MEETING THE NEEDS OF HISPANIC ELDERLY:
Hispanic Service Providers' Perspectives

National Council of La Raza
Ancianos Network Project
THE NATIONAL COUNCIL OF LA RAZA (NCLR)

The National Council of La Raza (NCLR), the largest constituency-based national Hispanic organization, exists to improve life opportunities for the more than 22 million Americans of Hispanic descent. In addition to its Washington, D.C. headquarters, NCLR maintains field offices in Los Angeles, California; Phoenix, Arizona; McAllen, Texas; and Chicago, Illinois. NCLR has four missions: applied research, policy analysis, and advocacy on behalf of the entire Hispanic community; capacity-building assistance to support and strengthen Hispanic community-based organizations; public information activities designed to provide accurate information and positive images of Hispanics; and special innovative, catalytic, and international projects. NCLR acts as an umbrella for nearly 150 affiliated Hispanic community-based organizations which together serve 37 states, the District of Columbia, and Puerto Rico, and reach more than two million Hispanics annually.

THE ANCIANOS NETWORK PROJECT

The NCLR Ancianos Network Project has established a long-term commitment to issues affecting Hispanic elderly within the National Council of La Raza’s agenda. The Project brings together NCLR affiliates and other Hispanic and non-Hispanic groups which share a commitment to addressing the needs and concerns of older Hispanics into an information- and skill-sharing network. Major program activities include applied research and policy analysis focusing on the socioeconomic status and program needs of low-income Hispanic elderly; dissemination of information and materials to increase awareness of the status and needs of Hispanic elderly; and training and technical assistance to help network members assess elderly needs in their communities and design and improve programs to address these needs.
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I. INTRODUCTION

A. Background

The National Council of La Raza (NCLR) has increased its involvement on issues affecting Hispanic elderly as part of its mission to reduce poverty and discrimination and improve life opportunities for Hispanic Americans nationwide. Through applied research and policy analysis activities and direct work with local affiliated Hispanic community-based organizations, NCLR has become well aware of both the rapid growth of the Hispanic elderly population and the difficulties the Hispanic community faces in meeting their needs. Hispanic elderly, while a small and often overlooked segment of the Hispanic population, are the fastest-growing elderly population in this country. Hispanic elderly are also an especially vulnerable group, who suffer disproportionately from poverty and poor health and have special service needs that are not being adequately addressed.

In an effort to gain a greater understanding of the needs of Hispanic elderly and the problems they face, NCLR carried out a preliminary investigation and analysis from 1986 to 1988, which resulted in two major publications on Hispanic elderly: The Hispanic Elderly: A Demographic Profile (October 1987) and The Hispanic Elderly: The Community's Response (July 1989). The findings reflected in these reports and the direct request of NCLR's affiliates -- Hispanic community-based organizations -- that NCLR assist them in addressing the needs of Hispanic elderly led NCLR to seek competitive funding from the Administration on Aging (AoA) to establish an elderly component within its structure and increase the number of affiliates effectively involved in the aging network. In the fall of 1989, the NCLR Ancianos Network Project was established with a two-year grant from AoA. The project was developed to increase the capacity of NCLR affiliates and other Hispanic community-based groups to effectively serve Hispanic elderly by providing information, program models, and technical assistance to expand and/or improve services to Hispanic elderly. Project activities included applied research and policy analysis, information dissemination, and development of technical assistance materials designed to increase awareness of the status and needs of elderly Hispanics among policy makers, aging organizations, and the general public.

The backbone of the Ancianos Project is its network of NCLR affiliates and other Hispanic and non-Hispanic groups that share a commitment to addressing the needs and concerns of older Hispanics. As of June 1992, the network totaled of 96 members, 60 community-based organizations and 36 mainstream aging organizations located in 24 states and the District of Columbia.

B. Purpose of the Needs Assessment

One of the ongoing research and analysis tasks of the project was to determine the service needs of Hispanic elderly being served by network members. Hispanic community-
based organizations in the Network were asked to complete a survey, and this report represents an end-of-project compilation of those surveys (See Appendix A for a list of the Network members included in the report and Appendix B for a copy of the survey completed). The results will help NCLR to structure and focus its Ancianos Project activities.

A needs assessment survey was designed to gather data on the service needs of Hispanic elderly served by Ancianos network members, and the resources available to the Hispanic community-based organizations trying to meet these needs. Compiled, they provide useful information about the elderly-related needs and resources within Hispanic communities across the country. However, because the survey was conducted only with network members, its results cannot be generalized to any larger group of communities or organizations. The results of the study will help the ongoing NCLR Ancianos Project to develop appropriate policy, program, and technical assistance responses, and may also help to increase the awareness of the needs of older Hispanics and Hispanic community-based organizations among the mainstream "aging network."

C. Methodology

The information for this report was gathered through a survey sent to Ancianos Network members that are Hispanic community-based organizations and provide direct services to the elderly. The first mailing was sent in the summer of 1990 to 31 organizations, and was followed up by calls to the organizations to encourage their response. A second mailing of surveys was sent to new network members meeting the same criteria in winter 1991 and to members that had not responded to the first mailing. Again, the mailing was followed by telephone calls to encourage and assist with survey response. In all, surveys were distributed to 40 network members, and 35 members completed and returned the forms. The five non-responding organizations were at the time planning but not actively providing elderly services. (Appendix A provides a listing by state of the organizations included in the needs assessment report.)

The survey contained questions on community service area demographics, the programs and services provided both in the community and by the responding agency, and characteristics of the elderly program participants. Five sections were included (See Appendix B for a copy of the survey):

- **Contact Information**, including agency name, address, telephone, and the person who completed the survey;

- **Agency and Client Information**, including questions regarding the size of the organization's elderly clientele, socioeconomic information on the elderly served, and participation of elderly clients in federal programs;
Community Demographic Information, including demographic questions about the agency’s direct service area, such as population, and ethnic/racial groups represented, plus regional Hispanic- and elderly-focused data;

Community Resources, Services, and Needs, including information regarding service agencies and coalitions in the service area, available elderly-related services, and other resources available to local elderly and agencies; and

Priority Needs for Hispanic-Focused Organizations Serving or Wanting to Serve the Hispanic Elderly, including questions about the most pressing needs of service providers and the extent to which particular technical assistance and materials were needed.

A database of all the information collected from the surveys was established, for use in synthesizing, tabulating, and calculating statistics from the data. In order to reduce discrepancies when transferring information from the survey to the database, the database format was made identical to that of the survey.

This study’s findings are limited by the fact that it included only 35 organizations; moreover, the response rates varied somewhat by question. Most organizations answered every question, but a few questions had as few as 22 responses. Moreover, some data requested by the survey are not necessarily readily available in every community, and community-based organizations often do not focus on maintaining, generating, and tabulating service area data, and may not have consistent procedures for handling client data. While answering the questions, some of the respondents indicated that hard data were not available, and so their responses reflect their best estimates.

This report, then, describes the 35 Ancianos Network members which responded to the survey, the communities and the elderly populations they serve, the programs they provide, and their resource needs. Elderly service needs as well as the organizations’ resource needs are analyzed from both the direct responses of the organizations surveyed and the demographic information provided. National statistics were also used for purposes of comparison.

D. Definitions

The report uses several terms that have various definitions. The following definitions explain their use in this needs assessment report:

- Hispanic Community-Based Organization — a nonprofit organization with a predominantly Hispanic Board of Directors, staff, and client population. It serves a defined geographic area, carrying out program services and/or advocacy designed to improve the quality of life for Hispanics within that area.
• **Primary Service Area** — the geographic area an organization targets in providing direct services and assistance. Depending on the capacity of the organization and the size of the community, this can be a neighborhood, city, county, multiple counties, or a whole state. Sometimes the organization will also provide services to persons who do not live in the primary service area, but funders may require that certain services be limited to area residents.

• **Aging Network** — as defined by the Older Americans Act (OAA), a comprehensive and coordinated system for providing necessary supportive services for older Americans at the community level. It encompasses federal, state, and local government agencies — the Administration on Aging, State Units on Aging (SUAs), and the Area Agencies on Aging (AAAs) — responsible for coordinating and implementing programs serving the elderly, and funding direct service providers, as well as nonprofit organizations. For a broader description of the OAA and the aging network, see the NCLR publication *On the Sidelines: Hispanic Elderly and the Continuum of Care* (February 1991).

• **Mainstream Senior Center** — a service facility, operated by a public or nonprofit organization, which provides a broad spectrum of services for the elderly — including any combination of social, educational, nutritional, recreational, and health services. As a "mainstream" agency, it either targets non-minority elderly or does not focus on any particular racial or ethnic group. The senior center usually serves as a community focal point on aging where older persons come together for services and activities which enhance their dignity, support their independence, and encourage their involvement in and with the community.
II. A DEMOGRAPHIC PROFILE OF THE HISPANIC ELDERLY

This section of the report presents a summary demographic profile of the Hispanic elderly, derived primarily from Census data. Some 1980 data are used because some 1990 data by age group were not yet available at the time the report was prepared.

A. Demographic Overview

Contrary to popular perceptions that senior citizens in the United States lead a privileged lifestyle and have a plethora of resources, an alarmingly large number of Hispanic elderly live on the edge of economic survival. Today’s older Americans are the beneficiaries of successful federal programs, such as Social Security, Medicare, and the Older Americans Act (OAA), which have helped to improve their economic condition and increase their standard of living. Yet, despite the progress in providing needed assistance to senior citizens through entitlements and social service programs, many poor and minority elderly lack any semblance of economic well-being.

Over the years, the elderly population has not only increased as a result of an aging trend, but has become more ethnically diverse due to the growth in minority elderly populations. Census Bureau projections show that minority populations are growing far faster than the White elderly population. This trend presents a significant challenge for American society, particularly the "aging network," in developing policy and programmatic priorities to meet the elderly population’s critical needs.

While there is great variation among Hispanic subgroups, a smaller proportion of the Hispanic population are elderly compared to Whites and Blacks. The Hispanic population is younger than the non-Hispanic population; Hispanics had a median age of 26.2 years in 1991 compared to 33.8 years for non-Hispanics. While 12.9% of the White population and 8.2% of the Black population were 65 or older in 1991, 5.1% of the Hispanic population fell into this age category. Cuban Americans have the largest proportion of elderly of all Hispanic subgroups. In 1991, Cuban Americans had a median age of 39 and 14.7% were 65 and older, compared to 24 years and 4.4% for Mexican Americans, 27 years and 4.7% for Puerto Ricans, 28 years and 3.0% for Central and South Americans, and 31 years and 9.0% of Other Hispanics.

While currently a small proportion of the overall elderly population, Hispanics are the fastest growing segment of the 65-and-over population. According to decennial Census data, the Hispanic elderly population increased by 75% in the last decade, from 0.67 million in 1980 to 1.15 million in 1990, and is projected to more than double by the year 2010 to 2.71 million. The Hispanic 65-and-over population is projected to almost double as a percent of the total elderly population, from 3.6% in 1990 to 6.3% in 2010 and to 11.7%
in 2050. In comparison, the White non-Hispanic elderly population is projected to decrease from 86.9% of the total elderly population in 1990 to 81.8% in 2010 and to 69.9% in 2050, and the Black non-Hispanic elderly population is expected to increase from 8.1% of total elderly in 1990 to 9.1% in 2010 and 13.7% in 2050 (See Figure 1).^6

**FIGURE 1**
**PROJECTED GROWTH OF THE ELDERLY POPULATION, BY RACE/ETHNICITY: 1990-2050**

<table>
<thead>
<tr>
<th></th>
<th>1990</th>
<th>2010</th>
<th>2030</th>
<th>2050</th>
</tr>
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<tbody>
<tr>
<td><strong>Percent of Total Elderly</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White Non-Hispanic</td>
<td>86.9</td>
<td>81.8</td>
<td>76.4</td>
<td>69.9</td>
</tr>
<tr>
<td>Black Non-Hispanic</td>
<td>8.1</td>
<td>9.1</td>
<td>11.3</td>
<td>13.7</td>
</tr>
<tr>
<td>Hispanic</td>
<td>3.6</td>
<td>6.3</td>
<td>8.6</td>
<td>11.7</td>
</tr>
<tr>
<td>Other</td>
<td>1.6</td>
<td>3.2</td>
<td>4.1</td>
<td>5.4</td>
</tr>
</tbody>
</table>


Unlike the non-Hispanic elderly population, which is widely dispersed, Hispanic elderly are geographically concentrated in the South and West regions of the United States, particularly California and Texas. According to 1980 Census data, seven out of ten Hispanic elderly were concentrated in four states — California (25.3%), Texas (21.2%), Florida (13.5%), and New York (10.9%) — much like the entire Hispanic population. By comparison, the same proportion of non-Hispanic elderly, seven out of ten, were living in 17 different states. Figure 2 lists the states with the highest proportion of Hispanic and non-Hispanic elderly. Approximately 86.6% of all Hispanic elderly, compared to 54.7% of non-Hispanic elderly, lived in these ten states.\(^7\)

An overwhelming majority of Hispanic elderly live in urban areas, more than any other elderly population group. In 1987, 91.0% of Hispanic elderly lived in urban areas, compared to 82.2% of non-Hispanic Black and 71.8% of non-Hispanic White elderly.\(^8\)

More than half of all Hispanic elderly are native-born Americans. Census data for 1980 indicate that about 58% of Hispanic elderly were born in the United States (including Puerto Rico), while 70% of all Hispanics were born in the U.S. About 88% of the general elderly population were U.S.-born Americans.\(^9\)
FIGURE 2  
TOP TEN STATES FOR HISPANIC AND NON-HISPANIC ELDERLY POPULATIONS: 1980

<table>
<thead>
<tr>
<th>PERCENT OF TOTAL HISPANIC POPULATION</th>
<th>PERCENT OF ALL HISPANIC ELDERLY</th>
<th>PERCENT OF ALL NON-HISPANIC ELDERLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>State</td>
<td>%</td>
<td>State</td>
</tr>
<tr>
<td>1. CA</td>
<td>31.1</td>
<td>CA</td>
</tr>
<tr>
<td>2. TX</td>
<td>20.4</td>
<td>TX</td>
</tr>
<tr>
<td>3. NY</td>
<td>11.4</td>
<td>FL</td>
</tr>
<tr>
<td>4. FL</td>
<td>5.9</td>
<td>NY</td>
</tr>
<tr>
<td>5. IL</td>
<td>4.3</td>
<td>NM</td>
</tr>
<tr>
<td>6. NJ</td>
<td>3.4</td>
<td>AZ</td>
</tr>
<tr>
<td>7. NM</td>
<td>3.3</td>
<td>NJ</td>
</tr>
<tr>
<td>8. AZ</td>
<td>3.0</td>
<td>CO</td>
</tr>
<tr>
<td>9. CO</td>
<td>2.3</td>
<td>IL</td>
</tr>
<tr>
<td>10. PA</td>
<td>1.1</td>
<td>PA</td>
</tr>
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</table>

Census Bureau, 1980 Census of the Population, Vol.1, PC80-1-B1, calculated from Table 67

B. Socioeconomic Status

Hispanic elderly are more likely than White or Black elderly to live in the community with multigenerational families rather than to live alone, as householders, or in institutions. As of 1989, Hispanic elderly were more likely to live with family members (75.8%) than White (66.6%) or Black (65.8%) elderly; fewer Hispanic elderly lived alone (21.7%) than White (31.3%) or Black elderly (31.2%); and a larger percent of elderly Hispanics were non-householders living with family members (33.4%) than White (30.2%) or Black elderly (29.4%).¹⁰ In addition, according to the 1985 National Nursing Home Survey conducted by the National Center of Health Statistics (NCHS), out of a total of 1.5 million elderly cared for in nursing homes, 2.7% were Hispanic, 92.2% were White, and 7.8% were Black.¹¹
Hispanics are the least educated elderly group. As of 1990, elderly Hispanics had the lowest mean number of school years completed, just 7.4 years, compared with 11.1 years for elderly Whites and 8.2 years for elderly Blacks. In 1990 more than six out of ten Hispanic elderly (63.2%) had eight years or less of formal education, compared with about one in four White (23.8%) and half of Black (51.9%) elderly. Hispanic elderly had the lowest percent of high school graduates; in 1990 16.0% of elderly Hispanics had graduated from high school, compared to 35.9% of elderly Whites and 17.5% of elderly Blacks. A lower percentage of Hispanic elderly (3.1%) graduated from college than comparable Whites (7.2%), but a higher percentage than comparable Blacks (2.9%) (See Figure 3). As of 1989, approximately four in ten elderly Hispanics did not speak English. Of those who did speak English, 85.8% spoke it well to fairly well.

The median income for elderly Hispanics is about two-thirds that of Whites, and the poverty rate for Hispanic elderly is more than twice the rate for Whites. In 1990, the median income for elderly Hispanics was $6,614, barely above the poverty threshold for an individual 65 years and over ($6,268), compared to $10,783 for White elderly and $6,297 for Black elderly. In 1990, the poverty rate for Hispanic elderly was 22.5%, more than twice the rate for White elderly (10.1%), but well below the rate for Black elderly (33.8%) (See Figure 4).
Hispanic elderly are less likely than White or Black elderly to receive Social Security or income from pensions. As of 1990, only 80% of Hispanic elderly received Social Security, compared to 93% of White and 88% of Black elderly. Only 19% of Hispanic elderly received pensions (public or private), compared to 34% of White elderly and 22% of Black elderly. Hispanic elderly are less likely than Whites or Blacks to receive public pensions or veterans' benefits -- partly because Hispanics have traditionally been underrepresented as government employees -- and they are less likely than Whites to have incomes from interest and other assets.\(^\text{14}\)

Hispanics who do collect Social Security receive lower average benefits than White elderly. In 1990, elderly Hispanics received a mean income from Social Security of $5,159, about 18% less than White elderly, who receive $6,263, and slightly more than Black elderly, who received $5,081.\(^\text{15}\)

Due to extremely low incomes and limited participation in Social Security and other retirement plans, Hispanic elderly are more likely than other older Americans to depend on public assistance to survive. In 1990, 21% of Hispanic elderly received Supplemental Security Income (SSI) benefits, compared to 18% of Black elderly and 4% of White elderly. Yet, SSI accounted for 6.4% of the Hispanic elderly's total income in 1986, compared to 0.9% of the income for all elderly.\(^\text{16}\)
C. Health Status

Older Hispanics are generally in poorer health than others their age, but are less likely than Whites or Blacks to have health insurance coverage. Health status during old age is often related to work history, and a high proportion of Hispanic elderly were employed in agricultural, laborer, or other jobs involving hard physical labor. Moreover, because of a lack of health insurance coverage, Hispanics also have far less access than other Americans to health care at every age, which means they are less likely to obtain preventive or regular care. As a result of such factors, Hispanics experience chronic disability at an earlier age, are bedridden for more days during the year, and perceive their health as poorer than their White counterparts, according to a 1989 report by the House Select Committee on Aging. While 99.3% of White and 97.7% of Black elderly were covered by a public or private health insurance in 1990, 94.8% of Hispanic elderly had similar coverage. In the same year, Hispanic elderly (33.6%) were less than half as likely as White elderly (72.3%) and less likely than Black elderly (37.4%) to receive private health insurance coverage. A smaller proportion of Hispanic elderly (90.1%) were covered by Medicare than Black (91.5%) or White elderly (96.2%) as of 1990. Due to their low incomes and non-coverage by Medicare and private insurance, more Hispanic elderly (26.6%) received Medicaid than White (6.7%) or Black elderly (19.9%) in 1990. However, a larger proportion of Hispanic elderly (5.2%) remained uninsured than White (0.7%) or Black elderly (2.3%) (See Figure 5).

FIGURE 5

HEALTH INSURANCE COVERAGE FOR PERSONS 65 AND OLDER, BY RACE/ETHNICITY: 1990

Census Bureau. Poverty in the U.S.: 1990

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D. Use of Services

Hispanic participation in some Older Americans Act (OAA) programs has declined, while participation of other groups has remained stable. Despite the rapid increase of the Hispanic elderly population, Hispanic participation in OAA-funded nutrition programs (both congregate and in-home meals) declined from 166,276 Hispanic elderly in Fiscal Year (FY) 1981 to 141,429 in FY 1986, a decrease of 14.9%. Between 1986 and 1988, Hispanic participation rates in nutrition programs remained essentially stable. Hispanic participation in OAA-funded Title III-B supportive services dropped from 444,804 in FY 1980 to 287,000 in FY 1988, a reduction of 35.4%. A 1982 report by the United States Commission on Civil Rights found that lack of participation in federal programs by ethnic minority elderly was largely due to a lack of bilingual/bicultural staff; location of nutrition sites and programs outside minority communities, making them inaccessible or difficult to reach due to lack of transportation; and a perception by many minority elderly that they were not welcome in the programs. Today, these same problems continue to discourage many Hispanic elderly from participating in federally-funded programs and services.

Older Hispanics rely more on informal support – from their families and community-based organizations – than they do on organized "aging network" services. Traditional Hispanic culture has great respect for its elderly and places a high value on family as the primary social unit and source of support. There is a mutual obligation to collaborate with other family members to meet the welfare needs of the entire family; for example, elder family members often provide day care for the young when the parents are working, and younger family members serve as interpreters for the elders. This cultural preference is clearly reflected in the high proportion of Hispanic elderly living in the community rather than in homes for the aged and living with family members as opposed to living alone.

Unfortunately, the effectiveness of the Hispanic family support system is declining due to acculturation into mainstream American society, changing family dynamics, and the economic difficulties faced by Hispanic families. As the growth of the elderly Hispanic population outpaces the growth of younger generations, families face greater difficulties in meeting the needs of their elderly members. Hispanic families (25.0%) were twice as likely as non-Hispanic families (9.5%) to live in poverty in 1991, according to CPS data. Additionally, as more Hispanic women join the workforce and Hispanic female-headed households increase, it becomes much more difficult to provide adequate care for older, frail family members living at home. The proportion of employed Hispanic women increased by 94% from 1978 to 1988 and, following the national trend, the percentage of Hispanic families maintained by women is rising.21
III. HISPANIC COMMUNITY-BASED ORGANIZATIONS AND THE COMMUNITIES THEY SERVE

This section of the report summarizes information from the needs assessment survey. It describes the Hispanic community-based organizations within the Ancianos network which provide services to Hispanic elderly and the communities they serve.

A. Community Profile

The community-based organizations surveyed were scattered throughout the Eastern, Midwestern, and Western regions of the United States. In all, 19 states and the District of Columbia were represented. The largest number of agencies were located in the West -- Arizona, California, New Mexico, Texas, and Washington -- followed by the Midwest -- Indiana, Kansas, Michigan, Missouri, Nebraska, Ohio, and Wisconsin -- and the East -- Connecticut, the District of Columbia, Florida, Massachusetts, Maryland, New Jersey, and New York. (See Appendix A for a list of the organizations surveyed by state.) This is not inconsistent with the concentration of the overall Hispanic population in the U.S.; according to 1990 Census data, 75.5% of all Hispanics live in the South and West, 7.7% in the Midwest, and 16.7% in the Northeast.22

The majority of the agencies surveyed reported serving highly populated urban areas. Many more agencies described their primary service areas as urban (70%) than rural (20%), while a few (10%) said their service areas are a combination of urban and rural. These findings correlate with national data which indicate that 92% of Hispanic households are in urban areas, according to 1991 Current Population Survey (CPS) data.23 The community-based organizations which reported serving urban areas had an average total service area population of 785,000, those serving rural areas -- generally much larger geographic areas -- had an average total service area population of 604,000, and those serving a combined urban and rural area had an average total service area population of 720,000. Total service area populations were as high as two million and as low as 7,000. Only two of the 35 organizations (6%) reported that their service population was less than 50,000.

For the most part, the organizations surveyed tended to serve county-wide or multiple county regions with a large Hispanic population. Nearly half (46%) of the organizations provided services to county or multiple county regions, over one-fourth (26%) served a conglomeration of neighborhoods, and nearly one-fourth (23%) served whole cities or towns, including metropolitan areas. In less than nearly (45%) of the communities, Hispanics were 20% or more of the total population, and in more than one-third (35%) of the communities, Hispanics were 40% or more of the area's total population. On average, the number of Hispanics within the primary service area was 151,300; responses ranged from a low of 5,000 to a high of 916,000. Nationwide, Hispanics accounted for 9% (22.35 million) of the total population in 1990.24
The reported proportion of Hispanics among the total elderly population was high, averaging 36% of the total elderly population in agency service areas, while the White elderly population averaged 49% and Black elderly population averaged 11%. In comparison, in 1990 the total U.S. 65-and-over population was 3.7% Hispanic, and 96.3% non-Hispanic (See Figure 6).25

Mexican Americans were the Hispanic subgroup most represented in the primary service areas. Over eight in ten (82%) organizations surveyed reported that Mexican Americans resided within their primary service area, nearly half (47%) reported Puerto Ricans, over two in five (43%) reported Central Americans, over three in ten (31%) reported South Americans, less than one-fourth (23%) reported Cuban Americans, and about one in six (14.7%) reported Other Hispanics resided within their service area.* Nationally, 1991 CPS figures show that the Hispanic population is 60% Mexican American, 12% Puerto Rican, 5% Cuban, and 23% Central and South American or Other Hispanic.26 Hispanic subgroups tend to be concentrated in certain regions of the U.S.: Mexican Americans are generally concentrated in Southwestern states and Illinois, Puerto Ricans in the Northeast, and Cuban Americans in Southern Florida, while Central and South Americans are found throughout the country. Similarly, groups surveyed often served more than one Hispanic subgroup, but those located in the Southwest were most likely to serve Mexican American clients, those in the Northeast Puerto Ricans, and groups in Florida Cuban Americans.

An overwhelming majority of the organizations served low-income Hispanic communities, and identified high poverty rates as the most prevalent problem for Hispanics in their service areas. Hispanics nationwide were more than twice as likely to be poor as non-Hispanics, according to 1991 CPS data (28% versus 12%).27 Survey findings indicate that the elderly in the organizations’ service areas were more likely to be poor than the overall Hispanic elderly or non-Hispanic elderly populations. This is not surprising since Hispanic community-based organizations nationally typically serve low-income communities.

* These figures reflect the subgroups represented as part of the total population within the primary service area, not the composition of the overall Hispanic population. Organizations often serve more than one subgroup.
Nearly three-fourths (73%) of the organizations reported that 50% or more of their service areas’ elderly population lived in poverty, and nearly half (47%) reported that 75% or more of local elderly lived in poverty. The combined service areas had an average elderly poverty rate of 66.9%, compared to 23% for Hispanic elderly and 12% for non-Hispanic elderly nationally (1991).28 High unemployment rates were the second most commonly reported problem by the Hispanic community-based organizations surveyed. Nationally, the unemployment rates of Hispanics are higher than for non-Hispanics (10.0% versus 7.2% in 1991).29

Hispanic residents within the service areas surveyed tended to hold blue-collar jobs in the service, manufacturing, and agricultural industries. Over two-thirds (67%) of the organizations reported that they were located in an area where service and manufacturing represented the primary sources of employment for the Hispanic community, nearly one-fourth (24%) reported agriculture as the main employer of Hispanics, and almost one in ten (9%) reported an overlap of service, manufacturing, and agriculture as the employment sources. This is comparable to national data which indicate that in 1991, Hispanics were generally employed in blue-collar, labor-intensive jobs such as pressing machine operators, farmworkers, cleaning and service workers, office machine operators, and auto mechanics, according to the U.S. Department of Labor.30

B. Organizational Profile

All the agencies surveyed were Hispanic community-based organizations — typically located in an Hispanic neighborhood and governed and staffed largely by Hispanics. While all the organizations provided elderly services, most were multi-service agencies rather than solely elderly service centers. Over four-fifths (83%) of organizations surveyed indicated they provided comprehensive services, and less than one in five (17%) described themselves as providing only elderly-specific services. Of the 35 organizations, 20 were family multi-service agencies, six were outpatient health and mental health facilities, six were senior service centers, two were community development corporations, and one was an education center. Organizations were more likely to provide elderly services as part of a family-oriented agenda (63%), than to have a separate program or facility to provide elderly services (37%) (See Figure 7).

This multi-service family focus is consistent with that of NCLR’s entire affiliate network; NCLR’s Affiliate Profile Survey: A Preliminary Report (July 1991), which looked at the administrative, financial, and service composition of its entire network, found that most were family-oriented human service agencies.31 Because the problems and needs of the Hispanic community are multi-faceted — among them low educational attainment levels, high poverty rates, and limited access to health care — Hispanic groups usually provide a broad range of services designed to help local Hispanics, including a combination of social, educational, and community development activities. For example, Chicanos Por La Causa, Inc., located in Phoenix, Arizona, is a multi-service community development corporation that in addition to developing housing projects and promoting local business ownership, provides
employment and training, housing counseling and transitional housing, domestic violence assistance, residential substance abuse counseling, a teen parenting center, and a senior center.

**FIGURE 7**
**AGENCY CLASSIFICATION**

<table>
<thead>
<tr>
<th>TYPE OF ORGANIZATION</th>
<th>NUMBER OF ORGANIZATIONS</th>
<th>SENIOR CENTER OR PROGRAM</th>
<th>ELDERLY SERVICES PART OF OVERALL PROGRAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive Multi-Service Family Center</td>
<td>20</td>
<td>4</td>
<td>16</td>
</tr>
<tr>
<td>Health and/or Mental Health</td>
<td>6</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Senior Service Center</td>
<td>6</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Community Development</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Education</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total Number</strong></td>
<td><strong>35</strong></td>
<td><strong>13</strong></td>
<td><strong>22</strong></td>
</tr>
<tr>
<td><strong>Percent</strong></td>
<td><strong>100%</strong></td>
<td><strong>37%</strong></td>
<td><strong>63%</strong></td>
</tr>
</tbody>
</table>

A great majority of the organizations provided services to clients of all ages, rather than targeting solely the elderly. Overall, agencies served a combination of Hispanic families, low-income individuals, farmworkers, the elderly, and other non-Hispanic minority groups, although Hispanics were the primary target clientele. About one in five of the surveyed organizations' clients were elderly. The total number of elderly participants averaged 1,000 a year; the largest senior service center reported serving 28,000 elderly a year. The average number of elderly clients served per day was 322; agencies that served the elderly as part of their overall family-oriented agenda served between five and 400 elderly clients daily, and agencies that had programs that focused primarily on the elderly served between 30 and 4,800 elderly clients daily. Some of the organizations which provided elderly-specific services nonetheless placed an emphasis on intergenerational interaction. Little Havana Activities and Nutrition Centers of Dade County, Inc. in Florida, for example, operates a child day care center which serves low-income pre-school children with staffing by older volunteers.
The agencies surveyed varied in size and capacity. The organizations were serving a total client population ranging from under 100 to over 40,000 a year. Approximately half served a total client group totaling between 100 and 999 a year, one-quarter served between 1,000 and 4,999 clients a year, and the remaining quarter served more than 5,000 a year. It was typical for the organizations to have a single facility, but many of the larger agencies had multiple facilities in various locations. For example, Amigos del Valle in Mission, Texas, provides comprehensive social, nutritional, housing, and supportive services, including services for home-bound elderly, to more than 3,500 elderly daily, working out of 17 senior centers in a three-county area in the Lower Rio Grande Valley.

C. Elderly Client Profile

All the agencies surveyed reported targeting low-income Hispanic elderly as their primary elderly client population; 95% had a majority Hispanic elderly clientele. Other elderly target groups included low-income farmworker, rural, Native American, and Black elderly. Research by John Krout, published in Senior Centers in America, reveals that overall, White elderly are probably overrepresented in mainstream senior centers while minority elderly are underrepresented.32

While most of the sites surveyed had a mix of Hispanic subgroups represented among the agency participants, Mexican Americans were the predominant subgroup. Over half of the organizations (56%) reported serving a majority of Mexican American elderly, less than one in five (19%) reported serving a majority of Puerto Rican elderly, over one in ten (11%) reported serving a majority of Central and South American elderly, and less than one in 20 (4%) reported serving a majority of Cuban elderly. Overall, about half of the organizations (51%) reported serving a mix of three or more Hispanic subgroups. According to 1991 CPS figures, 45% of Hispanic elderly were Mexican American, 14% Cuban American, 10% Puerto Rican, 8% Central and South American, and 13% other Hispanic.33

Elderly program participants tended to be U.S. citizens or long-term residents. Approximately half (49%) of the elderly clients were native-born U.S. citizens (this includes Puerto Ricans), about two out of five (40%) were long-term residents (more than five years), and about one in ten (11%) were recent immigrants.

Clients had extremely low educational attainment, and almost none had a college education. Findings from the survey show that half (50%) of the elderly clients had less than five years of schooling (the traditional measure of literacy), nearly one-third (32%) had completed between six and ten years of school, less than one in six (15%) had completed high school, and less than one in 30 (3%) had received post-secondary education. By comparison, a study by John Krout on mainstream senior center users found that under one-fourth (24.6%) had eight or less years of education, over one-fourth (26.7%) had between nine and 11 years of education, nearly one in three (29.2%) were high school graduates, and nearly one in five (19.5%) had received 13 or more years of education.34 However, these
statistics are consistent with overall educational levels of Hispanic elderly, more than half of whom have less than an eighth-grade education.\textsuperscript{35}

Spanish was the prevalent language spoken by the agencies' elderly clients, and a significant proportion were limited-English-proficient (LEP). Most organizations' elderly clients reportedly preferred to speak Spanish, although many spoke both English and Spanish. Many of the total elderly client group (62%) spoke little or no English. About half of the elderly clients (51%) were reportedly literate in or spoke Spanish, under one-fourth (24%) were reportedly literate in or spoke only English, and one-fourth (25%) were literate in or spoke both English and Spanish.

A great proportion of the elderly clients lacked any semblance of economic security. Nearly all (97%) were classified by the agencies as having low or limited incomes. On the other hand, mainstream senior center users were described in \textit{Senior Centers in America} as having lower to middle incomes.\textsuperscript{36} According to the surveyed organizations, a high proportion of the elderly clients were not receiving federal entitlements: only a little over half (51%) of the elderly clients received Social Security benefits; nearly two in five (37%) received Supplemental Security Income. National data indicate that Hispanic elderly are less likely than their White or Black counterparts to receive Social Security. Rates of receipt of other types of federal assistance, such as Food Stamps and public housing/housing assistance were moderate, yet benefits appear low for the disproportionately low income levels of the elderly clients.

Despite their low incomes and need for health care, elderly clients had low Medicare and Medicaid coverage rates. Many Hispanic elderly clients reportedly experienced a variety of illnesses and disabilities. Conversely, mainstream senior center users have been found to be generally healthy and to have a positive overall life satisfaction.\textsuperscript{37} Yet the Hispanic elderly clients had far less access to health care than non-Hispanic elderly. Only about three out of five elderly clients (62%) received Medicare, while 1990 data indicate that as many as 95.7% of the total U.S. elderly population and 90.1% of U.S. Hispanics 65 and over were covered by Medicare.\textsuperscript{38} The low rate of Medicare coverage appears to be linked to low rates of Social Security participation, since Medicare eligibility is largely contingent on Social Security eligibility. Moreover, while up to 97% of the elderly clients were low- or limited-income, only about 42% received Medicaid.
IV. ELDERLY SERVICE AND COMMUNITY RESOURCE NEEDS

A. Service Availability

A wide range of elderly services were available in the communities surveyed, but services targeted specifically to Hispanic elderly were far less widely available. Figure 8 lists 16 elderly services available to the general elderly population, whether provided by Hispanic or other service providers in the service area. All 16 of these services were available in at least three-fourths of the communities surveyed, and six were available in more than nine out of ten communities. On the other hand, only one of these services -- social services -- was targeted to Hispanic elderly in more than three-fourths of the communities surveyed; seven of the services were targeted to Hispanics in more than half the communities surveyed.

The four services most commonly provided to all local elderly in the service areas surveyed were nutrition/meals, social services, information/referral, and transportation. The service category most commonly available to the general elderly population in the service areas was nutrition/meals (97%), followed by social services, information/referral, and transportation (94% each).

The same four categories were most commonly targeted to Hispanic elderly in the service areas, only they were less available. Social services targeted to Hispanics were available in four out of five service areas (80%), information/referral services in nearly two out of three service areas (66%), and both nutrition/meals and transportation services in over three out of five service areas (63%). Social services tend to be provided by most Hispanic community-based organizations. Information and referral services respond to the need of many elderly clients for assistance in their interaction with mainstream government and other public offices, such as the local Social Security office. Bilingual staff are usually not available at most public program offices; thus Hispanic elderly often seek Hispanic community-based organizations to provide translation services, help with filling out complicated forms, and explain program eligibility criteria. Nutrition/meal services are a basic service of most senior centers, and often attract the elderly to the centers. Transportation services are needed because government offices and mainstream service facilities -- clinics, Social Security offices, and local government offices -- are often outside Hispanic neighborhoods. The services least likely to be targeted to Hispanic elderly within the service areas were caregiving (26%), elder abuse/protective services (31%), education/training (37%), and health care (40%).
### FIGURE 8
EXTENT OF AVAILABILITY OF SERVICES
FOR THE GENERAL ELDERLY POPULATION
AND TARGETED TO HISPANIC ELDERLY

<table>
<thead>
<tr>
<th>ELDERLY SERVICES</th>
<th>AREAS WITH SERVICE AVAILABLE TO GENERAL ELDERLY POPULATION</th>
<th>AREAS WITH SERVICE TARGETED TO HISPANIC ELDERLY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>%</td>
</tr>
<tr>
<td>Nutrition/Meals</td>
<td>34</td>
<td>97</td>
</tr>
<tr>
<td>Social Services</td>
<td>33</td>
<td>94</td>
</tr>
<tr>
<td>Information/Referral</td>
<td>33</td>
<td>94</td>
</tr>
<tr>
<td>Transportation</td>
<td>33</td>
<td>94</td>
</tr>
<tr>
<td>Housing</td>
<td>32</td>
<td>91</td>
</tr>
<tr>
<td>Emergency Assistance</td>
<td>32</td>
<td>91</td>
</tr>
<tr>
<td>Health</td>
<td>31</td>
<td>89</td>
</tr>
<tr>
<td>Caregiving</td>
<td>31</td>
<td>89</td>
</tr>
<tr>
<td>Outreach</td>
<td>31</td>
<td>89</td>
</tr>
<tr>
<td>Recreation</td>
<td>31</td>
<td>89</td>
</tr>
<tr>
<td>Legal Aid</td>
<td>30</td>
<td>86</td>
</tr>
<tr>
<td>Advocacy</td>
<td>29</td>
<td>83</td>
</tr>
<tr>
<td>Education/Training</td>
<td>29</td>
<td>83</td>
</tr>
<tr>
<td>Employment</td>
<td>29</td>
<td>83</td>
</tr>
<tr>
<td>Elder Abuse/Protective</td>
<td>28</td>
<td>80</td>
</tr>
<tr>
<td>Mental Health</td>
<td>27</td>
<td>77</td>
</tr>
</tbody>
</table>
B. Unmet Service Needs and Barriers

According to the service providers surveyed, the three greatest unmet needs for Hispanic elderly in the service areas were health care, housing, and transportation. Study findings indicate that although the Hispanic organizations providing elderly services were attempting to meet the needs of the local elderly, there remained a high unmet demand for services. Findings from Senior Centers in America suggest that mainstream senior centers are also unlikely to fully meet Hispanic needs. Specifically, mainstream senior centers often do not provide health, financial, housing, and employment services to older Americans and instead offer meals, socialization and recreational experiences.39

Health care services targeted to Hispanic elderly were insufficient to meet local needs. Health care was reported as being available to the general elderly population in 89% of the service areas, yet it was targeted to Hispanic elderly in only 40% of the service areas. Health care was reported as an extremely serious or serious problem by over four-fifths of the organizations surveyed, not only for the elderly clients (84%) but also for the local communities in general (85%).

The major reported barriers to adequate health care services were insufficient money, language differences, and lack of transportation. Over two-thirds of the organizations surveyed reported money (69%) — including low income and lack of health insurance/benefits — and language (66%) as the major barriers to adequate health care for local elderly. The distance of health care facilities from Hispanic communities was also noted as a major barrier by over two out of five organizations surveyed (43%). Other barriers to adequate health care included the lack of cultural sensitivity at non-Hispanic health centers, the limited education of Hispanic elderly, and lack of information about existing health care services. These findings correspond to national data which indicate that not only is poor health a major problem among Hispanic elderly, but access to health care is severely limited due to lower rates of Medicare or Medicaid coverage; the high costs of health care; the lack of Hispanic-focused health care facilities; and few bilingual, bicultural health care professionals at non-Hispanic health centers and public health agencies.

There was a critical need for housing services among the Hispanic elderly. Over one-third (34%) of the organizations surveyed reported housing as an extremely serious problem for their elderly clients; less than two out of ten (19%) reported housing as a minor problem or not a problem for their elderly clients. In addition, nearly half (49%) of the organizations surveyed reported housing as an extremely serious problem for the general community and less than one in ten (6%) reported it as a minor problem or not a problem. Housing assistance was available to all elderly in more than nine out of ten service areas (91%), but was targeted to Hispanic elderly in about four out of seven (57%) service areas. The need for housing assistance may be intensified by the lack of home ownership by Hispanic elderly; national data indicate that in 1987 Hispanic elderly (56%) were less likely to own their homes than Black (63%) or White (77%) elderly.40
The organizations surveyed reported transportation services as among their greatest unmet service needs. Despite the fact that transportation was provided in 94% of the service areas and targeted to Hispanic elderly in 63% of the service areas, more than half the responding organizations (56%) reported additional transportation assistance was required to meet the demand. Over three-fourths (76%) of the organizations reported that the need for transportation among local Hispanic elderly was only partly met. For the most part, those organizations that provided transportation services could not begin to meet the demand, and other organizations did not have the resources to provide the service at all.

Overall, the major barriers experienced by elderly Hispanics in obtaining services were language differences, lack of financial resources, and the location of elderly services far from their homes. For example, nearly four out of five organizations (79%) reported that language was a significant barrier for their elderly clients in obtaining services or jobs. According to a report by the Commonwealth Fund, about one out of six elderly Hispanics (16%) reported using any public social services, and services did not appear to be reaching all those in need. The report found that elderly Hispanics’ lack of knowledge about public social services and their eligibility criteria, their low educational attainment and limited English proficiency, and the location of senior centers outside Hispanic communities all contributed to their underutilization of elderly services.  

C. Resource Needs

More money was the resource most urgently needed by the organizations surveyed in order to effectively serve the Hispanic elderly in their communities. Figure 9 ranks resource needs of service providers. The table shows that nearly all (97%) of the organizations reported lack of funds as a barrier to providing needed services in their communities; none reported that additional funding was not needed.

Training and technical assistance were also identified as critically needed resources. Training for staff to operate effective service programs was badly needed by over half (52%) of the surveyed organizations, somewhat needed by over two out of five (42%), and not needed by less than one in ten (6%). Likewise, training for individuals/organizations to take a leadership role in addressing Hispanic elderly needs was badly needed by over half (51%) of the organizations surveyed, somewhat needed by about one out of three (33%), and not needed by one in six (17%). Training and technical assistance in resource development was badly needed by nearly three out of five (58%) and somewhat needed by more than two out of five (42%) of the organizations surveyed, while training and technical assistance in developing/operating effective programs was badly needed by about two out of five (41%) and somewhat needed by half (50%) of the responding organizations.
<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>BADLY NEEDED</th>
<th>SOMEWHAT NEEDED</th>
<th>NOT NEEDED OR EXISTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>%</td>
<td>Total</td>
</tr>
<tr>
<td>Elderly Program Models for:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Outreach</td>
<td>15</td>
<td>48</td>
<td>12</td>
</tr>
<tr>
<td>Reaching Particular Subgroups</td>
<td>14</td>
<td>52</td>
<td>6</td>
</tr>
<tr>
<td>Outreach Materials</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written - English</td>
<td>3</td>
<td>10</td>
<td>12</td>
</tr>
<tr>
<td>Written - Spanish</td>
<td>25</td>
<td>74</td>
<td>7</td>
</tr>
<tr>
<td>Audio-Visual - English</td>
<td>5</td>
<td>17</td>
<td>13</td>
</tr>
<tr>
<td>Audio-Visual - Spanish</td>
<td>27</td>
<td>79</td>
<td>5</td>
</tr>
<tr>
<td>Training for:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff - Program Operation</td>
<td>17</td>
<td>52</td>
<td>14</td>
</tr>
<tr>
<td>Staff - Leadership</td>
<td>17</td>
<td>51</td>
<td>11</td>
</tr>
<tr>
<td>Technical Assistance in:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resource Development</td>
<td>19</td>
<td>58</td>
<td>14</td>
</tr>
<tr>
<td>Develop/Operate Effective Programs</td>
<td>13</td>
<td>41</td>
<td>16</td>
</tr>
<tr>
<td>Additional Funding</td>
<td>33</td>
<td>97</td>
<td>1</td>
</tr>
</tbody>
</table>

Culturally appropriate outreach models and material were also needed by the community-based organizations. As seen in Figure 9, program models for community outreach were badly needed by nearly half (48%) and somewhat needed by nearly two in five (39%) of the organizations surveyed. Outreach models targeting a particular Hispanic subgroup were badly needed by over half (52%) and somewhat needed by about two out of nine (22%) of the organizations surveyed.

The need for appropriate outreach materials was seen as critical, given the low levels of formal education and limited knowledge of English among Hispanic elderly. Over half the organizations reported that English-language outreach materials were not
needed or already existed (52%), while nearly three-fourths (74%) reported that Spanish-language audio-visual outreach materials were badly needed. Audio-visual outreach materials in English were badly needed by about one in six (17%) of the organizations surveyed, while Spanish-language audio-visual materials were badly needed by nearly eight in ten organizations (79%). Findings by John Krout indicate that mainstream senior centers used newsletters and announcements in local papers as the predominant outreach methods. These outreach methods seem to be effective in reaching White clientele, as evidenced by their high degree of awareness about senior centers and their locations.42 However, these approaches are not effective in reaching Hispanic elderly.

Despite the large concentration of Hispanic elderly in the regions surveyed and the socioeconomic hardships they face, few coalitions existed within the service areas to advocate for Hispanic elderly. While there were a total of 25 elderly coalitions reported within the 35 service areas, only about one-third (31%) were coalitions made up of Hispanic groups advocating for Hispanic elderly, whereas over two-thirds (69%) were coalitions advocating for the needs of the general elderly population. The membership of these two types of coalitions differed greatly. The general elderly coalitions tended to have very little community agency representation and instead had strong philanthropic/corporate and/or public agency representation. The opposite was true for the Hispanic elderly coalitions, which tended to have more community agency than public agency and/or philanthropic/corporate representation. It is extremely important for service providers to know and interact with public agencies since, according to the Senior Centers in America study, nearly three-fourths (74%) of senior center funding is obtained from federal, state, county, or city agencies.43

Service providers also indicated a desire for community needs assessments and elderly service models. Only about one-third (34%) of the organizations surveyed reported that a community needs assessment had been done. Only four out of ten (40%) organizations surveyed reported having adequate elderly service models to address the specific service needs of their local Hispanic elderly population.
V. CONCLUSIONS AND RECOMMENDATIONS

A. Conclusions

Survey findings — combined with other information from the Ancianos network and from policy analyses conducted through the Ancianos Network Project — clearly indicate that the aging network is not meeting the service and resource needs of the growing number of vulnerable Hispanic elderly. The rapid growth of the Hispanic elderly population in this country and the socioeconomic changes in Hispanic families indicate that the aging network will face a growing demand for services by Hispanics. Yet, few studies have focused on the characteristics of Hispanic elderly who participate in programs or the types of organizations that serve them, making it difficult to get a clear picture of the service and resource needs in Hispanic communities.

Hispanic community-based organizations providing elderly services generally serve other age groups as well, and most are relative newcomers to the aging field. Because Hispanics are young, Hispanic community-based organizations have tended to focus on problems of youth and families. With the rapid growth in the Hispanic elderly population, these organizations are facing a growing demand for elderly services. Because the mainstream aging service network often has not provided adequate or appropriate services for Hispanics, Hispanic groups have begun to do so. Often, they incorporate services to the elderly as part of their multi-service family-oriented agenda.

Hispanic community-based organizations receive little elderly-specific funding and remain underutilized by the aging network, despite their capacity to reach and serve the very vulnerable Hispanic elderly population. Information from NCLR’s network indicates that few Hispanic community-based organizations providing elderly services receive elderly-specific funding or technical assistance and training. Their lack of resources may indicate that these agencies have not yet carved out niches for themselves in the aging network; in addition, the aging network may not easily identify Hispanic groups for funding and technical assistance because of their broader family orientation.

Many Hispanic groups feel shut out of the aging network by mainstream government agencies and service providers and ignored by private philanthropy. Survey findings showed very little Hispanic community-based organization representation and involvement in general elderly coalitions, and correspondingly little public or private funder involvement in Hispanic-focused coalitions.

Hispanic community-based organizations involved in elderly service provision are stretching their limited resources to serve a growing number of low-income Hispanic elderly. Their primary service areas tend to be heavily populated Hispanic communities, and the Hispanic organizations surveyed tend to have a large clientele of varied ages. In some cases, these groups are the only service providers addressing the needs of the local Hispanic
community; even more often, they are the only group providing Hispanic-targeted elderly services. Many agencies have had to turn elderly away because the demand for services exceeds their capacity to respond. This demand is intensified by the widespread poverty, poor health, low educational levels, and limited access to mainstream services experienced by local Hispanic elderly and the Hispanic community in general.

The socioeconomic and cultural characteristics of Hispanic and mainstream agency clients seem to differ widely. Hispanic organizations typically serve low-income Hispanic elderly with very little education and no income security, who are in need of basic subsistence services. Mainstream senior centers are more likely to serve middle-income White individuals who are in relatively good health, have a higher level of education, and seek social contact as well as services. A majority of Hispanic elderly maintain Spanish as their primary means of communication. Many do not have full command of the English language, probably because of a lack of educational opportunities, despite the fact that a large majority are either native-born or long-term residents of the United States. These individuals tend to feel uncomfortable or even unwelcome at mainstream elderly centers, which often have no bilingual/bicultural staff.

Hispanic community-based organizations can play a critical role in reaching — and meeting some of the basic service needs of — Hispanic elderly. Many of the characteristics of Hispanic community-based organizations — their orientation as family service agencies, their limited familiarity and contact with the "aging network," and their relatively new presence in the aging arena — make them unlikely recipients of elderly-specific funding. However, the services these organizations provide, their location, and their familiarity and ability to interact with the local community make them ideally suited to serving Hispanic elderly. The special characteristics of Hispanic elderly — low socioeconomic status, service and outreach needs, and preference for participation in community-based programs within their own neighborhoods — indicate why they may feel more comfortable with the services and staff of local Hispanic organizations than with those of mainstream organizations which lack an Hispanic focus.

B. Recommendations

Studies that assess the needs of the rapidly growing and vulnerable Hispanic elderly population are badly needed, since available Hispanic-specific elderly data are limited, unpublished, or outdated. Very little is known about the services that are available to Hispanic elderly, the Hispanic elderly that participate in existing programs, and the centers that provide these services. Issues of race and ethnicity have received little attention from gerontological and program researchers. Collection and dissemination of data on Hispanics are inadequate, and most minority-oriented materials provide very limited Hispanic-specific data, partly due to the fact that Hispanics are seldom sufficiently sampled in national surveys to provide reliable, valid data. Specific information is needed for and about Hispanics as a basis for program design and policy formation.
Hispanic community-based organizations should be encouraged to develop programs to meet the needs of older Hispanics. As Hispanic families face greater financial and practical difficulties in caring for their elderly, Hispanics will rely more on community-based organizations for elderly-related support. Hispanic agencies are likely to be their service providers of choice. Yet only after information about Hispanic elderly and the program models which meet their needs has been systematically collected, tabulated, and analyzed will appropriate services for Hispanic elderly be systematically developed, replicated, and funded.

Partnerships and coalitions should be encouraged between Hispanic community-based organizations and the aging network, corporate/philanthropic entities, and mainstream senior centers to jointly meet the resource and service needs of the communities. Hispanic organizations can help non-Hispanic agencies appropriately serve Hispanic elderly, yet they remain an underutilized resource. Mainstream social service and government agencies may have more experience in elderly programming, but may be unable to adapt these to fit Hispanic culture. Collaboration is needed to develop effective program models and networks of programs within a given geographic area, and to assure that the growing Hispanic elderly population is effectively reached and served. Coordination and cooperation may result not only in improved services to Hispanic elderly, but also in more efficient use of existing resources.

The public aging network and private philanthropic entities should fund Hispanic community-based organizations to provide services to Hispanic elderly -- and to increase their capacity for elderly service provision. One important step in this process is recognition of the legitimacy of providing elderly services as one component of a comprehensive family-focused program agenda. The Older Americans Act places emphasis on serving those in greatest social and economic need, with particular attention to minority elderly, yet many mainstream senior centers -- which are largely supported by AoA-funding -- are not meeting the needs of Hispanic or other minority elderly. Culturally appropriate outreach and service models that pay special attention to the cultural, linguistic, and information needs and preferences of Hispanic elderly need to be developed and supported. Hispanic community-based organizations must be encouraged to expand services to Hispanic elderly. This means they need technical assistance in developing not only appropriate outreach and programmatic responses, but also the capacity to advocate on behalf of older Hispanics.

Given the projected rapid growth of the Hispanic elderly population over the next several decades, action to meet the needs of this vulnerable population must begin immediately. Failure to adapt policies and programs to reflect the changing demographics of the elderly population will have significant negative consequences in both human and financial terms. Increasing access to the aging network and broadening the diversity of its programs will have equally significant positive effects.
ENDNOTES


6. Projections of the Hispanic Population: 1983 to 2080, op. cit., Table V.


15. Ibid.


18. Demographic Characteristics of the Older Hispanic Population, op. cit.


24. 1990 Census Profile, op., cit.


27. Ibid.

28. Ibid.

29. Ibid.


34. *Ibid*, p. 75.

35. *Ibid*.

36. *Senior Centers in America, op. cit.*, pp. 75-76.


42. *Senior Centers in America, op. cit.*, pp 71, 76.

ORGANIZATIONS WHICH PARTICIPATED IN THE SURVEY

ARIZONA

Centro De Amistad, Inc.
8202 S. Avenida Del Yaqui
Guadalupe, AZ 85283-1024
(602) 839-2926

Chicanos Por La Causa, Inc.
1112 East Buckeye Road
Phoenix, AZ 85034
(602) 272-0054

CALIFORNIA

Agricultural Worker’s Health Centers Inc.
230 N. California Street
Stockton, CA 95202
(209) 463-4125

AltaMed Health Services Corporation
512 South Indiana Street
Los Angeles, CA 90063
(213) 263-0466

Centro Latino De San Francisco, Inc.
1656 - 15th Street
San Francisco, CA 94103
(415) 861-8758

Chicano Federation of San Diego, Inc.
610 - 22nd Street/P.O. Box 620116
San Diego, CA 92102
(619) 236-1228

Escuela De La Raza Unida
137 N. Broadway/P.O Box 910
Blythe, CA 92226
(619) 922-2582
Friendly Center
147 W. Rose
Orange, CA 92667
(714) 771-5300

Lindsay Hospital Medical Center/ELDERMED AMERICA
740 N. Sequoia Avenue
Lindsay, CA 93247
(209) 562-2525

Metropolitan Area Advisory Committee (MAAC Project)
140 W. 16th Street
National City, CA 92050
(619) 474-2232

CONNECTICUT

Spanish American Development Agency, Inc.
1302 State Street
Bridgeport, CT 06605
(203) 333-5193

DISTRICT OF COLUMBIA

Centro Amistad (Casa Dei Pueblo)
1459 Columbia Road, N.W.
Washington, DC 20009
(202) 332-1082

EOFULA Spanish Senior Center
1842 Calvert Street, N.W.
Washington, DC 20009
(202) 483-5800

FLORIDA

Little Havana Activity and Nutrition Center of Dade County, Inc.
(Headquarters) 700 S.W. 8th Street
Miami, FL 33130
(305) 858-0887
INDIANA

Hispano American Multi-Service Center
617 East North Street
Indianapolis, IN 46204
(317) 636-6551

KANSAS

El Centro, Inc.
1333 South 27th
Kansas City, KS 66106
(913) 667-0100

Kansas Advisory Committee on Hispanic Affairs (KACHA)
1309 Southwest Topeka Blvd.
Topeka, KS 66612-1894
(913) 296-3465

Topeka LULAC Multipurpose Senior Center, Inc.
1502 Seward
Topeka, KS 66616
(913) 234-5809

MARYLAND

Spanish Speaking Community of Maryland, Inc.
8519 Piney Branch Road
Silver Spring, MD 20901
(301) 587-7217

MASSACHUSETTS

La Alianza Hispana, Inc.
409 Dudley Street
Roxbury, MA 02119
(617) 427-7175
MICHIGAN

Michigan Economics for Human Development
3186 Pine Tree Road
Lansing, MI 48911
(517) 394-4110

MISSOURI

Guadalupe Center, Inc.
1015 W. 23rd Street
Kansas City, MO 64108
(816) 472-4770

NEBRASKA

Chicano Awareness Center
4825 South 24th Street
Omaha, NE 68107
(402) 733-2720

NEW JERSEY

Hispanic Family Center of Southern New Jersey, Inc.
425 Broadway Street
Camden, NJ 08103
(609) 541-6985

NEW MEXICO

Home Education Livelihood Program, Inc. (HELP)
5101 Copper N.E.
Albuquerque, NM 87108
(505) 265-3717
NEW YORK

Hispanic United of Buffalo (HUB)
254 Virginia Street
Buffalo, NY  14201
(716) 856-7110

OHIO

Commission on Catholic Community Action
1027 Superior Avenue Room 140
Cleveland, OH  44114
(216) 696-6525

El Centro De Servicios Sociales, Inc.
1888 East 31st Street
Lorain, OH  44055-1810
(216) 277-8235

TEXAS

Amigos Del Valle, Inc
1116 Conway Avenue
Mission, TX  78572
(512) 687-9494

Mexican American Unity Council
2300 W. Commerce
San Antonio, TX  78207
(512) 978-0505

Gulf Coast Council of la Raza, Inc.
2203 Baldwin Boulevard
Cropsus Christi, TX  78405
(512) 881-9988

WASHINGTON

Columbia Basin Health Association
140 E. Main
Othello, WA  99344-0546
(509) 488-5256
Consejo Counseling Referral Services
3808 S. Angeline Street
Seattle, WA  98118
(206) 721-0800

Washington State Migrant Council
301 N. First Street #1
Sunnyside, WA  98944
(509) 837-8909

WISCONSIN

La Casa de Esperanza, Inc.
410 Arcadian Avenue
Waukesha, WI  53186
(414) 547-0887
APPENDIX B
COMMUNITY NEEDS ASSESSMENT
ELDERLY NEEDS AND SERVICES

The National Council of La Raza Ancianos Project needs some basic information about elderly needs, services, and resources in your community in order to plan its activities and set priorities. As indicated in the Network agreement you signed with the Council, we are asking each Network member to provide information on their community's needs and resources.

This checklist should be completed by the person in the agency who is most knowledgeable about elderly issues, whether this is the Director, another staff person, or a Board member. We ask that you RETURN THE COMPLETED SURVEY TO THE COUNCIL BY MAY 10, 1990. It should be sent to: Cristina Lopez, Director, Ancianos Network Project, National Council of La Raza, 810 First Street, NE, Suite 300, Washington, D.C. 20002. If you have any questions about the needs assessment, please feel free to call Cristina Lopez at (202) 289-1380.

The Ancianos Network Project will use the information provided to prepare a summary of elderly-related resources and services needed by the Hispanic communities served by Network members, and technical assistance materials on model programs. These will be distributed to all respondents. In addition, the information will help identify resources to be included in the upcoming Ancianos Network "how to" guide for serving the Hispanic elderly.

A. CONTACT INFORMATION

Agency Name: ____________________________________________________________

Street Address: __________________________________________________________

City, State, Zip Code: ____________________________________________________

Telephone with Area Code: ______________________________________________

Checklist completed by:

Name ________________________ Title __________________________

______________________________________________________________
B. AGENCY AND CLIENT INFORMATION

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

1. What proportion of your clients are elderly? ______________________

2. 
   a. How many elderly clients does your agency serve overall? ______
   
   b. How many elderly clients does your agency serve in a typical day? ______________________

3. What national origins are represented in the elderly clientele serves by your agency? Indicate numbers or percentages for each group served

   ____ Mexican American     ____ Puerto Rican     ____ Central American
   ____ South American       ____ Cuban American    ____ Non-Hispanic

4. About how many of your clients are:

   ____ Recent immigrants/recent migrants to mainland from Puerto Rico (Arrived in 1985 or later)
   ____ Long term residents (Have lived in U.S. mainland more than five years continuously)
   ____ Native-born U.S. citizens
   ____ Native-born U.S. citizens - Puerto Rico
   ____ If you don’t know, check here

5. How many of your clients:

   ____ Have little or no formal education (completed 0 - 5 yrs.)
   ____ Have completed 6 - 11 years of schooling
   ____ Have a high school degree
   ____ Have education beyond high school
   ____ If you don’t know, check here
C. COMMUNITY DEMOGRAPHIC INFORMATION

1. Specify geographic area covered by your needs assessment:
   ____________________________________________________________

2. This area is (Check one): ___ urban ___ rural
   It is a (check one):
   ___ a. Neighborhood(s) within city ___ b. County
   ___ c. Whole city or town ___ d. Metropolitan area
   ___ e. Other (specify ____________________________)

3. Population
   a. Total population of area as of (date _________): ____________
   b. Hispanic population: ________________________________
   c. Check Hispanic subgroup(s) who are a significant part of the local population:
       ___ Mexican American ___ Puerto Rican ___ Cuban American
       ___ Central American ___ South American ___ Other Hispanic
       If you don’t know, check here ___
   d. What is the approximate age distribution of the local population (give percentages)
       _____ Under 21 _____ 22 to 45 _____ 46 to 59
       _____ 60 to 64 _____ 65 to 75 _____ over 75

4. Add available information on Hispanic poverty rates, unemployment rates, and/or other socioeconomic data.
6. a. How many of your clients speak little or no English? 

b. How many of your clients are:

___ Literate in English only  ___ Literate in Spanish only

___ Literate in both  ___ Literate in neither

___ If you don’t know, check here

7. Describe the approximate income level of your clients.

___ low-income  ___ mid- or upper-income

___ Have limited income, but above poverty level

___ If you don’t know, check here

8. How many of your clients receive:

___ Social Security  ___ Supplemental Security Income (SSI)

___ Old age, survivors, and disability insurance (OASDI)

___ Some other pension

___ If you don’t know, check here

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

___ Medicare  ___ Medicaid  ___ Food Stamps

___ Public housing/ housing assistance  ___ Other(specify__________________)

___ If you don’t know, check here
5. Brief description of community -- urban/rural, types of industry, overall economic status, political climate/structure, etc.

6. Characteristics of the elderly population (60 +) in your community
   a. What is the ethnic distribution in the elderly population in your community? (give percentages)
      _____ Hispanic    _____ Black    _____ Asian
      _____ White (non-Hispanic)    _____ other (specify__________)
   b. What percentage of the elderly your community are:
      _____ Refugees    _____ Citizens/legal residents
      _____ Undocumented    _____ Don't know
   c. About what percentage of the elderly in your community know little or no English? __________
   d. What percentage of the elderly in your community are poor? ______

D. COMMUNITY RESOURCES, SERVICES, AND NEEDS

1. a. How many and what types of Hispanic focused agencies or organizations in your community are involved in services to the elderly?

      Number                     Type of Agency

   b. Review the above list and circle those agencies which target the Hispanic elderly

2. Existence of elderly coalition(s) in your community:
   a. Does a general coalition of elderly groups exist?
      Yes _____ No _____ Don't Know _____
      If yes, membership includes (check all that apply):
      _____ public agencies    _____ philanthropic/corporate
      _____ community agencies    _____ other (specify_______)
b. Does a coalition of Hispanic elderly groups exist?

Yes ____  No ____  Don't Know ____
If yes, membership includes (check all that apply):

____ public agencies  ____ philanthropic/corporate
____ community agencies  ____ other (specify____________________)

3. Availability of services targeted to the elderly in your community. Check all that apply.

<table>
<thead>
<tr>
<th>Service/Resource</th>
<th>Exists in Community</th>
<th>Target Hispanics</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Information &amp; Referral</td>
<td>a. ______</td>
<td>a. ______</td>
</tr>
<tr>
<td>b. Caregiving</td>
<td>b. ______</td>
<td>b. ______</td>
</tr>
<tr>
<td>c. Employment Services</td>
<td>c. ______</td>
<td>c. ______</td>
</tr>
<tr>
<td>d. Transportation</td>
<td>d. ______</td>
<td>d. ______</td>
</tr>
<tr>
<td>e. Housing</td>
<td>e. ______</td>
<td>e. ______</td>
</tr>
<tr>
<td>f. Outreach</td>
<td>f. ______</td>
<td>f. ______</td>
</tr>
<tr>
<td>g. Recreational Services</td>
<td>g. ______</td>
<td>g. ______</td>
</tr>
<tr>
<td>h. Nutrition/Meals</td>
<td>h. ______</td>
<td>h. ______</td>
</tr>
<tr>
<td>i. Elder Abuse/Protective Services</td>
<td>i. ______</td>
<td>i. ______</td>
</tr>
<tr>
<td>j. Education/Training</td>
<td>j. ______</td>
<td>j. ______</td>
</tr>
<tr>
<td>k. Emergency Assistance</td>
<td>k. ______</td>
<td>k. ______</td>
</tr>
<tr>
<td>l. Legal Services</td>
<td>l. ______</td>
<td>l. ______</td>
</tr>
<tr>
<td>m. Social Services</td>
<td>m. ______</td>
<td>m. ______</td>
</tr>
<tr>
<td>n. Advocacy</td>
<td>n. ______</td>
<td>n. ______</td>
</tr>
<tr>
<td>o. Health</td>
<td>o. ______</td>
<td>o. ______</td>
</tr>
<tr>
<td>p. Mental Health</td>
<td>p. ______</td>
<td>p. ______</td>
</tr>
<tr>
<td>q. Other</td>
<td>q. ______</td>
<td>q. ______</td>
</tr>
</tbody>
</table>

(specify____________________)

4. Review the above list and circle those services/resources (a - q) in which ADDITIONAL RESOURCES OR SERVICE CAPACITY are needed for the Hispanic community in your area.

5. From those services/resources circled, identify and list below the THREE for which there is the greatest unmet need among Hispanics in your community.

1. ____________________________________________

2. ____________________________________________
b. To what degree is health care a problem for Hispanic elderly in your community?
   d.____ d.____ d.____ d.____ d.____

3. What is the major barrier(s) to adequate health care?
   ____ Language  ____ Physical distance to facilities
   ____ Money  ____ Other (specify ___________________)

4. a. Does language present a significant barrier for obtaining services or jobs for many of your clients?  a.____ a.____ a.____
   b. Does language present a significant barrier for obtaining services or jobs for many Hispanic elderly in your community?  b.____ b.____ b.____

5. a. About what percentage of your clients need transportation assistance on a regular basis?  ______
   b. Is this need met?  ____ Yes  ____ Partly  ____ No
   If yes or partly, how is the need met?

6. Please indicate the extent to which each of the following are needed to effectively serve Hispanic elderly in your community.

<table>
<thead>
<tr>
<th>Type of Need</th>
<th>Level of Local Need (check one)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Badly Needed</td>
</tr>
<tr>
<td>Program models for:</td>
<td></td>
</tr>
<tr>
<td>a. community outreach</td>
<td>a.____</td>
</tr>
<tr>
<td>b. reaching particular subgroup(s)</td>
<td>b.____</td>
</tr>
<tr>
<td>(Specify subgroup _____________________________)</td>
<td></td>
</tr>
<tr>
<td>Training for:</td>
<td></td>
</tr>
<tr>
<td>c. Staff to prepare individuals/agencies to operate effective service programs.</td>
<td>c.____</td>
</tr>
</tbody>
</table>
6. Do you know of any report or activity assessing the needs of the Hispanic elderly?
   ____ Yes    ____ No

   If yes, give name and information on how to obtain a copy.

7. Describe any elderly service model(s) in your community which effectively reaches Hispanics and should be considered for replication elsewhere.
   Check here if none exists ____

   For each model indicate target group(s), types of services, who runs it, and effective or innovative components; attach additional sheets if necessary.

   Model: __________________________________________

   Target Group(s): _______________________________________

   Types of services: _________________________________________

   ______________________________________________________

   Agency/organization running the model: _______________________

   Effective/innovative components: _____________________________

   _______________________________________________________

E. PRIORITY NEEDS FOR HISPANIC FOCUSED ORGANIZATIONS SERVING OR WANTING TO SERVE THE HISPANIC ELDERLY

   Extremely Somewhat Serious Minor Not a Don’t
   Serious Serious Problem Problem Problem Know

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

   b. To what degree is housing a problem for the community?
   b. ____ b. ____ b. ____ b. ____ b. ____

2.a. To what degree is health care a problem for agency clients?
   c. ____ c. ____ c. ____ c. ____ c. ____ c. ____
d. Leadership to prepare
individuals/agencies
to take a leadership
role in addressing
Hispanic elderly needs.
d.__  d.__  d.__  d.__

e. Other
e.__  e.__  e.__  e.__
(specify ______________________)

Training/technical assistance in:
f. resource development
f.__  f.__  f.__  f.__
g. developing/operating
effective programs
g.__  g.__  g.__  g.__
h. other
h.__  h.__  h.__  h.__
(specify ______________________)

Outreach Materials
i. written in English
i.__  i.__  i.__  i.__
j. written in Spanish
j.__  j.__  j.__  j.__
k. audio-visual - English
k.__  k.__  k.__  k.__
l. audio-visual - Spanish
l.__  l.__  l.__  l.__

Other
m. additional funding
m.__  m.__  m.__  m.__
n. other
n.__  n.__  n.__  n.__
(Specify ______________________)

F. OTHER

Please add or attach any other information you feel the NCLR Ancianos Network Project should have to understand Hispanic elderly needs in your community.
NCLR ELDERLY-RELATED PUBLICATIONS

THE HISPANIC ELDERLY: A Demographic Profile

October 1987

Provides an overview of demographic data on the Hispanic elderly population in the United States, a very rapidly growing subgroup. Presents data and analysis on living arrangements, employment status, income sources, health status, and other socioeconomic characteristics of the Hispanic elderly, including comparisons with White and Blacks. Previously unpublished data and policy implications are included.

THE HISPANIC ELDERLY: The Community’s Response

July 1989

An overview of the human service needs of the elderly and the kinds of community-based program models which appear effective in helping to meet these needs through a case-study analysis of eight Hispanic-run programs serving the Hispanic elderly in seven states. Provides state-level statistics on the Hispanic elderly in the seven states visited — Arizona, California, Connecticut, Florida, Illinois, Ohio, and Texas.

STATEMENT ON THE STATUS AND NEEDS OF OLDER HISPANIC FARMWORKERS

April 1990

This statement presented to the House Select Committee on Aging provides an overview of the living conditions and critical needs of older Hispanic Farmworkers. Policy recommendations are provided.

ON THE SIDELINES: Hispanic Elderly and the Continuum of Care

February 1991

An analysis of Hispanic participation in Older American Act Program, Social Security, Supplemental Security Income, Medicare/Medicaid and other federal programs benefiting the elderly and recommendations for improving Hispanic participation in these programs. The report also includes a section describing federal social service and entitlement programs benefiting the elderly, and a demographic/socioeconomic profile of Hispanic elderly.
BECOMING INVOLVED IN THE AGING NETWORK: A Planning and Resource Guide for Hispanic Community-Based Organizations

February 1991

A practical "how to" manual to help Hispanic community-based organizations, become effectively and appropriately involved in elderly services. In addition to information about Hispanic elderly needs and ways in which community-based programs can provide services to elderly Hispanics, and a section outlining steps in getting involved in elderly programs, the manual includes a directory of resources for 22 states, a listing of federal agencies and national organizations.

REACHING AND SERVING HISPANIC ELDERLY: A Guide for Non-Hispanic Organizations

Available August 1992

This manual is designed to help mainstream organizations work more effectively with the Hispanic elderly and with Hispanic community-based organizations. In addition to providing an overview on the history and socioeconomic status of Hispanics in United States and a sociodemographic profile on Hispanic elderly, the manual describes cultural characteristics and factors that service providers need to take into account when dealing with Hispanic elderly. A step-by-step approach is outlined for non-Hispanic organizations to follow when looking to work with Hispanic elderly and their families and Hispanic service providers.

AGING DOLLARS$: A Guide to Public and Private Funding $source$

Available August 1992

This is a guide to assist Hispanic community-based organizations in raising both public- and private-sector funds. The guide covers information on federal grants programs, an analysis of corporate and foundation giving in aging, and trends and issues surrounding aging funding. It also includes a step-by-step approach to the solicitation process, and a list of foundations and corporation awarding elderly-related grants.