THE CHALLENGES FACED BY AGING LATINO POPULATIONS IN THE UNITED STATES

Institute for Latino Studies | University of Notre Dame | Student Research Briefs

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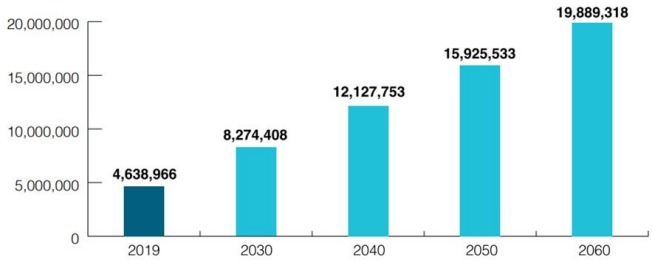
Introduction

The United States is undergoing a profound demographic transformation, with the aging population (those at least 65 years of age) at the forefront of this shift. In 2019, 54.1 million Americans were above the age of 65, with an expected 75% increase by 2060.[10] Among the elderly, the minority elders population represents one of the fastest-growing demographic groups, specifically Latinos.[21] In 2019, Latino Americans constituted 9.1% of the US' older population and, by 2060, this number is predicted to increase to 21%, or approximately 20 million people.[10] These numbers will only be heightened as average life expectancy is predicted to increase from 81 years to 87 years by 2060.[10] These staggering statistics emphasize the pressing need to address the multifaceted challenges that are faced by these 20 million people in their later years. This report will firstly introduce the history and evolution of geriatric care in the US. Then, the various challenges that are faced by the aging Latino population in the US will be addressed, with special attention to how these challenges can be mitigated.

Population and Projections of Hispanic Americans Age 65+: 2019 to 2060



Source: U.S. Census Bureau, Population Estimates and Projections, 2017 (revised).

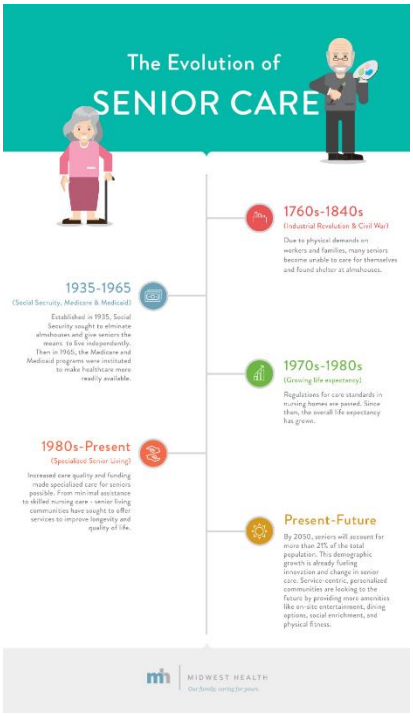
Note: Increments in years are uneven. Lighter bars indicate projections.

History of Geriatric Care in the US: Private vs. Governmental Roles

Retirement Age Classification

Understanding what defines those of older, geriatric status is necessary to understand the various challenges, statistics, and history of care for this population. With the stock market crash of 1929 and the beginning of the Great Depression, Americans found themselves to be in economic turmoil.[7] Aging Americans were no exception to this, with over half of the senior population living in poverty.[7] To ameliorate this, the Social Security Act of 1935, the first universal federal pension program for the retirees, was signed into legislation by President Roosevelt, setting 65 to be the age to start receiving monthly Social Security benefits.[7] The age 65 was chosen, according to the US government's Social Security website, due to actuarial considerations, including factors such as mortality rates, the financial sustainability of the program, and the expected number of years that beneficiaries would receive benefits.[14] Many speculate, however, that this age was strategically chosen to ensure that most Americans would not receive benefits before their passing, as the average life expectancy at the time was about 61 years.[11] Nonetheless, age 65 has largely been adopted as retirement age, as it is this point when one can start collecting benefits from social security, Medicaid, and private pensions.[14] For this reason, age 65 will be used to define the aging Latino population in the US that will be discussed.

History of Geriatric Care in the United States



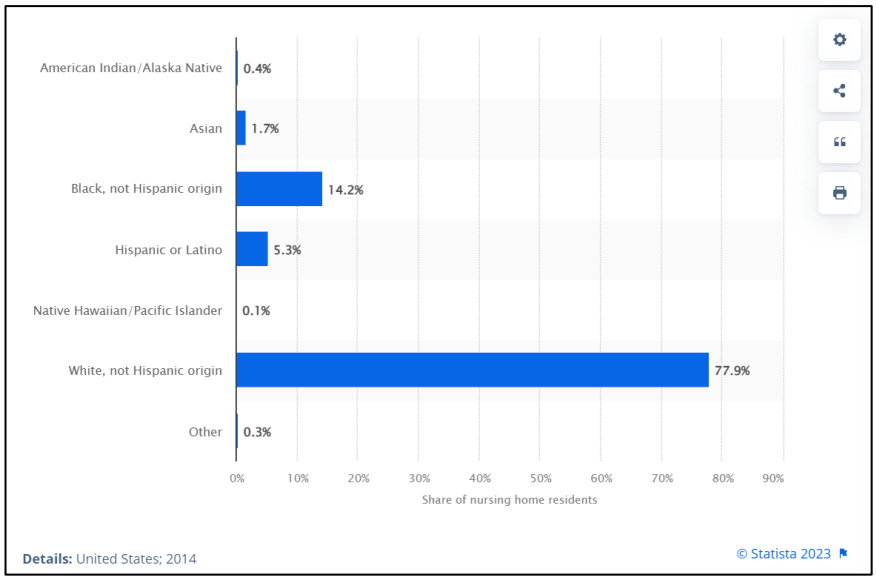
Geriatric care in the US has evolved significantly over the years. Historically, families and individuals bore the primary responsibility for the care of their elderly relatives. With events such as the industrial revolution and the Civil War, the attention of younger persons who were expected to care for the elderly shifted to the demands of work and children.[7] This left seniors without adequate care and reliant on structures such as almshouses for shelter.[7,16] With the onset of the Great Depression, these shelters filled quickly, and crime and disease quickly became prevalent.[7,16] Private institutions began opening their doors to the elderly, but costs were often too significant to maintain this level of care.[16] The introduction of Social Security helped seniors to cover these costs, and by the 1950s, almshouses were defunct.[7,16] These institutions became even more popular with the passage of Medicare and Medicaid in 1965, thus enhancing the government's involvement in senior care further.[15] The increasing popularity of these private institutions set forward competition that motivated a higher standard of care within these homes.[15] By the 1980s, senior living homes became more specialized with programs such as physical therapy, hearing and speech therapy, nutrition services, etc., in addition to more communal accommodations.[7,15] Today, approximately 2.1 million seniors live in nursing homes or assisted living facilities.[7] Still today, however, families play an integral part in directly caring for their aging loved-ones in their homes, and this is especially true for many aging Latinos in the US for several reasons that will become apparent. To first understand these factors, however, the health disparities that disproportionately situate this population in more medically fragile positions must be addressed.

Health Disparities in Aging US Latino Population

The aging Latino population in the US faces a series of health disparities that deserve careful consideration. According to the National Council on Aging, Latinos are more likely to suffer from chronic diseases such as diabetes, hypertension, and obesity compared to non-Latino whites.[10] Diabetes, for instance, affects Latinos at a rate of 12.8%, significantly higher than the rate of 7.8% experienced by non-Latino whites.[10] Despite these factors, however, 2014 data suggests that Latinos have the highest average life expectancy (81.8 years) when compared to blacks (79.9), and non-Latino whites (75.6).[10] Understanding that aging Latinos live longer than other demographics despite these afflictions and higher rates of disability (and thus require longer care) highlights the need for adequate and accessible care for these populations.[21] Access to adequate healthcare for aging Latinos in the US, however, is met with a number of barriers.

Customary Care for Aging Latinos

Historically, Latinos have been shown to utilize long-term care facilities and in-home health aides significantly less frequently than both black and white demographics due to both cultural values and economic constraints.[8] In 2014, for instance, Latinos made up only 5.3% of nursing homes within the US. [17] This is largely due to cultural values such as *familismo* and *respeto*.



Ethnic breakdown of nursing home residents in 2014. Source

Familismo in action: A Latina woman takes care of her aging father.

Latino cultures have been understood to place strong emphasis on family and community.[21] In fact, *familismo* is a term accepted by many Latino populations that prioritizes the role of family in an individual family member's life.[21] As a result, adult Latino children may feel a strong sense of duty and obligation to care for their aging parents.[21] This obligation is often seen as a natural and expected part of family life.[21] The cultural value of *respeto* (respect) is also significant in many Latino communities.[21] Adult children may view caregiving as a way to honor and show respect for their parents, acknowledging the sacrifices their parents made for them during their upbringing.[21] In this context, providing care for aging parents is not necessarily seen as a burden but as a reciprocal and meaningful expression of gratitude and respect.

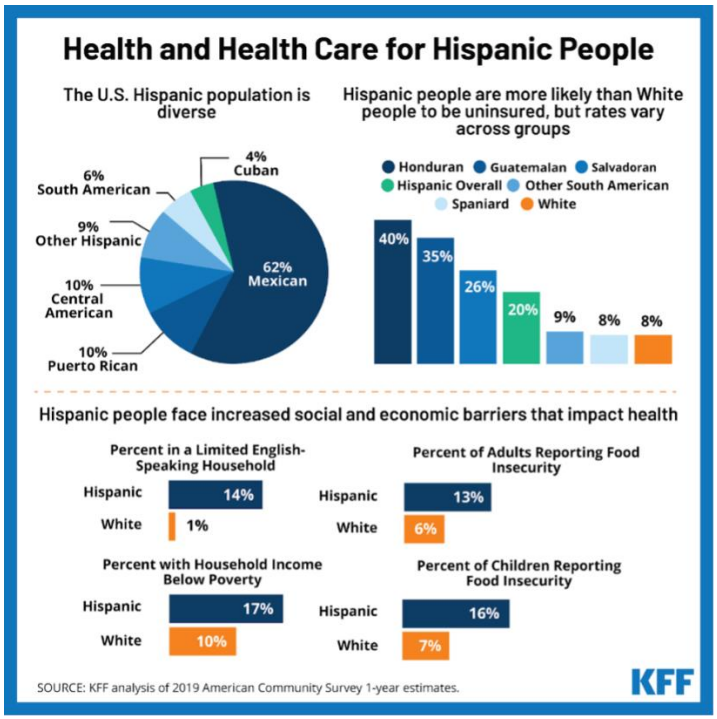
Research indicates that a majority of elderly single Latinos receive primary care from their adult daughters.[6] However, an increasing number of young Latina women are entering the workforce,

driven by financial needs and the process of acculturation.[6] In contrast to Latino cultural values that emphasize familial support, mainstream American culture often prioritizes individualism, placing a high value on personal autonomy and independence. The fast-paced nature of modern life, along with factors such as geographic mobility, contributes to the perception that providing care to aging parents is both logistically challenging and emotionally taxing in mainstream American society.[21] These cultural aspects, which some Latinos may adapt to, can lead to the notion that caregiving is a burden or a challenge to one's independence and lifestyle. Consequently, there has been a notable rise in the number of Latinos opting for nursing facilities as an alternative.

Since 1990 the number of Latinos in nursing facilities has increased by 3.9% per year, and this growth is expected until 2050. [17] Because aging Latinos in the US a) disproportionately experience disability, b) are more likely than their non-Hispanic white and black counterparts to require assistance with everyday activities, and c) are increasing at a staggering rate.[8,21], there is a substantial need for quality long-term care options for these populations. Unfortunately, accessing quality long-term care for aging Latinos in the US is met with a number of barriers.

Barriers to Healthcare and Challenges Faced by Aging Latinos in Healthcare Settings

Access to quality healthcare is met by several barriers for Latinos within the US, and these barriers are only exacerbated for the already-vulnerable aging Latino population. Once healthcare is accessed, however, the quality at which this is received for aging Latinos is of pertinent concern.



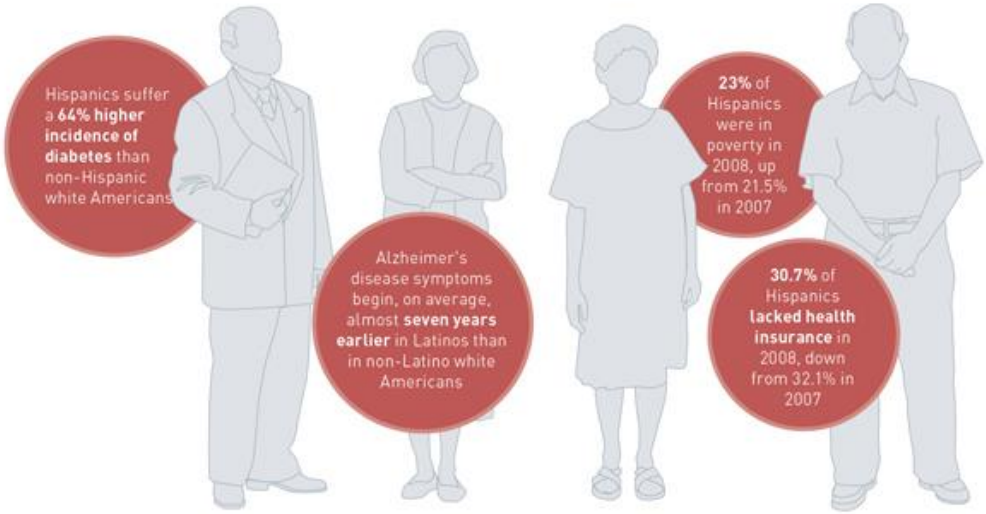
Various socioeconomic barriers faced by Latinos that hinder adequate healthcare access.

Economic Barriers

To start, economic insecurities present a significant challenge to aging Latinos. In 2017, households led by Latino Americans aged 65 and over reported a median income of $40,512, in contrast to the overall median income of $61,946 for all older households.[5] The economic insecurities faced by aging Latino populations in the US contribute to limited retirement savings, lower pensions, and financial instability, all of which can impede access to healthcare and long-term care services.[8,21] Ultimately, this has potential to lead to delayed or suboptimal treatment.

On average, a month-long stay at a US nursing home costs between $7,908 and $9,034.[9] When comparing this to the average monthly income of $3,376 reported by Latinos aged 65 and older, the financial constraints faced by Latinos who require long-term care become obvious. Plus, a substantial number of aging Latinos lack health insurance or have inadequate coverage, making it difficult for them to receive the care they need.[21] According to the National Hispanic Council on Aging, 26% of Latino Medicare beneficiaries live below the federal poverty line.[5] Although Medicare is accepted by some nursing homes, the quality and resources of these homes can vary.[6] Because of economic constraints, nursing homes are relatively segregated, with the more marginalized communities concentrated in lower-quality facilities.[6] Several studies have, in fact, demonstrated that Latinos are more prone than their non-Latino white counterparts to live in nursing homes marked by significant shortcomings in performance, understaffing, and inadequate care.[6] For instance, higher nurse aide levels were reported in facilities with higher percentages of white residents relative to facilities with

high proportions of residents of color.[12] Thus, economic insecurities faced by aging Latinos and their families can lead to suboptimal care.



Language Barriers

Language barriers and limited English proficiency amongst aging Latinos create further hurdles in terms of healthcare. These barriers affect not only the ability to understand and navigate the complex healthcare system but also communication with healthcare providers. Miscommunication and misunderstanding between English-speaking providers and Spanish dialect speaking patients can lead to adverse health diagnoses, prescriptions, and health outcomes.[21] According to the U.S. Census Bureau, 39% of Latinos aged 65 and over reported speaking English less than very well, and these numbers only worsen within more impoverished and less educated Latino populations.[12]

Low levels of education among aging Latinos can also lead to yet another barrier to communication and understanding: low health literacy. Low health literacy, like low English proficiency, can lead to misinterpretation of medical instructions, uninformed medical decisions, and poor health advocacy.[10] A study done by Traylor et al. found that older Latinos with lower education levels are at greater risk of having poor health literacy, making them vulnerable to healthcare disparities.[18]

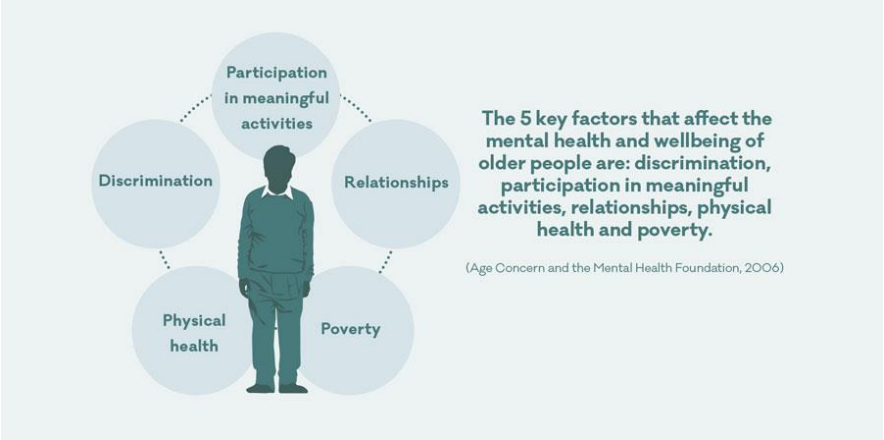
Discriminatory Practices

In addition to the already present socioeconomic systems that discriminate against aging Latinos accessing adequate healthcare in the US, there are also blatant, interpersonal discriminatory practices that must be voiced. Discriminatory practices, including issues related to differential treatment, cultural insensitivity, and racial bias, can contribute to disparities in treatment outcomes.[21] Although Latinos are already statistically more likely to end up in lower-quality long-term care facilities,[2] they are also at a heightened risk to experience racial and/or ethnic bias. A study published by Trevedi et al. found that Latino patients face higher rates of adverse discriminatory events compared to non-Latino whites, suggesting disparities in the quality of care.[20] In fact, surveys conducted by Shippee et al. found that, in primarily-white facilities, residents of color, when compared with white residents, reported a lower quality of life.[13] In addition, higher hospital readmission rates were found for Black

and Latino residents when compared to their white counterparts. This disparity was found to largely be attributed to the within-facility disparate levels of care offered to these marginalized populations.[13]

Social Isolation and Mental Health Challenges

Depression is one of the most common mental health issues in older adults, yet it is also highly treatable. In the US, aging Latinos, specifically, confront substantial and disproportionate social isolation and mental health challenges.[10] To start, statistics reveal that a significant proportion of older Latinos experience social isolation due to language barriers and lack of cultural support.[21] Moreover, not only are Latinos already a minority group within long-term care facilities, but data indicates that Latinos aged 65 and older are more likely to live in private rooms and self-isolate than their non-Latino white counterparts within long-term care facilities.[21] In addition, older Latinos may often encounter challenges in accessing culturally competent mental health services, contributing to unmet mental health needs.[21] According to studies, older Latinos experience depression and anxiety at higher rates than the general population, emphasizing the urgency of addressing mental health disparities.[8,21] Additionally, economic factors compound these challenges, with a notable percentage of aging Latinos facing financial strain, limiting their ability to participate in social activities that could mitigate isolation.[21] The effects of social isolation and mental health issues are extensive, however. Among the Latino population, heightened health dependency has been linked to the presence of depressive symptoms. In addition, elevated levels of depressive symptoms have been correlated with negative health consequences, including "cardiovascular diseases; geriatric syndromes, including frailty, physical disability, and cognitive impairment; and mortality, independently from the impact of comorbidities and other health indicators".[1]



Recognizing these statistics underscores the imperative for comprehensive efforts to enhance social connections, promote mental health awareness, and tailor support services to address the unique circumstances of aging Latinos in the United States.

Immigration Challenges

Although the majority of immigrants who come to the US are of working-age, approximately 10% immigrate in their later life.[21] This could occur due to a number of reasons, often due to family reunification or changing life circumstances.[21] Those who arrive in the US later face a number of challenges and are given less time to adapt to such challenges. For instance, elders arriving in the US

have less time to learn English, accumulate Social Security retirement benefits, find social support, and navigate healthcare systems.[21] Immigration, thus, largely exacerbates the conditions that have already been highlighted as detrimental to aging Latino health. In addition to this, however, immigration status uncertainties and fears of legal consequences may deter many from seeking necessary medical care.[21] All of these factors play to inhibit access to adequate healthcare to aging immigrant Latinos.

Future Directions and Research Needs

There is a growing need for further research to better understand the unique challenges faced by the aging Latino population. This research should focus on their specific health disparities, economic insecurities, and social barriers. It should also investigate the effectiveness of current policies and interventions in addressing these challenges.

Policy improvements are essential to ensuring that aging Latinos have access to affordable healthcare and long-term care. These improvements should consider the socioeconomic and cultural factors that contribute to disparities and aim to address them comprehensively.

Collecting and analyzing data specific to aging Latinos is vital for informing policies and interventions that will improve their quality of life. This data can help identify areas in which disparities persist and guide the development of targeted interventions.

The implications of addressing these challenges extend beyond the aging Latino population. By improving healthcare access and quality for this demographic, the overall health and welfare of the

nation, as well as the social equity in geriatric care, could be enhanced. Despite the areas that lack research, there is still adequate understanding to suggest interventions.

Potential Solutions and Interventions

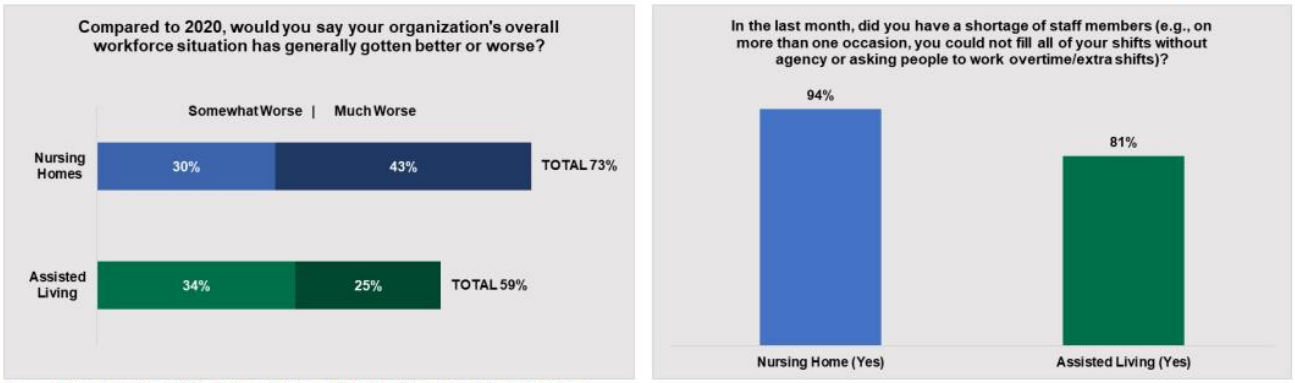
From the research, it becomes apparent that the challenges faced by aging Latinos are largely structurally based. However, it is not a narrative of despair. There are a number of potential solutions that offer hope and promise.

Medicaid Programs

Government programs and policies are instrumental in addressing the challenges faced by aging Latinos. Medicare and Medicaid, in particular, provide essential healthcare support to the aging population. Although these services intend to support aging Latinos in finding adequate healthcare, they are sometimes used as a source of discrimination. Medicaid-eligible patients oftentimes receive less-optimal care compared to private-paying residents, as the reimbursement for Medicaid care is often substantially less than privately-paid or out-of-pocket payments.[2] One potential solution to this is to eliminate partial Medicaid certifications. Under such certifications, facilities can set quotas on how many Medicaid patients they can treat and house.[2] These facilities, in practice, can collect dues from *their* preferred source of payment, which is oftentimes out-of-pocket.[2] Once this source of income is drained and Medicaid is to be relied upon, residents are subject to eviction because of the quota, and thus, more privately-paying elders can move in.[2] Making Medicaid an option for every patient within a facility under full certification would prevent such evictions.[2] Although some may conclude that facilities will subsequently just refuse to accept Medicaid compensation altogether, a significant proportion of these facilities' revenues come from Medicaid, so many facilities would lose more money and patients if they deny Medicaid reimbursement fully.[2]

Staffing Improvements

The importance of sufficient staffing in nursing facilities is widely acknowledged as a crucial element influencing the health outcomes of residents.[2] To start, research suggests that as many as 95 percent of long-term care facilities in the US are understaffed.[2] Understaffing, inevitably, leads to overworking by healthcare providers in nursing homes, which increases the likelihood of elder maltreatment, abuse, neglect, etc.,[2] and these effects may become even more pronounced against marginalized populations such as Latinos. In fact, an interview study in Los Angeles found that 40.4% of elderly Latinos experienced some form of abuse and/or neglect within the previous calendar year.[4] Enhancing staffing levels, pay, and employee support services would enhance the quality of care across all facilities, including those with a higher proportion of residents from diverse ethnic backgrounds. A survey conducted by the American Health Care Association found that 81% of nursing home providers reported that higher pay and better benefits would improve the facilities' recruitment and retainment of quality care providers.[18]



Source: American Health Care Association and National Center for Assisted Living

Resident perceptions on staffing in their long-term care facilities, per a national survey of about 750 nursing homes and assisted living facilities.

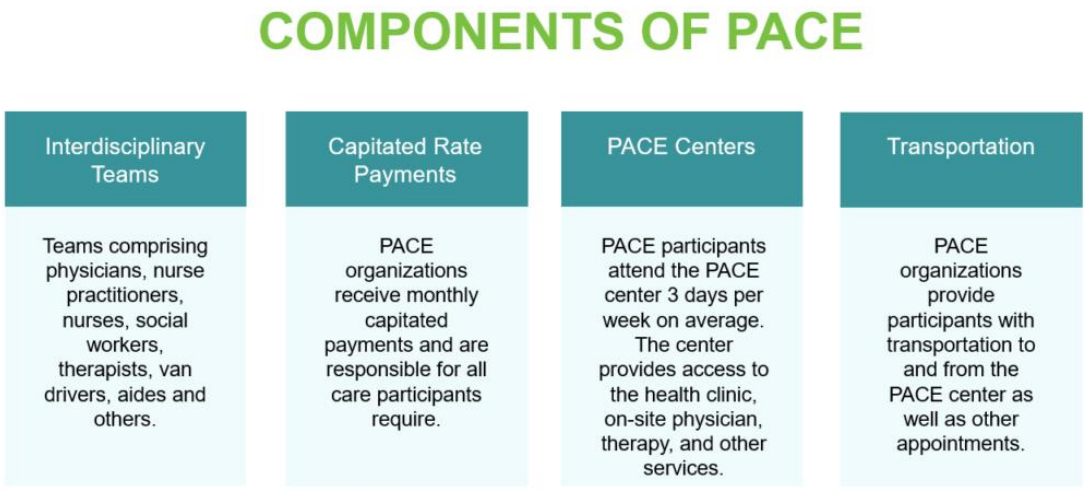
Nursing care staff, in addition to raising their wages, should also be adequately trained in culturally competent care. Although there have been slight improvements in culturally competent care in US nursing homes, much progress is still to be made.[2] Support staff should be adequately trained to respect and adhere to the "resident's choices, personal beliefs, interests, ethnic/cultural practices and spiritual values".[19] Employee training and testing of culturally competent care, and perhaps the staff members' potential implicit bias, should take place before they are allowed to care for residents, especially residents of color. In addition, federal law mandates that nurse aides in nursing homes must complete a minimum of 75 hours of educational training. Culturally competent care and implicit bias understanding, however, are not required in those 75 hours.[19] Making this a requirement would likely promote the level of care received by all residents, not just those of marginalized communities.

HCBS Improvements

Aging Latinos prefer to receive care within their own homes, and this is consistent with other demographics.[2] This option, however, is unattainable for many Latinos due to their own economic constraints or the constraints of their loved ones.[21] Like with nursing facilities, Medicaid supports in-home care through their Home and Community Based Services (HCBS) program. According to Medicaid regulations, however, nursing facility care must be accessible to all eligible Medicaid beneficiaries, but states have the discretion to offer HCBS. Thus, states can impose arbitrary enrollment caps on HCBS programs. This creates a mosaic of HCBS programs within states, resulting in significant disparities in the availability of HCBS across states. These variations contribute to inequities, determining who has the opportunity to receive HCBS and who may be left with no alternative but to receive care in a nursing facility setting.[2] To alleviate this, Medicaid should mandate HCBS coverage as a compulsory benefit, equal to the coverage provided for nursing facilities. Establishing HCBS as a mandatory entitlement would broaden the avenues for older adults of color to access long-term care options beyond nursing facilities.[12]

Community-Based Organizations

Community-based organizations and initiatives also play a pivotal role in bridging the gaps in care for aging Latinos. These organizations, often rooted in the community, provide culturally sensitive care and support, making healthcare services more accessible and tailored to the unique needs of this demographic. For example, the Latino Network for Aging's Promotores de Salud (Community Health Workers) program offers outreach and education to promote health and well-being among aging Latinos.[3] In addition, the national Program of All-Inclusive Care for the Elderly (PACE) is a comprehensive, community-based healthcare program designed to provide integrated care and support services for elderly individuals who qualify for nursing home care but prefer to remain living in their communities.[20] Education that such community programs are available to qualifying elders is vital in the accessibility of these programs. Awareness of such programs could be enhanced via community outreach programs, advocacy efforts, educational workshops and seminars with healthcare professionals and community health workers, digital marketing, etc. In addition to this, these resources should be enhanced (i.e. staffing, funding, etc.) to serve more of the aging population.



The components of PACE, a national community-based program that provides support for the elderly.
Source: Myers and Stauffer

Conclusion

In conclusion, the challenges faced by the aging Latino population in the United States are multifaceted and encompass healthcare disparities, economic insecurities, language barriers, and cultural practices. The statistics and research findings presented in this paper underscore the urgency of addressing these challenges to ensure the well-being of this demographic. Disparities in chronic diseases and adverse health outcomes emphasize the need for targeted interventions. Economic insecurities, driven by limited retirement savings and financial instability, are formidable barriers to accessing healthcare and long-term care services. Language barriers, low health literacy rates, and discriminatory practices within healthcare settings compound these challenges, leading to suboptimal care quality.

Looking forward, further research is imperative to gain a deeper understanding of the unique challenges facing aging Latinos and to inform the development of comprehensive policy

improvements. Collecting and analyzing data specific to this demographic is essential to identify persistent disparities and guide the creation of targeted interventions.
However, the policies and interventions discussed in this paper offer a glimmer of hope. Government programs such as Medicare and Medicaid provide essential support that still must be strengthened, and community-based organizations deliver culturally sensitive care and support services, the kind that nursing facility staff should be trained upon.

Addressing these challenges extends beyond the aging Latino population; it impacts healthcare providers, policymakers, and society as a whole, making this research not only a matter of social equity but also a critical factor in promoting the health and well-being of the entire nation.

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The Disparate and Various Challenges Faced by Aging Latinos within the US

ILS 43102, Fall 2023