

La Fe Policy Research and Education Center



*Promoviendo Bienestar para Familias y Comunidad con Conocimiento, Confianza y Poder
Promoting Family and Community Well-Being through Knowledge, Trust and Empowerment*

Hispanic Seniors: Mapping Livable Community Perspectives and Involvement

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INTRODUCTION

With a rapidly growing elder population, the Lower Rio Grande Valley “the Valley” has become the new frontier for a growing senior social and health services market. According to the Lower Rio Grande Valley Area Agency on Aging, it is expected that the elder population of this area will increase 57.27% by 2020. But with this new emerging population are the unique challenges and opportunities that will be highlighted in this report.

La Fe Policy Research and Education Center (La Fe PREC), in collaboration with the Texas State Office of AARP, conducted a qualitative study of Latino seniors, 55 years of age and older, in South Texas. The objective of this report was to draw together varying perspectives from “the Valley” of Latino senior issues, their quality of life and their livable community priorities while identifying opportunities and new avenues for Latino seniors to voice their concerns and engage in their solution. Underlying this initiative is an AARP commitment to delineate strategies to continually strengthen its visibility in the Latino community, expand collaborative involvement to address Latino community concerns and increase membership.

Senior Profile:

- Hispanics are 2nd fastest growing 65+ population in the state.
- Large Hispanic Older Adult Population in the Valley.
- Seniors in the Valley are twice as likely to live in poverty.

The Valley is now home to 1.2 million people and has experienced a rapid population growth in the past six years (17% compared to 13% Statewide and 6% at the national level), according to the Hispanic Elders Project-Health Needs Assessment Report. Hispanics comprise 90% of the Valley senior population, 28% being foreign born. Although the Valley does experience “Snowbird migration”, the senior population appears to parallel state trends (10%) with 9% of the population over the age of 65. But the Valley comprises a higher concentration of Hispanics over 55, three times that of Texas.

The 2008 American Community Survey indicates that the percentage of older adults living below the FPL in the Valley is more than twice that of Texas (27% vs 12%). In Hidalgo, the area’s most populated county, more than half (54%) of older adults live below 200% of FPL. One-third of the Valley residents have no health insurance, compared with 25% in Texas and 17% nationwide. Older adults (65+) living in the Valley were less likely to still be in the work force, compared to Texas (9% vs 16%). Most Valley seniors rely on their Social Security retirement income that is low given their history of sporadic work, occupations in agricultural or manual labor and low salaries.

As articulated above, the social determinants of residents living in the Lower Rio Grande Valley highlight unique challenges for seniors. Consequently, as seniors in “the Valley” age into an array of public and privately provided services, they are bounded to face unfamiliar transitions that will be exacerbated by:

- Limited experience with health care system coupled with a health literacy disparity;
- Fragmented and limited health and human services for seniors that make it more challenging for families to navigate;
- Rise in abuse and fraud of seniors given their lack of experience with the social and health care delivery systems;
- Health disparities as chronic diseases such as diabetes are very acute issues;
- Growing financial insecurity, hunger and high out-of-pocket medical costs;
- Immigration status and language issues as barriers in accessing senior services;

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- Inadequate access to coordinated and efficient transportation to meet senior needs;
 - Poor housing conditions and inadequate access to affordable senior housing;
 - Lack of Senior Advocacy.

DATA COLLECTION

A qualitative study was conducted by La Fe PREC in the Valley targeting Hispanic seniors with the intended purpose to begin ‘mapping their livable community perspectives and involvement’ in addressing issues important to them. AARP defines a “Livable Community” as affordable and appropriate housing, supportive community features and services, and adequate mobility options, which together to facilitate personal independence and the engagement of residents in civic and social life. While this study is part of La Fe PRECs strategic goal to help improve the *Bienestar* (*well-being*) of Hispanic seniors. The study’s findings underscore the vulnerability and threats to *Bienestar* faced on a daily basis by a significant number of Hispanic seniors in the Texas Valley.

The study was conducted during a three month period with the primary objectives of: (1) Developing a Valley profile of Hispanic seniors that highlights their *Bienestar*, (2) Identifying social and health service agencies which serve seniors including follow-up outreach and recruitment for participation in focus group *platicas* (*discussions*) targeting the lower Valley counties of Hidalgo, Cameron, Starr and Willacy, (3) Conducting a qualitative study encompassing at least 3 focus group *platicas* to capture the experience and perspectives of service providers and seniors regarding *Bienestar* concerns impacting seniors, and (4) Conducting a Seniors *Bienestar* Forum.

During that timeframe, five *platicas* were conducted which included seven service organizations and an overall total of twenty-two people participating in the *platicas*. The stakeholders represented state agencies, community-based organizations offering social, health and legal services, an association of Promotoras, and seniors. Their span of responsibility ranged from management (administrators, senior housing staff, and attorney) to direct service providers (social workers, senior companions, case managers and Promotoras/advocates), and service recipients. The diversity of stakeholders enabled La Fe PREC to obtain a representative sampling of opinions regarding the *Bienestar* of seniors in the Valley.

OVERVIEW OF FINDINGS

Health - The Hispanic Elders Project states, “Along the United States-Mexico border the diabetes disparity is a public health issue of great concern”. National data shows that the prevalence of diabetes along the border (15.7%) is higher than the national level in the United States (10.7%) and Mexico (14.9%). There was unanimous agreement that the quality of life of seniors is significantly impacted by diabetes and comorbidities, including depression. One intervention, the Four Health Disparity Initiative, focuses on diabetes education, fall prevention, medicine compliance and drug abuse prevention. The initiative uses the Diabetes Education Empowerment Program that is one of eight nationally recognized evidence-based diabetes intervention curriculums. The Colonias Migrant Health Program which promotes medicine compliance utilizes Promotoras for outreach to seniors. It was consistently noted that many of the diabetes self-management programs are hospital-based, limiting accessibility for seniors. The data collected for this study consistently presented a life scenario of Latino seniors who lack adequate accessibility to vital health and social service resources, that exhibits vulnerabilities to hunger, exploitation and poverty yet remain resilient and striving to maintain independence, safe living within their own community, not in institutionalized settings.

Health and Social Services - A frequently expressed opinion was that health and social services are fragmented and inadequate for Valley seniors. It was observed that most resources focus on children, not seniors. Too much misinformation about eligibility requirements, rules and benefits are given to seniors regarding health and social services. They do not question or file complaints out of fear of repercussions regarding their access to needed health and social services. Identified issues of concern included: long waits at clinics, over-prescription of medicines, stalled filing processes for disability, growth in Alzheimer cases (50,000 confirmed) and unmet needs for Respite Care. One provider commented, “If a senior does not have a primary care physician to advocate for them, they can’t get medical care”.

A large market exists in the Valley for Adult Day Care Centers due to the large percentage of older adults on Medicaid and the prevalence of chronic illnesses, especially diabetes. Data from the Texas Department of Aging and Disability Services (DADS) indicates that the Valley accounts for 80%-85% of the State’s Adult Day Care Centers, having 226 of them. Of these, 67% (151) are located in Hidalgo County. Numerous observations were made about the lack of monitoring of Adult Day Care Centers, the unhealthy meals served to seniors and the lack of mental stimulation and activities at these centers. As several service providers stated: “seniors just go there to play chalupa all day!” and “Some centers are good but others should be shut down”.

DADS data shows that there are even more Home Health agencies than Adult Day Care Centers in the Valley, 442. Less than half (47%), do not accept Medicare. When discussing Home Health agencies, complaints were voiced about some home health services rendering inadequate/poor quality home services and some do not even show up. There are seniors who qualify and need the services of a Home Health Agency but they don’t accept the services because they do not want to sign over their homes to reimburse Medicaid after their death. Several direct service providers commented that they know many seniors who are dually enrolled in Adult Day Care and Home Health services, which is prohibited by both programs. There were numerous comments made regarding the need for more monitoring and oversight of both Adult Day Care and Home Health services. Although the law prohibits family members who reside with a senior from working as a home care provider, this type of fraudulent practice was often cited.

In many instances, Medicare provides the first opportunity for access to health insurance coverage. The Family Affair Initiative of the Senior Medicare Patrol Program helps educate the whole family to prevent fraud. Still, the Valley has registered 2500 complaints of seniors “tricked” into changing their Medicare plans. One advocate described it as “just aggressive and inappropriate business tactics competing for higher enrollments and money”.

Seniors are challenged by the high out-of-pocket expenses for medicines. Many use free samples provided by their physicians. Others, despite concerns for personal safety across the border, go to Mexico to purchase their medications. Some simply go without getting their medication so they can pay for their rent and basic living expenses. Many seniors do not know how to use or re-enroll in Medicare D.

A common theme was that seniors consider their doctors as “gods” so they generally do not challenge them or ask questions about the results of their medical tests or medications. Although there are programs (Speak Up Campaign) advocating stronger patient involvement in decision-making about medical care options, seniors fear repercussions regarding accessibility to needed health services and alienating their physicians.

Nutrition -The prevailing issue of hunger among seniors was frequently identified. A promotora reported referrals for seniors to receive needed services are placed on a 3-5 year waiting list with DADS. The Food Bank also has a 3-year waiting list. There are 30 Senior Nutrition Program sites. Enrollment increases when the “winter snowbirds” return to the Valley. These programs also include home-delivered meals for homebound seniors. But the unmet need far exceeds available resources.

Immigration - There are seniors in the Valley who are first generation immigrants who do not qualify for any health services because they are ineligible for Medicare benefits. They receive very limited medical assistance in community clinics, often being referred to local churches for services. They have to try accessing and navigating multiple social and health services and housing programs due to their immigration status. Undocumented seniors tend to live in the colonias.

Transportation -This is a major concern and unmet need for Valley’s senior population. There are a limited number of small vans but appointments need to be scheduled far in advance and there are long waits for the return trip home. Medical transport often comes late or never arrives. No service exists to transport seniors to pick up food, medicines or go pay bills. Public buses do not have wheelchair ramps. Seniors are charged, often exploited, when paying individuals to transport them, including their home care providers. Many seniors live in extreme poverty so paying for rides is not a feasible option for them. No social service organization provides taxi vouchers. When sick seniors are trying to get to the doctor, clinic or hospital, using public transportation creates a physical and emotional barrier that is demoralizing. The need for reliable, affordable and easily accessible transportation for seniors far exceeds what currently exists.

Housing - Many seniors live in sub-standard, deteriorated housing. Many of these homes are located in Colonias that are poorly built, unsafe, in need of extensive repair and lack adequate heating and air conditioning. Weatherization programs only help keep houses warm/cold but does not add needed safety features. There are Title 3 funds available to retrofit homes, build ramps and install grab bars but there are long waiting lists of a year or longer. What results is a patchwork of repairs. An additional issue is multi-family homes that are over-crowded and in need of repair. It was pointed out that nursing homes at times discharge seniors back into the community without them having a home or families to care for them. Despite the deteriorated conditions of these homes, some seniors refuse to apply for needed home health services because they fear that Medicaid will repossess their home to repay incurred debts when they die.

Some seniors live in public housing. The fortunate ones live in attractive and safe apartments; others live in ones that are not well maintained. It was pointed out that senior housing is often not conveniently located to needed resources i.e. groceries, medical care, social service agencies. One observation made by a service provider was that local and county governments are only making minimal investments in senior housing. The evidence cited to demonstrate a shortage of public housing for seniors is the long waiting lists of seniors aged 50+ who are in need of senior housing.

Abuse/Fraud - Many examples of senior abuse were discussed, ranging from unethical practices among medical and service providers, to fraud and financial exploitation by family and others, to physical, mental and emotional abuse by providers, caregivers, relatives and strangers. Because relatives are often hired as caregivers, seniors are hesitant to report abuse. Because seniors tend to not raise questions about their medical bills, there is physician and Medicaid fraud linked to

unnecessary medical tests and over-medication. Notaries who fill out forms often overcharge illiterate seniors. Home Health Services are an area of potential abuse because some home providers reportedly “take over” or sell the assets of the seniors. This fraud often goes unreported because it involves friends or relatives. Also reported was the practice of filling a prescription for a large number of adult diapers and then selling them at flea markets.

Language - Only minimal comments were made regarding language. It was stated that there are a lot of Spanish materials available and in use in the Valley. However, more detail instructions/education on “how to” access services or address the concerns of seniors is often lacking. The Promotoras Association noted that the American Cancer Society, Diabetes Association and others large entities only want to drop off informational bilingual materials for Promotoras to distribute but there is not a willingness to genuinely collaborate. The transition into automated customer services and Internet application processes further exacerbates the frustration and confusion for seniors and caregivers.

Family Caregivers - Although traditionally there is a Latino cultural norm of familial reciprocity or “taking care of our own” as long as possible, there was extensive commentary about the breakdown of the family unit. Adult children are unable or unwilling to help care for their aging parents. Those who are supportive, face financial and emotional challenges in safeguarding the wellbeing of their elders. Caregivers who offer support and advocate for their aging parents are not familiar with the institutional systems that provide services for seniors nor do they understand Medicare/Medicaid benefits/services. Respite Care for family caregivers, especially the “sandwich” generation families, of whom there are many in the Valley, was succinctly identified as an unmet community need.

As throughout the country, Valley grandparents are raising their grandchildren (GRG), the majority with no additional financial assistance. Data from 2005 shows that in the McAllen-Edinburg-Mission MSA, there were 26,911 seniors residing with grandchildren in the home, with 9,305 GRG responsible for raising their grandchildren. This represented close to 4% of the State’s total GRG. Their attitude is to be proud and not ask for help. Often the school system makes the registration process difficult for these grandparents, especially those who are caring for their grandchildren on a voluntary basis. The complexity of unmet intergenerational needs among Latino seniors is seldom captured in community needs assessment.

Financial Security - Many seniors are outliving their bank accounts. Social Security income is among the lowest because of the sporadic work history of many Latino seniors, many of whom worked as migrant farm workers. For many seniors, their principle asset is their home, many located within the Colonias and in dire need of repairs, weatherization and access ramps. One of the organizations participating in the *platicas* described their senior clients as “oppressively poor”. Although Valley seniors are less likely to continue working than seniors in other parts of Texas, there are person 65+ throughout the Valley who still work because of their unmet economic needs.

Advocacy - The lack of either service provider coalitions or advocacy coalitions to safeguard the well-being of Hispanic seniors was a consistent theme identified in *platicas* groups. The exception cited is the Migrant Coalition. The Area Office on Aging has an ombudsman program but it does not have a strong outreach component. There are programs that encourage volunteerism among seniors, but response is limited and the volunteer activities are service-oriented not advocacy-focused. There are educational programs to teach seniors to be proactive, to safeguard against fraud and protect their safety. Only the Promotora Association addressed the

need to promote the development of networks among seniors to encourage self-advocacy to voice their needs and concerns.

Familiarity with AARP -There was a general consensus that Latino seniors have no knowledge of or involvement in AARP. No one knew of any AARP activities in the Valley, though there had been an attempt to establish an AARP chapter in Mission, Texas. The exception would be the Anglo winter snowbirds, many of who are AARP members. There are seniors who are enrolled in AARP insurance plans, but they are mostly the Anglo seniors. What is known in the Valley is AARP Employment Services. They do have visibility and do engage in community partnerships. A few of the organizations who participated in the *platicas* voiced an interest in collaborating with AARP to diversify its membership and bring more services to Valley seniors.

Conclusion

In summary, this qualitative study was exploratory and a more substantive assessment is warranted to further validate the issues raised, to prioritize the major issues, and begin developing more organized attention to address them. Central to follow-up efforts must be senior leadership development to increase their engagement and advocacy in improving the environmental conditions which are negatively impacting Hispanic seniors.

The experience and perspectives from the *platica* participants indicates major issues impacting Hispanic seniors in the lower Valley. Overall ‘exploitation’ of seniors was a central theme combined with a weak safety-net infrastructure for many Valley seniors. Key *Bienestar* issues included:

- Exploitation of senior by Adult Day Care (ADC) Centers;
- Fragmented and limited health and human services for seniors that make it more challenging for families to navigate;
- Ineffective communication approaches in outreach and support for better coordinated social and health services;
- Rise in abuse and fraud of seniors given their lack of experience with the social and health care delivery systems;
- Health disparities particularly chronic diseases such as diabetes are very acute;
- Growing financial insecurity, hunger and high out-of-pocket medical cost;
- Weak social support networks;
- Immigration status and language issues as barriers in accessing senior services;
- Inadequate access to coordinated and efficient transportation to meet senior needs;
- Poor housing conditions and inadequate access to affordable senior housing; and
- Lack of organized senior advocacy.