Level of Public Awareness about Demographic Shifts

Even though the leaders who were interviewed expressed awareness of the shifting demographics, they also generally agreed that there was a lack of public awareness and knowledge among foundation staff about aging issues generally and Latino aging specifically.

According to one national association representative, "There isn't a great awareness in the field of philanthropy on the issue of aging." A representative from a community-based organization pointed out that it has been only in the past few years that people in the United States have realized that the population is aging, and "if people were not aware of it, not for profit foundations were not aware of it either."

> "…there was also widespread agreement that more community-based organizations will either need to emerge or the ones that exist will need to expand in order to meet the needs of a growing Latino older adult population."

Several of those interviewed articulated the need for an education campaign to address the general lack of awareness among the public and philanthropic organizations. According to one nonprofit organizational leader:

> I think that, first of all, they [foundations] need to become aware that this is a population that has particular elements that need to be taken into account when funding a program… Creating that awareness is important as is engaging leaders at the local level who are the few leaders that we have around the country that are doing good work. Getting them connected to the philanthropists is important.

Another association representative articulated a broader view:

> We need a national media campaign that gets people to eat better, fight diabetes. That's worth an investment more than funding 10 CBO's. If we know that the best way to get information to the population is through TV and radio, why wouldn't we fund a campaign? It costs money but you could hit millions of people with that…If it costs $10 million, fine. Measure the results.

Ultimately, a number of community-based interviewees identified awareness building as a tactic that would lay the foundation for additional aging investments in Latino communities. One interviewee praised the Latino philanthropic community (e.g., Hispanics in Philanthropy) for raising the issue of the looming Latino age wave at such an early stage.

> It is a blessing because the Latino population is still very young and not-for-profit organizations will have enough time to educate, identify funding, and strengthen the community-based organizations that are the second line of defense for the elderly population.

Thus, efforts to strengthen existing programs for older adults and to develop new ones are seen as a "preemptive strategy" that place community-based organizations that serve Latinos in an advantageous position.

Other representatives from community based organizations expressed anxiety about receiving the appropriate amount of funding to provide quality services to Latino older adults. One stated, "Historically, there has been an underinvestment in the Latino community in the United States." Another asserted, "The issue with Latino philanthropy is that it is a very small part of organized philanthropic giving in the United States and a large part of the organized philanthropy does not know the Hispanic community." Moreover, the larger foundations "do not realize that the programs developed in the Latino community can be reproduced in other communities — the African American, Asian, and white."

In sum, adequate funding for Latino-serving organizations was viewed as an ongoing challenge that would not be alleviated without a "successful awareness campaign" highlighting the urgency of the issue and the need to develop a strategy to prevent a crisis in the provision of services for Latino seniors. Although there were variations on this argument, there was general agreement that such a campaign should be inclusive of large foundations and other well-endowed individuals, such as Latino and Latina celebrities, or entities with the capacity to support full scale investments in Latino community-based service organizations.

SPOTLIGHT: CASA CENTRAL

A little boy runs through the room full of pint-size furniture and brightly colored posters. *"Abuelita! Abuelita!"* the 3-year-old yells, eager to show off a newfound toy to a woman who is seated at a low table, playing with two of his classmates.

The "granny" to them all praises his classroom discovery. Then Petra Vargas, 76, turns back to the other two boys. Although she is paid a small hourly wage, this is truly her labor of love.

"I love children and, since I no longer have little ones, I don't want to be stuck at home," the native of Manatí, Puerto Rico, says softly in Spanish. Her own three children have given her 11 grandchildren and five great-grandchildren. "When they had small children, I would help them."

Now Vargas is part of the Foster Grandparents program at Casa Central, the largest Latino social service agency in Chicago. The over-60-year-olds who participate receive lunch, a yearly physical and a $2.65 per hour stipend to visit and play with as many as three youngsters at a time, as well as transportation reimbursement. However, Vargas drives her own 2004 silver Kia Rio sedan to the center for her 8:30 a.m. to 2 p.m. shift every weekday.

The Foster Grandparents program represents an innovative approach that recognizes the older adults as valuable community resources. But Casa Central has had difficulties locating Latino seniors to participate in the program, despite its outreach efforts. In June 2010, Vargas was the only Hispanic of three foster grandparents in the Casa Central program run by Site Director Sandra Gallegos. The other two were non-Latina black women. Lucille Benford, 61, is the school day *abuelita* for the center's 2-year-olds, while Vargas helps with 3-year-olds and special needs children, and Vernelia Harris, 75, visits with the 4-year-olds.

Casa Central's showcase program for elderly Latinos is the Adult Day Service program at its Wellness Center, which offers a higher level of care-giving than senior centers. While Vargas, Harris and Benford play with their youngsters, a few miles away Latino seniors await lunch at their own home away from home.

Across California Ave. from Chicago's Humboldt Park, the modern Casa Central Adult Day Services Center emphasizes wellness for the 70 to 75 seniors over 60 years of age who are cared for by an all-bilingual staff of 15, including certified nurse's aides, program aides and interns. Together with volunteers, the ratio of helpers to seniors is roughly 10:1, according to Program Manager Oli Soto, whose background is in social work. The over-55 helpers include four staff trainees working minimum-wage jobs of 20 hours per week.

Community-based and Governmental Aging Services

There were mixed views on the adequacy of the current organizational infrastructure for meeting the needs of older adults in the U.S. Community-based interview participants who were affiliated with national Latino-serving organizations generally agreed that their organization's model of service-provision was effective. "This community-based model is the one that has worked until now and there is no reason to tamper with it," said one supporter. However, there was also widespread agreement that more community-based organizations will either need to emerge or the ones that exist will need to expand in order to meet the needs of a growing Latino older adult population.

"Another strategy is to invest in the infrastructure and capacity of existing service providers by building their ability to provide quality services as well as promoting linkages with other organizations," said one funder. Another foundation program officer expressed similar views: "We do have the opportunity of doubling our exposure by targeting elderly-specific programs like us and introducing them to the importance of supporting Latino seniors."

However, several noted the disconnection between community-based organizations that serve mainstream populations and those that serve Latino populations. When asked if mainstream service providers were capable of meeting the needs of Latino older adults, one Latino community-based leader said:

> No, I think that their plate is full. They have funding to work with diverse populations but then they come to us to ask for help. And they say, "by the way can you do it for free?" Research has shown that we take care of our own. Whether you look at health care for example, medical doctors who are Latinos will take care of our population. Ninety percent of African-American doctors take care of the African-American population. We need to face it. We need to come down from the cloud. Our voices are not heard. We're not at the table. We're not in the board rooms making the policy decisions. Other people who are not in touch with our realities are

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As a center for adult day services, Casa Central's program is different from most senior centers in that it does the following:

- Divides the participants into five rooms, determined by needs and interests, rather than keeping everyone together in large spaces. Each room has bathroom facilities and helpers.

- Offers medical management, with a part-time licensed practical nurse overseeing distribution of morning and noon pills and the work of the four certified nurse's aides.

- Provides support groups to address such aging-related topics as bereavement, issues of faith and losses of dignity.

- Gives additional attention to participants who have dementia, tracking their level of engagement and newfound interests. The findings are passed along to caregivers.

With a 7:3 ratio of female to male participants, the program tries to interest men in its activities, which include a Club de Dominó room and a pool table. Men and women join in producing crafts that decorate the center and are bought at Casa Central's annual crafts fair for its 450 employees.

The Adult Day Services operates from 9 a.m. to 3 p.m. five days a week. Its staff also devotes time to communicating with caregivers. Soto says that the participants with dementia form a pilot for staff interactions with caregivers. They are producing informal six-month progress reports and try to give monthly updates by phone.

In addition to the adult day services, Casa Central operates a home care agency that provides 255 home health care aides for 700 clients, of which 98 percent are Latino seniors, according to Casa Central Home Care Services Director Gustavo Saberbein, who in 2010 also served as president of the Illinois Adult Day Services Association.

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making the decisions. While they may be well-intentioned, if you do not know what's going on, your decisions are not well-informed. That's true for all of our diverse communities.

Sounding a similar theme of cultural incompetence among mainstream service providers, another community-based leader identified a possible way to help them be more effective.

All not-for-profit organizations and community-based organizations need a strong Latino voice on their board. That will guarantee the continuity of the programs aiming to provide services to Latinos.

There was a consensus that mainstream community-based service providers should have language competent and culturally aware staff as a standard practice for providing quality services for Latino older adults. One interview participant suggested that federal and state governments and other funding entities require diversity and cultural proficiency standards before awarding grants to nonprofit organizations. This recommendation would force not-for-profit organizations that provide general population services - without regard for racial or ethnic distinctions - to develop strategies for addressing cultural, language, racial, national, and ethnic diversity. As a result, these organizations would be better prepared to provide services to Latinos and other diverse communities.

"…there seemed to be a consensus among Latino not-for-profit organizational leaders and some foundation representatives that workforce development is an important strategy for meeting the needs of a growing and diverse older adult population."

However, some interview participants also expressed skepticism about the readiness of the government-funded aging infrastructure. "The U.S. Administration on Aging [AOA] requires that programs funded with federal funds are culturally and linguistically appropriate. But how many agencies do that? AOA can't really monitor it," said one foundation program officer. "Just as there are limited resources in the role of philanthropy there is very little money on the government

side to support this population as well. Just look at the amount of money that the local AAA's [Area Agencies on Aging] receive," said a funder whose foundation provides direct services to older adults.

If we were dependent on city money, it would not come anywhere near meeting the needs of the elderly population…If you look at the Department of Health's budget, they have so much more resources available. This is an agency whose policies and practices have an impact on the elderly but they don't do elder-specific programming. I asked them to focus on the elderly but they aren't thinking about the needs of the elderly when they are designing programs.

Among those interviewed, a final theme associated with the provision of services involved the need to recognize diversity among diverse populations. "It is a mistake to think that a best practice in the provision of services to Latino elderly is a *one-size-fits-all* practice. There are fundamental national differences among the Latino immigrants in the United States," said one community-based leader.

A foundation program officer sounded a similar theme:

There is an aging population in the U.S. It is very variant, depending on communities where they are located (not only where they are from). Family and cultural patterns determine how they use housing and care giving differently. There are opportunities for foundations to reach out to serve populations that they are not serving effectively.

In conclusion, the growing population of Latinos in the United States will require more research about behavioral trends. Variables such as national origin, U.S. born vs. non-U.S. born Latinos, duration of time living in the United States, and cultural integration among other factors, need to be further explored. To the extent that Latino demographic trends point to an increase in multi-generational homes, the relationship among Latinos of different generations and cultural trends living under the same roof will also require research.

Intergenerational Considerations

Most respondents acknowledged the importance of the family in Latino communities and many viewed it as an important cultural value that should guide the design of programs and the provision of services for Latino older adults.

The impact of caregiving on Latino families and the importance of providing care within the family context was an important subtheme. One national organization leader stated:

> We have grandparents taking care of grandchildren and they are dealing with issues that they are unused to. Kids are different from when they grew up. There are legal issues as well. Grandparents often don't have the legal authority to make medical decisions. The 'sandwich generation' creates an incredible level of stress for the family. Many times they are caring for young children and a parent with Alzheimer's. Often that leads to economic downturns because the caregiver may not be able to hold a job any longer. It also has a health impact. Especially for those who are taking care of both suffer higher rates of depression and are more likely to fall ill themselves as a result of being weak from their burden. We need to customize our programs for the scenarios that our families find themselves confronting.

Another foundation program officer observed:

> Programs that serve caregivers should be targeted to those who actually give the care giving. In one of the communities in South Bay, it turns out that the principal family caregivers are not daughters but the children they raised in grandparent-raised households. In this community, male grandchildren carry the load. Why? Female Latinas have higher out-of-house employment rates and Latinas are dealing with their own children. Who's left? Young men. Should we focus on them? In states where there is a consumer directed care system, young men would be left out because of their records. Grandma might say, 'I want Miguel to be my caregiver.' But Miguel got busted for standing on a corner while some drug deal was going on. Miguel can't deliver care which denies Grandma her preferred caregiver and Miguel the income. In general, the idea is that we should develop culturally-competent interpretations of universal needs.

Interestingly, some interview participants also viewed the role of the family in Latino communities as a way to counter political attacks or as an appeal to increase grantmakers' interest in the issue of aging.

According to one funder:

> We are becoming more diverse in terms of aging. We're seeing a bifurcation of demographics. There will be many old and many young with a dip in the population in the middle. We need to figure out how to bring about intergenerational cooperation. The right [political conservatives] would have you believe that if you serve one, you can't serve the other.

In contrast, another foundation program officer stated:

> Latinos are very family-focused and elders are revered and they shouldn't be neglected. Don't pit the Latino kids against the elders. It's really about how they thrive as a unit. And, in order to help the units, you have to support both ends of the spectrum: the bookends of elders and children. If you care about Latino issues in general, here's another group worth considering as you do your grantmaking.

Overall, the family unit was viewed as a key component for philanthropic and community-based strategies designed to serve Latino families generally and Latino older adults specifically.

> "Best and promising practices that serve older adults regardless of their ethnic background can generally be divided into three broad categories: Health and Wellness, Communications, and One-Stop-Shopping Services."

Workforce Development Issues

When discussing the nature of the solutions for improving programs and services for an aging population, many interview participants identified workforce development issues as both a challenge and an opportunity. One of the main challenges identified by opinion leaders was the development of a competent workforce that can assume responsibility for meeting the needs of an aging population generally and those of Latino older adults specifically. In the words of one interviewee:

> It is highly important to educate more Latino and Latina doctors, psychologists, psychiatrists, nurses, social workers, and physical and occupational therapists. But most of all, it is important to encourage Latinos to focus on geriatrics in their professional field of choice. The reason why I went into geriatrics is because when I grew old I wanted to see another brown face across the desk…Often, the person

in charge of a service program for Latino seniors is more important than the program itself.

A national leader spoke about similar concerns:

> I think that the issue of workforce development and the shortage of workers is a big challenge that needs to be paid attention to. Who's going to take care of older adults — you and I — when we age? The [workforce] demographics now are not supporting the growth of the older population. Are we effectively preparing those who are going to take care of us?

Other opinion leaders defined workforce development as an employment opportunity for older adults.

> There are opportunities for employing older adults who are still fully functional. Not just doing cleaning and housework but helping their peers get benefits, navigating their way through the housing market, healthcare. There are programs that are doing this. It should be going on in the Latino community. There are opportunities.

Independently, another foundation program officer echoed this theme:

> How do we fund ways for older adults to continue to make money in the workplace in a place appropriate for their schedules? We need 4.5 million direct care workers. The workforce is primarily made up of people of color. What kind of job security do we give them? What do we pay them? Foundations can use their resources to demonstrate how to do effective training and employment programs for the elderly.

> "…the primacy of family values in the Latino culture means that they tend to age at home with the support of family members rather than utilize nursing homes, mental health, or long-term care facilities."

Workforce development was identified as one of the toughest and most time-consuming ways to address critical gaps in the national aging infrastructure. Nevertheless, there seemed to be a consensus among Latino not-for-profit organizational leaders and some foundation representatives that workforce development is an important strategy for meeting the needs of a growing and diverse older adult population.

Other Strategic and Policy Considerations

Public policy was mentioned throughout the interviews as an important factor in addressing the needs of the Latino elderly. Specifically, a number of interview participants pointed out that many in the Latino community are generally reluctant to seek publicly-funded services, even when they need such services. "If they don't have the right documentation, then they don't have access to benefits," one leader remarked.

While this was generally perceived as a problem facing undocumented residents, some argued that this is true even for Latinos who live legally in the country. These individuals, they argued, are unwilling to seek services because they have relatives whose legal status is not clear. Therefore, their reluctance to seek services represents a way to protect their relatives. One interview participant suggested community-based organizations need to develop outreach programs where they can clarify in advance what kind of information will be required to access particular services.

In the words of another community-based leader:

> The 'five years rule' [most immigrants have to wait 5 years to be eligible for Medicaid and other government services] hurts the Latino family. There is an economic burden on the children who brought their elderly parents from Latin America. It also hurts illness-prevention when the elderly cannot access state-provided services. These people, that are legally in the country but that cannot access state services, depend on the community-based organizations to receive services.

> Deportation rules break up Latino families and sometimes the elderly end up taking care of the U.S. born children when their parents are being deported. This causes an additional economic burden on the elderly and additional responsibilities in a later stage in life.

The issue of protecting Social Security and "keeping Social Security financially healthy" came up frequently in the interviews. Many viewed any "tampering" with Social Security or adoption of privatization initiatives as having a devastating effect on the Latino older adult population.

One leader of a national advocacy organization stated:

> There's also Social Security. That train is moving faster than we think. There are ideas there to privatize the program and we can't let that happen. Because that program is their [Latino older adults] bread and butter, literally, we have to be vigilant…I would like to focus on the Older American Act [OAA]. It is the piece of legislation that protects older adults and ensures that they have basic elements that lets seniors age with dignity. The OAA is an important piece of legislation that we have and need to protect to make sure that it is serving diverse populations. The way it is currently written does not respond to diverse populations in our society. This piece of legislation will be reauthorized next year. We have to be vigilant to make sure that it is protected but updated to reflect all of our realities.

Another community-based leader expressed concern about means testing for safety net programs:

> If qualifying for a program disqualifies the senior from participation in another program, that's a policy that hurts the senior community. Some states have eliminated the assets test to better provide services to the elderly population.

Another prevalent theme in the interviews was the importance of providing quality healthcare for Latino older adults. The fact that Latinos live longer but with a poorer quality of life, compared to other racial and ethnic groups, caused many interview participants to prioritize the need for quality preventive healthcare in the Latino community. This issue was frequently raised by the opinion leaders from a variety of angles and from both community-based and philanthropic organizations.

From an education perspective, some remarked that it is important to begin teaching children early, in pre-school, about the problems that obesity causes and the importance of healthy eating, exercise, and preventive healthcare. From the governmental perspective, opinion leaders mentioned that Medicare does not have a good history of partnering with Latino organizations and that it lacks cultural proficiency. From the community-based organization perspective, there was strong interest in the development of culturally-sensitive, multi-service primary care clinics that can provide quality care for Latinos.

One comment from a foundation program officer captures a few of these perspectives:

> There is a direct relationship between cultural foods and morbidity…How do you make sure that people in the Latino community are getting food that is appropriate? There is a lesson that was learned by the Jewish communities. Within the context of state Meals on Wheels programs, there are specific guidelines for kosher foods. That should certainly happen in Latino communities. Latino agencies should be able to receive information about healthy Spanish food variations that are appropriate for them.

Whether it's health care, immigration reform, or income security, opinion leaders recognized that many critical gaps in Latino aging services and programs can only be addressed by identifying and advocating for public policy changes.

BEST AND PROMISING PRACTICES

Framework and Criteria

The identification of best and promising practices is an easy way to help funders, policy-makers, and practitioners make effective decisions about investments in or the design of programs, services, and policies. Best and promising practices also provide practical and tested advice for how to best serve a population and, as such, are an important guide for those who are seeking to address the needs of the growing older adult population in the United States.

For Latino older adults, best and promising practices are often rooted in practical considerations of their unique culture, values, and familial relationships. Best and promising practices can even vary among Latinos when there are significant differences among them. For example, there are sometimes dramatic differences among Latinos due to variables such as country of origin, language, immigration patterns, and sexual orientation. It should be of no surprise that a highly successful practice in Miami, Florida's Little Havana may not be replicable in San Juan, Puerto Rico or San Antonio, Texas.

Developing an understanding of other specific characteristics of the target community can also help to establish effective practices. For example, knowledge about the community's immigration history could be as important as knowing the country of origin of the people receiving services. Most Latinos in New Mexico, for example, did not immigrate to the U.S.; they lived there before that territory became the United States of America. This is not the case with the recent immigration of people from El Salvador to Maryland and Washington D.C. Thus, "immigration history" can also determine if a specific practice or service provision will work in that community.

It is important to note that practices deemed good for Latino older adults are often practices that are valuable for serving older adults regardless of their ethnic or racial background. Accordingly, this discussion will outline distinct approaches important for Latino older adults only when these distinctions are warranted by the evidence of their unique needs as determined by specific criteria for best and promising practices, the input of opinion leaders, and a review of the literature. This discussion will also point out best and promising practices important for all older adults.

Researchers, social service providers, and other practitioners have articulated useful frameworks for defining and employing best practices. A growing body of literature on the subject has largely identified three types of practices that differ based on standards of evidence. For the purposes of this report, these practice types are defined as follows:

- Best practice: A program, activity, or strategy that is proven effective through independent research and evaluation.

- Promising practice: A program, activity, or strategy that is considered successful in practice and has some supporting evidence but has not been validated by independent research or evaluation.

- Emerging practice: A program, activity, or strategy that has shown early signs of becoming a best practice but there is very little, if any data, to verify its effectiveness.

This discussion will focus on best and promising practices that have been shown to have some level of positive effect on Latino older adults based on seven criteria selected and refined by an independent advisory board on aging. These criteria are as follows: culturally-appropriate, effective, impactful, replicable, scalable, sustainable, and innovative. The guiding questions associated with each criterion can serve as a checklist to help practitioners and policy-makers determine the applicability and strength of their program, service, or policy.

It is important to highlight that, except for the term "culturally-appropriate," none of the identified criteria are unique in the program and service delivery field. Even still, the importance of culturally-appropriate programming and services has gained credibility in recent decades as a measure of often intangible factors that can determine a program or policy's success or failure. As such, it is the one criterion that will best enable leaders to explore factors unique to Latino older adults and to integrate appropriate program correlates responsive to these factors.

| Culturally-appropriate | Does the program, activity, or strategy consider the unique cultural, linguistic, or ethnic characteristics of the target clientele or constituency? |
| | Are factors such as language, country of origin, amount of time in the U.S., sexual preference, cultural values, and ethnicity reflected in the design and implementation of the program, activity, or strategy? |

| Effective | Is the program, activity, or strategy evidence-based (independent research and evaluation validates effectiveness)? Or, |
| | Is the program activity or strategy evidence-influenced (supported by practice or internal evaluation data)? |

| Impactful | Does the program, activity, or strategy improve the well-being of the target audience? |
| | Does the program, activity, or strategy effectively reach people within the target audience through factors such as collaboration or communications? |

| Replicable | Can the program, activity, or strategy be reproduced or copied by other service providers? |

| Scalable | Is the program, activity, or strategy capable of being upgraded, expanded, or contracted as deemed necessary? |

Sustainable	Can the program, activity, or strategy be maintained over a long period of time?
	Do you have the financial, material, or human resources to keep the effort going?
	Have you identified collaborative arrangements that can spread the costs or risks?

| Innovative | Does the program, activity, or strategy represent a unique approach for meeting a need of the target population? Or, |
| | Does the program, activity, or strategy represent an established approach that can be adapted for new audiences or contexts? |

Examples of Best and Promising Practices

The use of a best and promising practices framework provides a better guarantee that older adults are receiving the type of custom services that they need to age successfully. It also helps older adults feel more comfortable about asking for support and promotes their participation in programs that can enrich their quality of life. If the practices are aimed to welcome more older adults to the programs and community-based organizations serving their needs, then the outreach strategies used to attract them should be prioritized in the future (and perhaps become a best or promising practice as well).

Best and promising practices that are specific to Latino older adults include the following:

- Involving the family of residents in adult daycare centers (because Latinos, in general, feel more comfortable in family environments and because the family is highly important for this community)

- Ensuring that programs and services of community-based organizations are culturally competent

- Ensuring that community-based organizations have bilingual staff

- Making information materials and other resources available in both English and Spanish (For example, Internet web pages must be bilingual and should provide easy access to printed materials and other resources.)

- Using a local church as a location to provide services to older adults (the role of religion and "God's Will" is a key factor shaping the lives of many Latinos)

Best and promising practices that serve older adults regardless of their ethnic background can generally be divided into three broad categories: Health and Wellness, Communications, and One-Stop-Shopping Services.

Health and Wellness

- Programs for older adults should help them to lead active lives that will help prevent illnesses and help them to live well longer. In some places, a focus on and self-sufficient older adults has proven to attract more program participants.

- Prioritize preventive health care by sending nurses to the houses where older adults live (particularly those with disabilities) to teach their relatives and the caretakers how to do a better job caring for them at home. This also serves as positive reinforcement for the caretakers to help them feel comfortable about the way they are caring for their older adult patients and relatives (prevent ulcers to the seniors that are in bed, change diapers, give them baths).

- Develop all-inclusive healthcare programs.

"Foundations and governmental agencies should prioritize building the capacity (e.g., grants, technical assistance, etc.) of these organizations so that they cannot only provide services, but also verify the quality, scope, and impact of their services."

One-Stop Shopping, Home-Based, or Mobile Services

- Support one-stop shop community-based organizations / multi-service senior centers / multiplatform service organizations that provide services for housing, financial stability, healthcare, retirement, and assistance with navigating social services.

- Develop multicultural centers that promote the integration and socialization of diverse cultures. Having interpreters available in these centers is also a good practice.

- Ensure that governmental offices and agencies that provide services to older adults are centrally-located and easily accessible in the communities where there is a large population of older adults.

- Develop mobile programs that provide meal services, home care assistance, and healthcare services.

- Provide support services in senior centers for home caregivers and the family of older adults living at home. For example, family support programs could help educate caregivers about how to care for relatives with dementia or other chronic diseases. These programs can also provide support for caregivers, education about fall prevention (e.g., selecting the right footwear for the elderly, promoting exercise, and making small fixes to homes that will facilitate mobility for older adults) and information about bladder control.

Communications and Technology

- Educate people and eradicate myths about what older adults can or cannot do.

- Implement community outreach strategies through local radio and television stations.

- Provide information to older adults and their caregivers in a simple, easy-to-understand format. Ensure that the font and size of written characters are large enough for older adults to read. Information must also be printed and given to older adults and their caretakers for use at home. Many older adults are not familiar with technology and feel more comfortable saving informational materials for their future use.

- Teach older adults to use the Internet and other technology.

- Use the radio and local/regional newspapers to conduct education and outreach to older adults and their caregivers. These approaches provide cost-effective ways for community-based organizations and governmental offices to advertise their services and provide educational information.

In summary, evidence is an important part of determining whether a practice can be deemed "best" or "promising." However, community-based organizations serving Latinos are, for the most part, under-resourced. In many instances, their lack of resources undermines the collection of quality data that can inform program and service assessment. Therefore, it is difficult to address the question of evidence of program impact for programs that are already implemented. Foundations and governmental agencies should prioritize building the capacity (e.g., grants, technical assistance, etc.) of these organizations so that they cannot only provide services, but also verify the quality, scope, and impact of their services. However, there are no disagreements about the availability of best practices that can be implemented to provide services to all older adults, independently of their race, gender, national origin, and immigration history.

RECOMMENDATIONS

The challenge of creating and sustaining an aging infrastructure that serves the needs of an increasingly diverse older adult population is twofold. On the one hand, there is a nationwide aging infrastructure that has served mainstream or white older adults reasonably well, and Latino older adults not so well, for almost a half a century. On the other hand, there is a network of Latino-led and Latino-serving community-based organizations that primarily serves younger Latinos but has little experience serving Latino older adults. The challenge and the opportunity is how to leverage the assets of both networks in a way that enhances the capacity of each to serve and advocate for a diverse older adult population.

There are many stakeholders with an interest in ensuring that the country is prepared to support the successful aging of an increasingly older and increasingly diverse population. The following recommendations, segmented by stakeholder type, are intended to serve as a guide for actions they can take to transform the U.S. into a nation that provides quality aging services for all older adults.

Hispanics in Philanthropy

As a philanthropic leader committed to promoting investments in Latino communities, Hispanics in Philanthropy (HIP) has an important role in promoting awareness about the Latino age wave and the importance of successful aging for Latino older adults, promoting support for the Latino aging agenda within the broader philanthropic community, and developing innovative models for strengthening the infrastructure of the civil sector addressing Latino aging.

Recommendations for HIP:

- **Raising Awareness of Latino Aging:** HIP should launch an effort to educate the philanthropic community about the aging of the U.S. population, the expected increase in Latino older adults, and the unique challenges and opportunities related to this population. Educational activities may include additional research, dissemination of articles and background papers, funders briefings, presentations, and resource-sharing through online tools. These efforts should be coordinated with other philanthropic groups with expertise in relevant fields, particularly Grantmakers in Aging. To the extent possible, these efforts should also raise awareness among a wider audience, especially policymakers, media, and nonprofit and corporate leaders.

- **Latino Aging Policy Initiative:** In addition to funding Latino community-based organizations, HIP should develop a funding initiative to supports Latino advocacy efforts to advance a comprehensive policy strategy relevant for successful Latino aging. This initiative would providing funding and training for local, grassroots organizations engaging Latino older adults in policy issues affecting their lives, such as social security policy and healthcare policy. One aspect of this support could include fellowships for older adult leaders to become more deeply engaged in community-based advocacy efforts. Support should also be provided to strengthen linkages between local efforts and national policy organizations and leaders, such as AARP and NHCOA, contributing to the development and implementation of a national Latino aging policy agenda.

- **Latino Age Wave Funding Collaborative:** HIP should establish a funder's collaborative comprised of national foundations, community foundations, and prominent high-net worth Latinos to strengthen Latino-serving community-based organizations serving older adults. The use of a matching funds model for this Collaborative would incentivize participation from funders not yet actively supporting Latino aging, addressing the underfunding of the issue and dovetailing with an awareness-raising campaign. Key focuses might include start-up funding for fledgling programs; funding to strengthen and expand existing programs with proven track records; and assistance with identification and dissemination of best and promising practices, resources, and training for Latino older adult service and advocacy programs.

Recommendations for Philanthropic Organizations:

- **Consider Demographic Changes When Developing Funding Priorities:** The aging of the U.S. populace is a long-term trend that is likely to have significant consequences for society. To the extent that demographic projections and socioeconomic trends show that the older adult population will become larger with more ethnic diversity but less economic stability, it is important for funding organizations to fully consider the societal implications of these changes and how new areas of need are or will be reflected in their social investment portfolios.

- **Contribute to a National Preparedness Initiative on Aging:** In order to successfully meet the challenges of an increas-

ingly older and diverse population, the U.S. must embark on a comprehensive preparedness initiative that includes systematic attention to building a gerontology-centered educational pipeline, developing an ethnically and linguistically diverse workforce, building the capacity of community-based organizations to serve both older adults and ethnically diverse populations, and enhancing the capacity of the existing aging service providers to serve ethnically and linguistically older adults among other strategic areas of focus. Foundations can make strategic contributions that can build and help sustain every element of the national preparedness initiative on aging.

- **Invest in Organizations with a Track Record of Serving Linguistically and Culturally-Diverse Communities:** There are many Latino-serving organizations, some with a singular focus on serving older adults and others with a multi-generational agenda, that are severely underfunded. These organizations are an important part of community life in areas across the country where Latinos have a significant presence. Given the importance of these organizations to Latino families, their capacity to provide services to older adults can and should be enhanced. Foundations should also provide grants to build the capacity of mainstream aging organizations to serve a linguistically- and culturally-diverse clientele. This goal can be reinforced by verifying that mainstream aging organizations applying for funding actually possess the capacity to (and are engaged in best practices that) appropriately serve an ethnically-diverse older adult population prior to the awarding of grant funds.

"…while the Latino population has grown rapidly in recent decades, Latino community-based organizations have continued to be underfunded, receiving less than two percent of all foundation giving."

Recommendations for Latino-serving Community-based Organizations:

- **Improve Data Collection, Dissemination and Program Evaluation:** Collect basic information about the demographics of the people that your organization serves and conduct regular evaluations that gauge the quality of and ways to improve upon the services provided. If necessary, reach out to area colleges and universities to explore the possibility of securing data collection and program evaluation support. Organizations should also make program data available to all members of the public by keeping updated information on the organization's website and ensuring its availability in both English and Spanish.

- **Strengthen Personnel and Board:** Be selective in your personnel and board member recruitment efforts. Focus on hiring individuals with the appropriate training and experience and selecting board members with compatible interests and networks that can help build the organization. Try to maintain a stable board of directors and keep executive directors and CEOs long enough to develop, implement and assess programs. The longevity of the programs should be taken into account when evaluating their success.

- **Strengthen Partnerships and Organizational Planning:** Organizations should review their mission and objectives with some frequency and make sure that program offerings are aligned with the organization's goals. Latino-serving community-based organizations should also explore partnerships with other compatible organizations as a way to extend their mission and strengthen their programs.

Recommendations for Mainstream Community-Based Aging Organizations:

- **Understand Implications of and Prioritize Strategies for Addressing Projected Demographic Changes:** The shifting ethnic composition of the nation's older adult population means that mainstream aging organizations must assess their level of readiness for serving a culturally- and linguistically-diverse older adult population. Mainstream aging organizations should learn about the expected trends involving Latino older adults and establish best practices for addressing the changing needs of the growing and diverse older adult population.

- **Implement Organizational Best Practices that Make Services More Accessible:** From providing bilingual informational materials to hiring bilingual and culturally-diverse staff, there are a number of strategies that mainstream service providers can implement in order to better meet the needs of Latino older adults.

- **Create Latino Outreach Programs:** For a variety of reasons (e.g., language and cultural barriers), many Latino older

adults do not proactively request services. Their reluctance to search for services means that Latino older adults are severely underserved despite having acute needs. Mainstream organizations should proactively develop culturally- and linguistically-appropriate outreach programs targeting Latino older adults in an effort to link services to those in need of services.

> "…a recent survey of prominent Latino groups and organizations concluded that although these organizations have expressed concerns about the changing demographics and the need for services and programs to address the special needs of the Latino elderly, they do not appear to be effectively prepared to advocate for or to implement the programs necessary to serve the Latino elderly."

Recommendations for Latino-focused National Organizations:

- **Create a Latino Aging Agenda:** National organizations affiliated with the Latino community must prioritize Latino aging on their respective agendas. Practically, this would mean formally adopting aging as an issue of organizational concern, defining a comprehensive aging initiative, and highlighting the issue in conferences, meetings, and organizational materials among other actions.

- **Contribute to the Workforce Diversity in Aging:** Professional Latino associations (e.g. National Hispanic Medical Association) should provide scholarship and training support for undergraduate and graduate students (such as dissertation writing grants) that have an academic interest in geriatrics (e.g., psychology, social work, medicine, nursing, communications, sociology, economics, political science, etc.). They should also work with post-secondary education institutions to encourage the development of geriatric-centered curricula that is also culturally-appropriate.

- **Prioritize Retirement Security:** National Latino-focused organizations can implement a retirement security education initiative that encourages organizational members to plan ahead for their retirement. These organizations can emphasize the centrality of retirement savings as a critical component of wealth creation and provide orientation and guidance to their members about retirement funds, saving for retirement, Social Security, health insurance, and so on.

- **Implement Leadership Training Programs:** National Latino-focused organizations can also develop leadership training programs for executive directors and staff of community-based organizations that provide services to the Latino older adults. Funded with the support of philanthropic organizations, these training programs can help community-based leaders develop their advocacy and program management skills.

Recommendations for Governmental Agencies:

- **Collect Robust Data:** The Social Security Administration should collect disaggregated racial, ethnic, and socioeconomic data on the SS5 form at the time of enrollment to make it easier for researchers, practitioners, and others to better understand how Latinos and other ethnic populations with various demographic characteristics use Social Security and Medicare. These agencies currently lump Latino beneficiaries into an "other" category that inhibits easy analysis of program data by Latino ethnicity.

- **Adopt and Enforce Anti-Discrimination Measures:** Government agencies should adopt and implement policies that eliminate barriers to critical aging services. These agencies must also make sure that policies promoting access to interpreters, linguistically-appropriate materials, and other related factors are actually implemented in social service offices once the policies are adopted. Additionally, all governmental agencies (local, state, and federal) that provide funds to national and community-based organizations serving older adults must ensure that diversity and cultural proficiency standards are met before awarding the organization a grant.

APPENDIX

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EXAMPLES OF FOUNDATIONS WITH AGING AGENDAS

AARP Foundation is the charitable organization of AARP, the nation's largest membership organization for people over 50. The AARP Foundation provides legal advocacy, educational programs and direct assistance to those aged 50 and older, with a particular focus on those who are socially and economically disadvantaged. The Foundation works to improve the lives of older Americans by ensuring they have access to affordable, quality housing, utilities, food, and medications. Additionally, the Foundation provides financial assistance to those in need and works to ensure that older Americans receive the government benefits they deserve. The Foundation provides older Americans services that assist them in finding jobs, budgeting and filing taxes.

Archstone Foundation provides grants for programs in Southern California that meet the growing needs of an aging population. Among the Foundation's primary funding priorities are programs that improve the quality of end-of-life care, increase services related to elder abuse and neglect and promote fall prevention as an important health priority. The Foundation utilizes a responsive grantmaking strategy to address other unmet needs with regards to aging, such as issues surrounding medication management and housing. In 2009, the Foundation provided over a million dollars in grants to work to accomplish its goals.

Atlantic Philanthropies is dedicated to bringing about lasting changes in the lives of people who are disadvantaged by their economic situation, race, nationality, gender, age, disabilities, immigration status, sexual orientation, political affiliation or religion. The organization provides grants for programs in one of four issue areas - aging, children, human rights and population health. Atlantic Philanthropies' aging program operates in Northern Ireland, the Republic of Ireland and the United States. It focuses primarily on securing the health and economic rights of older adults through collaboration with government, assisting leaders in the field, and strengthening organizations already addressing the issue. Because of their focus on advocacy, Atlantic Philanthropies focuses on providing older adults with the resources to actively advocate on their own behalf.

California Endowment provides grants to community-based organizations working towards addressing the healthcare needs of all California residents. In particular, the Endowment promotes a Multicultural Approach to Health that promotes an understanding of California's diverse population and a utilization of cultural awareness as an asset in creating "culturally competent health systems." In particular, the Endowment has funded efforts to educate health care providers on cultural competency, improve access to interpreter services and promote a more diverse medical workforce. By addressing the disparities in health and access to affordable health care among California's diverse populations, the Endowment aims to improve the overall health of all Californians.

Harry and Jeannette Weinberg Foundation is the largest funder of aging-related programs and services in the U.S. and the only major organization that includes older adults in its formal mission. The Weinberg Foundation gives away about $40 million in community-based services and human capital annually. The Foundation funds the construction, expansion and renovation of nursing homes, independent living facilities, senior centers, adult day program sites, shared use sites and other facilities that provide non-institutional services and supports to older adults outside of the home. The Foundation also provides funds for community-based programs and services that include job training, caregiving, debt counseling, renter's assistance and financial literacy programs. The Foundation also prioritizes professionalizing the long term care workforce.

Helen Bader Foundation is a philanthropic organization serving communities of all ages in the United States and Israel, focused on the state of Wisconsin. Among its primary areas of focus are program development, education, and public policy related to Alzheimer's disease and aging. The Foundation aims to assist older adults and their families, in particular those with Alzheimer's, by funding projects that expand and improve the services they utilize and providing support to their caretakers.

Horizons Foundation serves the lesbian, gay, bisexual and transgendered (LGBT) community. Among other projects, the Foundation has created LGBT WISE: Working to Improve Services to Elders. In partnership with the California Wellness Foundation, LGBT WISE provides grants to improve food and nutrition services, health care access and emotional support services for LGBT elders in the San Francisco area. Through these efforts, LGBT WISE aims to build a regional capacity to meet the needs of LGBT elders.

The Fan Fox and Leslie R. Samuels Foundation provides funding for the arts and social service programs in New York City. The Foundation provides grants to programs addressing the needs of senior citizens. In the past, the Foundation has funded community building, outreach and medical training efforts to improve relations between senior citizens and other members of the community. Additionally, the Foundation has worked in the fields of elderly mental health and palliative care.

The John A. Hartford Foundation aims to improve the quality of care available to older Americans by providing training for health care professionals and promoting new approaches to elder care. The Foundation funds programs that provide training for physicians, nurses and social workers in order to promote research within the field, expose students to geriatrics and ensure there are sufficient numbers of health care professionals to address the growing needs of the elderly population.

The McGregor Foundation serves the greater Cleveland area by providing grants that address the needs of the elderly. In particular, the Foundation favors grants that assist the most economically disadvantaged and least healthy senior citizens. The Foundation funds programs providing home- and community-based care and educating health care workers on issues affecting the elderly.

The Virginia G. Piper Charitable Trust funds programs to improve the quality of life of residents of Maricopa County, Arizona. Piper Trust provides grants in six issue areas including, medical research, children, the elderly, arts, education, and faith-based programs. In collaboration with national partners, the Trust has developed a program of initiatives to represent a "New Maricopa Model for Living the Last Third of Life." These initiatives promote disease and disability prevention, physical and emotional health services, and civic engagement for the elderly. Through these initiatives, the Piper Trust promoted increased mobility, encouraged the elderly to live more active lifestyles, and improved senior centers to benefit both the elderly and their communities.

Rose Community Foundation promotes efforts to improve the quality of life of residents in the Greater Denver Area through grants and donor assistance. The Foundation addresses issues related to the elderly, children, health care, education, and the Jewish community. With regard to aging, the Foundation seeks a systematic improvement in the ways in which communities in Colorado organize and manage services for the elderly and their caregivers. For this reason, the Foundation funds primarily community-based programs working with seniors of low or moderate incomes. In particular, the Foundation focuses on projects that aid in increased senior mobility, improved end-of-life care and in-home or community assistance in seniors' daily tasks.

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