

Community Assessment of Latino Older Adults in Metro Denver

For Colorado Latino Age Wave

An initiative of



With financial support from
Hispanics in Philanthropy
Community First Foundation

And additional support from
Latino Community Foundation of Colorado

June 2012

Produced in partnership by



JVA CONSULTING, LLC
partners in community and social change

The logo for CREA RESULTS, featuring the word "CREA" in a large, white, bold, sans-serif font, followed by "RESULTS" in a smaller, white, bold, sans-serif font. The entire logo is set against a solid orange rectangular background.

CREA RESULTS

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Executive Summary

The mission of Colorado Latino Age Wave is to invest in and advocate for innovative services and programs that support the well-being of Denver's Latino older adult population. To support its mission and see it become a reality in metro Denver, Colorado Latino Age Wave engaged JVA Consulting, LLC (JVA) and CREA Results (CREA) to conduct a community assessment to build a base of knowledge about key factors that influence access and delivery of services for Latino older adults in the seven-county Denver metro area, which includes Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas and Jefferson counties. The primary goals of the assessment were to:

- Present a comprehensive demographic overview of the 55+ Latino populations in the Denver metropolitan area
- Provide insight into their values, beliefs, feelings and perceptions about aging, as well as the assets and strengths they bring to solve community problems and age in community
- Achieve a baseline understanding of the needs, issues and challenges facing Latino older adults
- Identify and document strategies that advocate for and support access to services for Latino older adults

Methodology

The following methods were used to complete the assessment:

- Engaged a Community Advisory Committee in the assessment process
- Engaged an expert in cultural competency
- Conducted a literature review and demographic research of Latino older adults age 55 and older
- Conducted 19 telephone or in-person interviews and two focus groups with key community leaders
- Conducted 10 focus groups with Latino older adults ranging in age from 55 to 90
- Conducted two focus groups with caregivers of Latino older adults
- Developed and administered a Web-based survey to gather information from service providers

Key Findings

The community assessment identified several key findings, which help Colorado Latino Age Wave better understand the Latino older adult population in metro Denver and inform its future work. The following is a brief overview of key findings, broken out by the assets Latino older adults possess as well as their needs.

Assets of Latino Older Adults

- Latino older adults possess many strengths and assets, which are valuable resources for the Denver metropolitan area. These assets include: strong commitments to family and community, resiliency, experience building coalitions, wisdom and knowledge, and a desire to remain active and engaged. They have a strong work ethic and deep desire to help family, neighbors and the community.
- Latino older adults have positive perceptions on aging and appreciate the wisdom that comes with age. For them, it is important to remain engaged and active, have good health, maintain independence, and have family support.
- Latino older adults value the role of family, desire to help their family and the community, and want to age in place because of strong family connections.
- The Latino older adult population is rapidly growing and is growing at a faster rate than other racial and ethnic groups in the same age range. As they seek to expand educational and career opportunities and remain connected and active in community, there are significant opportunities to engage this growing and thriving population.

Needs of Latino Older Adults

- Service providers and agencies organized to care for older adults are inadequately prepared to address the particular needs of aging Latino constituents. Similarly, service providers and agencies dedicated to serving Latinos are inadequately prepared to address the particular needs of those who are aging. As a result, there is a lack of services and supports geared specifically toward Latino older adults in metro Denver. Latino older adults specifically need additional access to health care, nutrition, transportation and adequate housing. They also want increased access to classes and activities to continue their education as well as opportunities to remain active and engaged in the community.
- Compared with non-Latinos of the same age group, the Latino older adult populations in metro Denver face health disparities, specifically in the area of diabetes. They also have lower rates of health insurance coverage, higher rates of poverty and higher rates of unemployment. These disparities point to the high need for many individuals to have increased access to important services.
- Local service providers need additional training and technical assistance to learn how to better serve and reach Latino older adults. They also need help overcoming challenges such as inadequate funding or insufficient capacity.
- There is a lack of effective communication and outreach to Latino older adults about available services. Whether services or supports are available through community-based organizations or government agencies, Latino older adults often do not know about the services or how to access them. There needs to be communication activities specifically aimed at addressing how to effectively reach this population with important information. Additionally, many services are complex and Latino older adults and their families need help navigating the complex systems.
- There are policies that both help Latinos as well as hinder their access to services. Policies that help include those that prohibit against discrimination, provide access to discounted services, facilitate access to government assistance and protect from fraud or exploitation. Policies that hinder access fail to adequately acknowledge the role of

family in caregiving, make access complicated for intergenerational households and discriminate based on documentation.

- Latino older adults face several barriers in accessing services, such as adequate information, financial resources, culturally responsive and age-appropriate services, language-appropriate materials, bilingual staff and transportation. Undocumented immigrants face additional barriers, such as being prevented from accessing some services as well as experiencing fear, dependency and isolation.

Recommendations

The following recommendations were developed as a result of the findings from the assessment.

- Support neighborhood-based and home-based programs
- Utilize the promotores model to train Latino older adults to help others navigate the system and increase access to services
- Build coalitions and partnerships among organizations serving the Latino community as well as older adults
- Support intergenerational programs that engage the entire family
- Increase funding to Latino serving agencies to increase their capacity to serve older adults and increase funding to aging service providers to increase their capacity to serve Latinos more effectively
- Develop a public policy initiative that supports community-centered services
- Invest in training to develop champions among Latino older adults
- Develop more effective communication strategies

Introduction and Background

Two important demographic trends in the United States are (1) the rapidly growing number of older Americans and, (2) the growing number of Latinos in all age groups. When these two realities are brought together, it becomes clear that regions with significant Latino populations must take a closer look at how Latino older adults will help change the narrative of aging in their communities and across the nation.

Within the human services framework, aging is often described in terms of the deficits that accumulate as individuals grow older, particular with regard to health, disability, economic security, access to vital services and connection to community. In this service model, the mission of many public and private agencies and their funders is to address these deficits to alleviate the negative impact of aging on the lives of individuals and their families. However, the deficit-focused vision of aging is incomplete and obsolete. Thanks in part to social supports in place over several generations, many older adults lead healthy, productive and meaningful lives into their 60s, 70s, 80s and beyond. Today's older adults are redefining aging on their own terms with high expectations, optimism and a sense of purpose. They are creating an unlimited range of possibilities and opportunities to contribute to their families, their communities and their own well-being.

Additionally, Latino older adults bring a rich history and strong cultural traditions to the asset-focused vision of aging. As illustrated throughout this report, values such as family, community, intergenerational connectivity and a sense of duty to help others are important assets. While Latinos have faced social and economic adversity, they have also developed resiliency, a sense of cultural pride and a strong commitment to help the community.

However, Latino older adults are also at higher social risk than many other older adults, and when compared with non-Latinos in the same age ranges, they face greater poverty, unemployment and health disparities in metro Denver. They also face barriers such as ineffective communication and outreach and lack of language- and culturally-responsive services. Undocumented Latinos face additional barriers, as they are ineligible for many of the safety-net services and supports.

Colorado Latino Age Wave's Response

In 2011, Hispanics in Philanthropy (HIP), a national organization focused on promoting stronger partnerships between organized philanthropy and Latino communities, launched the Latino Aging Initiative with research showing a "wave" of Latinos entering *la tercera edad* (third stage of life) with a 224% increase in older Latinos by 2030. This research by Hispanics in Philanthropy provides a detailed analysis of Latino aging issues for consideration by the philanthropic, public and private sectors.¹

¹ Cummings, M. R., Hernandez, V. A., Rockymore, M., Shepard, M. M., & Sager, K. (2011). The Latino Age Wave: What changing ethnic demographics mean for the future of aging in the United States. Retrieved (footnote continued)

In October 2011, Colorado Latino Age Wave was launched as an initiative of Rose Community Foundation with major funding from Hispanics in Philanthropy (provided by The Atlantic Philanthropies), the Latino Community Foundation of Colorado and Community First Foundation. In June 2012, the Colorado Health Foundation joined the partnership as a major funder as well. Colorado Latino Age Wave seeks to understand more deeply the assets and strengths of the Latino older adult population in the seven-county Denver metropolitan area, as well as the ways to invest in and advocate for innovative services and programs that support this population. HIP selected metro Denver as the inaugural community to begin building capacity and innovative programs to support Latino older adult populations through the foundation partnership.

The core values and philosophy guiding Colorado Latino Age Wave are focused on the following:

- Respecting *cultural relevancy* and honoring the cultures and values that are central to Latino populations
- Helping all Latino older adults maintaining *independence* and a high quality of life
- Believing in *intergenerational strength* and the engagement and interconnection of the whole family
- Upholding *respect for elders* and believing the wisdom, knowledge and experience they possess are invaluable assets to their families

Colorado Latino Age Wave is committed to helping service providers:

- Develop culturally relevant practices and programs
- Support the development of programs that help foster independence in a culturally relevant way
- Promote the creation of a high quality of life for both aging members of the family as well as the young people living in the household
- Support a model of care that acknowledges the assets and strengths of older adults

In order to support its mission and see it become a reality in metro Denver, Colorado Latino Age Wave engaged JVA Consulting, LLC (JVA) and CREA Results (CREA) to conduct a community assessment to build a base of knowledge about key factors that influence access and delivery of services for Latino older adults in the seven-county Denver metro area, which includes Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas and Jefferson counties. This report presents the findings of the assessment.

Historical Context of Metro Denver

Metro Denver is an ideal location to focus attention and resources on the expanding population of Latino older adults, given the cultural history and current demography of the American

from <http://www.atlanticphilanthropies.org/learning/report-latino-age-wave-what-changing-ethnic-demographics-mean-future-aging-us>

Southwest. The Latino population is rich in diversity and complexity, ranging from families whose ancestors predate white settlers to recent immigrants.

A brief look through Colorado's history reveals several key phases that have had an impact on the Latino population. From Native Americans and the Spanish conquistadores, to Mexico's independence from Spain, followed by America's westward expansion and the war on Mexico, to the Treaty of Guadalupe Hidalgo and a subsequent wave of civil rights violations, the Latino population has endured much adversity throughout Colorado's history.

Denver is often cited as the birthplace of the Chicano Movement,² and it is a legacy that was brought up in key leader interviews by community leaders who cited activism and survival as two of the assets of the Latino older adult population in the Denver metro area. In the 1960s, tired of discrimination and indiscriminate violence, Chicanos started to stand up and fight for their rights. The movement started in New Mexico, when Reies López Tijerina demanded the Treaty of Guadalupe to be honored, and was continued in Denver when Rodolfo (Corky) Gonzáles founded the Crusade for Justice, an organization that fought for the rights of Mexican Americans.³

Although Latinos have faced great adversity, they have survived and thrived with a characteristic resiliency that has led to a rich cultural endowment, a strong network of Latino-serving institutions, political clout and growing influence within the social and economic mainstream. Leaders such as Corky Gonzáles, Federico Peña (the first Latino Mayor of Denver) and many others highlight the great successes and opportunities of the Latino population in metro Denver.

The creators of this report have made substantial efforts to represent diverse views and perspectives on Latino aging while presenting data that point to some common themes and trends. This report demonstrates how Latino older adults approach aging in a way that honors their wisdom and assets, and it deserves consideration in the formation of public policy, in the creation of best practices in service delivery and in the growing and changing body of knowledge about aging in America.

Methodology

Colorado Latino Age Wave outlined the following primary goals of the assessment:

- Present a comprehensive demographic overview of the 55+ Latino populations in the Denver metropolitan area
- Provide insight into their values, beliefs, feelings and perceptions about aging, as well as the assets and strengths they bring to solve community problems and age in community
- Achieve a baseline understanding of the needs, issues and challenges facing Latino older adults

² National Public Radio. (2011). Chicano Movement's Denver Roots Run Deep. Retrieved from <http://www.npr.org/2011/06/30/137529484/the-chicano-movements-denver-roots-run-deep>.

³ Muñoz, C. (1989). Youth, identity, power: The Chicano Movement. New York: Verso Books.

- Identify and document strategies that advocate for and support access to services for Latino older adults

To ensure data collection methods addressed these three goals, the following research questions were developed:

- Who makes up the Latino 55+ population in Denver? What are their demographic characteristics? What are their values, beliefs, feelings and perceptions about aging? What assets and strengths do Latino older adults have that they can bring to solving community problems and to aging in community?
- What do Latino older adults need and desire to successfully age in community?
- What services and supports are currently provided? What are the gaps?
- What are successful strategies/best practices to advocate for and to provide services and supports?
- What are the local, state and federal rules, regulations, guidelines and policies that facilitate or interfere with access to services and supports?

The assessment utilized diversified methods to gather data from community members and stakeholders, which also included a review of literature and secondary data. The assessment gathered and triangulated data from several sources and methods in order to increase the accuracy and validity of the findings. This community assessment was guided by the expertise of community members with extensive knowledge and understanding of the Latino community in metro Denver, the older adult community in metro Denver, and issues and trends in cultural competency, research and evaluation, and community engagement. Additionally, tools were designed and methods were selected based on an approach that seeks to illuminate, understand and utilize the strengths and assets that community members, specifically Latino older adults, bring to addressing community needs and challenges.

Community Advisory Committee

A Community Advisory Committee (Committee) was created by Colorado Latino Age Wave to provide counsel, expertise and guidance on matters related to the successful planning and implementation of the overall initiative. The Committee consisted of 16 volunteer members who represented and offered a broad range of expertise, age and experience to the initiative. Committee members met with JVA and CREA four times to provide feedback about the assessment. Members include representatives from constituency-based groups, private businesses, education, health and mental health institutions, government, nonprofits and foundations. The Committee provided informed counsel on the planning and implementation of the community assessment. It provided feedback and approval on the overall assessment design and research questions; reviewed, discussed and provided feedback on all data collection tools used during the assessment; participated in a focus group style discussion to pilot the key leader interview protocol; and provided insight and recommendations into the specific individuals or types of content area experts to participate in the key leader interviews. Finally, the Committee reviewed the assessment report and provided feedback and recommendations.

Expert in Cultural Competency

Colorado Latino Age Wave also engaged the services of an expert in cultural competency. The role of the expert was to bring awareness and capacity of cultural competency principles, as well as incorporate knowledge, analysis and best practices to the initiative. The cultural competency expert reviewed and provided feedback on all data collection tools, observed and provided feedback on select focus groups, and reviewed and provided feedback on the final report.

Document Review and Demographic Research

A document and literature review was conducted to better understand the current trends in aging, as well as gain deeper knowledge into the policies and practices impacting Latino older adults. Demographic data were used to better understand the characteristics of the Latino older adult population in the seven-county Denver metro area, which includes Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas and Jefferson counties. Demographic variables included: Latino aging trends in Colorado, population counts by age, gender, health insurance coverage, disability, health conditions, poverty, unemployment and other characteristics for Latino adults ages 55 and older.⁴

Key Leader Interviews

JVA conducted a series of key leader interviews to gather in-depth information about the needs of Latino older adults, community services and supports, as well as gaps, barriers to access and policies that impact access to services. A list of key leaders in the community was generated by the Community Advisory Committee, JVA and Colorado Latino Age Wave staff. In April and May 2012, JVA contacted over 60 key leaders to participate in individual interviews and two focus groups. In total, 34 community leaders participated, 19 were interviewed individually by telephone and 15 participated in the focus groups. The participating key leaders included community activists, health care providers, executive directors and key staff from community-based organizations that serve Latinos and older adults, elected officials, attorneys from government and social service organizations that work with older adults and individuals with disabilities, and representatives from government and social service agencies that serve older adults. In addition, several of the participants identified as Latino older adults. The key leader interview protocol can be found in Appendix C.

Focus Groups

JVA conducted 12 focus groups, including 10 with Latino older adults and two with caregivers, to better understand Latino older adults' assets and strengths, needs and factors that influence their access to services. Focus groups and key leader interviews were intentionally selected as primary methods, as opposed to resident surveys, based on recommendations from the

⁴ Additional data, including Medicaid eligibility, numbers of Latino older adults in nursing home or assisted living facilities, number of Latino older adults on Waivers and State Plan Services and numbers with chronic diseases have also been requested and will be provided when available either prior to final report submission or as an addendum.

Community Advisory Committee and information in literature. The literature points to the use of focus groups among both Latinos as well as older adults due to its ability to facilitate an environment where participants are accompanied by peers and others who may share similar experiences, allowing them to feel more comfortable to share their feelings and experiences. It also provides a venue to establish trust and mediate language and literacy issues.⁵ Finally, focus groups allow an opportunity to provide context for questions and time for responses, which can help older adults trigger memory of past events and process the questions that follow.⁶

Groups were conducted throughout the seven-county Denver metro area, with six in Spanish and six in English. The geographic distribution of focus groups was determined based on the size of the Latino older adult population in each county. Additionally, focus group participants were invited through community connections and networks, with the goal of gathering a broad spectrum of individuals. (See Appendix C for the Focus Group Protocols.) Additionally, participants were from different national origins, including Mexican, Puerto Rican, Honduran, Salvadoran, Argentine, Columbian and U.S.-born Latinos.

Focus group participants were asked to complete a brief, voluntary demographic survey at the beginning or end of each focus group. The following information provides an overview of those who completed the survey. Focus group participants were primarily female (73% female and 27% male) and participants' ages ranged from 55–90, with a median age of 65. Slightly more than half (55%) participated in Spanish-language groups. Fifty-three percent of participants were married, 9% single, 26% widowed and 11% divorced. Additionally, 61% of participants had an income less than \$15,000 in 2011, 17% between \$15,000–\$24,999, 6.5% between \$25,000–\$34,999, 2% between \$35,000–\$44,999, 6.5% between \$45,000–\$54,999 and 6.5% with incomes above \$55,000. Finally, 40% of the participants lived with a spouse, 36% lived with other family members and 22% lived alone.

Provider Survey

A provider survey was administered electronically to representatives of organizations in the seven-county Denver metro area that provide services to older adults, Latinos, or Latino older adults to gather information about organizations, services and outreach in the community. The survey was administered via email invitation in May 2012, with a total of 85 respondents starting the survey and 44 (51.8%) completing it. Data for all respondents is woven throughout the assessment. These respondents were primarily from 501(c)(3) organizations (63%), though some were also from government agencies (16%), for-profit organizations (12%) or other non-classified organizations (9%). Additionally, 57% of respondents indicated their organizations' primary focus area is serving older adults, while 19% of respondents' organizations primarily

⁵Umaña-Taylor, A. J., & Bámaca, M. Y. (2004). Conducting focus groups with Latino populations: lessons from the field. *Family Relations*, 53(3), 261-272. Retrieved from <http://www.jstor.org/pss/3700344>

⁶Barrett, J. & Kirk, S. (2000). Running focus groups with elderly and disabled elderly participants. *Applied Ergonomics*, 31, 621-629.

serve Latinos and 5% primarily serve Latino older adults. See Appendix B for complete results of the survey and Appendix C for the survey instrument.

Data Analysis

Data were quantitatively and qualitatively analyzed using rigorous techniques. Quantitative survey data were analyzed using Microsoft Excel and Statistical Package for Social Sciences (SPSS) software. Analyses included frequencies, descriptive analyses and cross-tab analyses. Qualitative data from key leader interviews and focus groups were analyzed using coding and thematic pattern matching. Evaluators synthesized results from the quantitative and qualitative data to tell a more complete story about the strengths and assets as well as needs and challenges facing Latino older adults.

Study Limitations

The thoughtful design of this assessment was intended to minimize limitations by using multiple methods of data collection and data sources, as well as incorporating the expertise of numerous parties. However, a few limitations are worth noting. First, when considering results of the provider survey, it is important to note the results are not a representation of all providers of services to older adults and Latinos. Instead, the results represent the unique situations and perspectives of only those organizations that chose to participate in the survey. Additionally, key leader interviews and focus groups are a method with which to gather in-depth information from specific individuals or small groups of people. Results represent the unique situations and perspectives of only those individuals who participated and are not representative of the complete population.

Findings

The following section presents the findings of the assessment, which provide insight into the Latino older adult⁷ populations in metro Denver, including demographic information; their perceptions on aging; their assets and strengths; the needs, issues and challenges they face; the available services and service gaps; barriers to accessing services; policies that benefit or hinder access to services; and best practices to advocate for and provide services to Latino older adults.

Demographic Overview of the Latino Older Adult Populations

In 2011, Hispanics in Philanthropy released a report that highlighted the trends and data related to aging among Latinos in the United States. Results illustrate that on a national level, the Latino population age 65 years and older will increase by 224%, compared with a 65% increase for the

⁷ For this assessment, the term “Latino older adult” is used to represent all Hispanic/Latino/Chicano individuals age 55 and older. During data collection activities with Latino older adults, there was no consensus about the most appropriate or desirable term to use to describe the population. However, *adulto/a mayor* was frequently preferred by focus group participants, as was *elder*, *senior* and *persona de la tercera edad*. Older adults typically expressed that age was just a number, and therefore terms such as *anciano*, *viejito* or *abuelito* were not preferred.

white population of the same age.⁸ The report also found that Latino older adults, compared with non-Latinos of the same age group, have lower rates of health insurance coverage, lower incomes, higher poverty rates and experience disparities in health.⁹ Additionally, as depicted below, data in Colorado reveal similar trends facing Latinos as what is seen at the national level.

Aging trends in Colorado

- In Colorado, the Latino population is one of the fastest growing populations. A look at U.S. Census data reveals the **Latino population¹⁰ grew by 41.2% from 2000 to 2010**, compared with an overall change of 16.9% for total Colorado population.
- Looking specifically at Latino older adults in Colorado, **from 2000 to 2010, there was a 76.9% increase in Latino older adults (age 55 and older)¹¹** compared with a statewide increase of 51.9% for all races of the same age group.¹²
- Based on forecasts produced by the State Demography Office, **the Latino population (all ages) in Colorado will continue to grow by 174% by 2030**, compared with the white non-Hispanic population growing by 31% in the same time period.¹³

Denver metro Latino older adult population. Based on 2010 U.S. Census data, there were 596,178 older adults living in the seven-county Denver metro area. Of those, 63,690 were Hispanic or Latino, for a total of 11%. Additionally, approximately 46% of the Latino older adult population is male and 54% female.¹⁴ Table 1 breaks down the Latino population for each county by age range and includes those ages 45–54 to provide insight into those approaching age 55.

⁸*Supra, see 1, p 8.*

⁹*Supra, see 1, p 6.*

¹⁰ The U.S. Census breaks the population down by “Hispanic or Latino.” For the purpose of this assessment and continuity in language, Latino will refer to the demographic breakdown for the remainder of the report.

¹¹ The Latino older adult population (age 55 and older) grew from 67,875 individuals in 2000 to 120,078 in 2010.

¹² In Colorado, there were 755,380 individuals age 55 and older in 2000 and 1,147,269 in 2010.

¹³ State Demography Office, Colorado Division of Local Government. (2011). Forecasts by Race and Ethnicity. Retrieved from http://www.colorado.gov/cs/Satellite?c=Document_C&childpagename=DOLA-Main%2FDocument_C%2FCBONAddLinkView&cid=1251593733959&pagename=CBONWrapper

¹⁴ U. S. Census Bureau, 2010 American Community Survey

Table 1. Latino Population by Age Range and County

County	Total Population Age 55+ (all Races)	Total Latino population Age 55+ (%)	Age 45–54	Age 55–64	Age 65–74	Age 75+
Adams	78,802	16,524 (21%)	16,039	9,326	4,517	2,681
Arapahoe	124,451	8,415 (7%)	9,746	5,137	2,079	1,199
Boulder	65,008	3,658 (6%)	3,986	2,123	975	560
Broomfield	11,524	602 (5%)	678	360	152	90
Denver	123,875	22,859 (18%)	19,117	12,043	6,492	4,324
Douglas	50,894	1,821 (4%)	2,701	1,166	438	217
Jefferson	141,624	9,811 (7%)	9,147	5,628	2,644	1,539
Total for seven counties	596,178	63,690 (11%)	61,414	35,783	17,297	10,610

Source: U.S. Census Bureau, 2010 Census.

Health insurance coverage. As illustrated by Table 2 below, 22% of Latino older adults age 55–64 do not have health insurance coverage in the seven-county area. Additionally, because persons age 65 and older who are eligible for Social Security are also eligible for Medicare, it's worth noting that 4% of Latinos age 65 and older do not have coverage. These rates are notably different than those for white non-Latino older adults in the same seven counties, which indicate 8% age 55–64 with no health insurance coverage and less than 1% (.4%) of individuals 65 and older. Hispanics in Philanthropy notes that nationally, 8% of Latinos are not eligible for Social Security, and are therefore not eligible for Medicare, exposing them to a greater risk of being uninsured.¹⁵

Table 2. Latino Population With No Health Insurance Coverage

County	Age 55–64	Age 65–74	Age 75+
Adams	2,382 (27%)	326 (7%)	142 (6%)
Arapahoe	959 (20%)	0 (0%)	88 (10%)
Boulder	525 (26%)	88 (9%)	28 (5%)
Broomfield	41 (8%)	0 (0%)	0 (0%)
Denver	2,787 (24%)	230 (4%)	84 (2%)
Douglas	58 (5%)	0 (0%)	14 (12%)
Jefferson	679 (13%)	62 (2%)	17 (1%)
Total for seven counties	7,431 (22%)	706 (4%)	373 (4%)

Source: U.S. Census Bureau, 2008–2010 American Community Survey

¹⁵Supra, see 1, p. 10.

Disability. As illustrated in Table 3 below, 38% of Latino older adults in the seven-county area have a disability. This is only slightly higher than the 33% of white non-Hispanic population of the same area and age group with a disability.

*Table 3. Latino Population Age 65+ With a Disability**

County	Age 65+
Adams	2,649 (39%)
Arapahoe	1,178 (39%)
Boulder	570 (39%)
Broomfield	0 (0%)
Denver	4,164 (40%)
Douglas	163 (25%)
Jefferson	1,290 (34%)
Total	10,014 (38%)

Source: U.S. Census Bureau, 2008-2010 American Community Survey

*Disability information was only available for Latinos age 65+

Common health conditions. Colorado Latinos face a number of health issues and disparities. For example, in Colorado, 6.2% of Latinos have diabetes, compared with 4.9% for all Coloradans. While the difference in total diabetes rates is small, the disparity in diabetes mortality rate is very large, with Latinos “having an age-adjusted death rate for diabetes more than twice that of the total population and nearly three times that of whites.”¹⁶ The Colorado Department of Public Health and Environment notes that a possible explanation for this difference is that Latinos may have higher rates of undiagnosed diabetes than other groups. Additionally, the top five leading causes of death for Colorado Latinos were cancer, heart disease, stroke, unintentional injury and diabetes.¹⁷

Poverty. As illustrated in Table 4, 15% of Latinos age 55–64 had incomes below poverty level, as well as 16% of Latinos age 65–74 and 75+. When compared with the white, non-Hispanic population of the same age ranges, Latinos have a higher rate of poverty, as 6% of white non-Hispanics age 55–64, 7% age 65–74 and 9% age 75+ had incomes below poverty level. Additionally, when looking at national data pertaining to Social Security income, of Latinos age 65 and older, 82% had Social Security income compared with 90% among non-Latino whites.¹⁸

¹⁶ Office of Health Disparities, Colorado Department of Public Health and Environment. (2009.) Racial and Ethnic Health Disparities in Colorado 2009. Retrieved online from <http://www.cdphe.state.co.us/ohd/>

¹⁷ *Ibid.*

¹⁸ *Supra*, see 1, p. 10.

Table 4. Latino Population With Income in the Past 12 Months Below Poverty Level

County	Age 55–64	Age 65–74	Age 75+
Adams	1,034 (12%)	656 (15%)	215 (9%)
Arapahoe	669 (14%)	406 (19%)	259 (29%)
Boulder	394 (19%)	88 (9%)	126 (24%)
Broomfield	*	*	*
Denver	2,167 (19%)	1,191 (19%)	877 (21%)
Douglas	0 (0%)	54 (10%)	0 (0%)
Jefferson	680 (13%)	254 (10%)	83 (6%)
Total	4,944 (15%)	2,649 (16%)	1,560 (16%)

Source: U.S. Census Bureau, 2008-2010 American Community Survey

*Data for Broomfield County were not available.

Unemployment. Based on data in Figure 5 below, 9% of Latinos age 55–64, 10% of Latinos age 65–69 and 6% age 70 and older were unemployed. Unemployment among Latino older adults is slightly higher than that of their white non-Hispanic counterparts, with unemployment rates of 6% for age 55–64, 6% for age 65–69 and 5% for age 70 and older.

Table 5. Latino Population Unemployed

County	Age 55–64	Age 65–69	Age 70+
Adams	520 (9%)	113 (13%)	44 (13%)
Arapahoe	230 (6%)	0 (0%)	0 (0%)
Boulder	211 (16%)	54 (20%)	0 (0%)
Broomfield	*	*	*
Denver	660 (9%)	107 (18%)	48 (6%)
Douglas	17 (2%)	0 (0%)	0 (0%)
Jefferson	412 (12%)	18 (3%)	25 (8%)
Total	2,050 (9%)	292 (10%)	117 (6%)

Source: U.S. Census Bureau, 2008-2010 American Community Survey

Figures are based on those who are in the labor force but lack employment.

*Data for Broomfield County were not available.

Other characteristics. Several other factors speak to the characteristics of the Latino population in Colorado. For example, in 2010, an estimated 180,000 Latinos in Colorado were unauthorized immigrants.¹⁹ Additionally, 268,014 Latinos (26%) were foreign-born.²⁰

¹⁹ Pew Hispanic Center. (2010). Unauthorized Immigrant Population. Washington, D.C.: Pew Hispanic Center. Retrieved from <http://www.pewhispanic.org/2011/02/01/unauthorized-immigrant-population-national-and-state-trends-2010/>

²⁰U. S. Census Bureau, 2008–2010 American Community Survey

Finally, it is important to keep in mind that in terms of the demographic characteristics of the Latino older population in the seven-county Denver metro area, many key leaders who were interviewed underscored the diversity of the Latino older adult population. Key leaders stated that within the broader pan-ethnic Latino population, there are many intragroup differences such as language, socio-economic status, culture, immigration status, political affinity, religion and nationality. To highlight that, according to the 2010 U.S. Census, of those that selected Hispanic, Latino or Spanish origin, 73% selected Mexican, 24% selected other Hispanic or Latino, 2% selected Puerto Rican and 1% selected Cuban. Finally, although there are socioeconomic differences within the Latino population, several key leaders highlighted the fact that Latino older adults tend to have fewer economic resources than their white counterparts. Research by the Pew Hispanic Center and Hispanics in Philanthropy supports this perception, with figures illustrating that Latinos disproportionately live in poverty, with factors such as lower wages, less education and lower rates of English proficiency than non-Latinos of the same age.²¹ Additionally, nationally, 20% of foreign-born Latinos age 65 and older live in poverty, compared with 17% of native-born in the same age category.²²

Latino Older Adults' Perceptions About Aging

Perceptions on aging vary greatly based on cultural and social context. As such, it is a complex issue when attempting to identify themes across one geographical area with diverse groups of people. However, to learn how to better serve Latino older adults as they age in the metro Denver area, it is important to understand their varying perceptions. Research has shown that Latino older adults are “less likely to access services from mainstream service providers” and “tend to age at home with the support of family.”²³ It also points to the role of *familismo* (engaging family in important decisions), *personalismo* (building relationships at the personal level) and relying on community networks.²⁴ Studies have also shown that Latino older adults' perceptions on aging are often positive, with strong emphasis on the role of family, the wisdom that comes with age and the presence of religion, while also influenced by the fear of loneliness or loss of independence.²⁵ The perceptions on a national level are also reiterated at the local level. As outlined below by Latino older adult focus group participants as well as key leaders, themes such as the importance of family, the role of independence, the fear of isolation, the

²¹ *Supra*, see 1, p. 9.

²² Pew Hispanic Center. (2010). *Statistical Portrait of Latinos in the United States, 2008. Table 37: Poverty, by Age, Race and Ethnicity: 2008*. Washington, D.C.: Pew Hispanic Center. Retrieved from <http://www.pewhispanic.org/2010/01/21/statistical-portrait-of-hispanics-in-the-united-states-2008/2008-statistical-portrait-01/>

²³ *Supra*, see 1, p.2.

²⁴ *Supra*, see 16. And Substance Abuse and Mental Health Services Administration. (2010). *Reference and resource guide for working with Hispanic/Latino older adults*. (HHS Publication No. (SMA) 10-4570). Retrieved from kap.samhsa.gov/products/brochures/.../Reference_Resource_Guide.p...

²⁵ Beyene, Y., Becker, G. and Mayen, N. (2002). Perception of aging and sense of well-being among Latino elderly. *Journal of Cross-Cultural Gerontology* 17(2), 155-17.

wisdom that comes with age—as well as the importance of remaining active, engaged and healthy—were highlighted.

Many of the Latino older adult focus group participants mentioned that aging and growing older was often connected with gaining wisdom and being viewed as a cornerstone of the family. During one of the focus groups, one Latina older adult shared, *"In my family, I see myself as the foundation, and the children see me that way; we have all events in the house. I keep the family together."* It is important for the community to recognize Latino older adults as an asset and build on the strengths they possess.

To get a sense of the assets and strengths Latino older adults feel they can offer, during focus groups, they were asked what they were most proud of and what wisdom or lessons they wanted to impart onto younger generations. Responses revolved around family, remaining active and involved in their communities, and being proud of themselves for all they had accomplished, learned and done in their lives. Focus group participants were proud of their accomplishments and wanted to share this wisdom and experiences with their families and friends. Several participants were first- or second-generation immigrants and shared stories about the challenges of adapting to a new culture. They mentioned the difficulties they faced when they moved to Colorado, and they wanted to ensure their children and grandchildren understood the merits of hard work and perseverance.

For example, one Latino older adult mentioned that he worked for 40 years *"en la interperie,"* meaning outside without protection from bad weather. He further mentioned that his children would not be able to work under those harsh conditions. However, that is what he was most proud of, that his children did not have to endure the harsh conditions he worked under for over 40 years. His wife said that was true, that their children were successful and had nice jobs. She mentioned that they dressed in nice clothes. As she was saying this she was smiling, her pride in what she and her husband had accomplished reflected in her smile as she talked about their children's success.

Values, Beliefs, Feelings and Perceptions on Aging

Focus group participants and key leaders were asked to provide input into how they and other Latino older adults viewed aging as well as what "aging successfully" meant. Based on feedback, the participating Latino older adults view age as simply a number, and they value remaining engaged, active, independent, healthy and close to family.

Overwhelmingly, focus group participants had fairly positive outlooks on aging, and many view it "simply as a number" and with age comes wisdom. Latino older adults and key leaders highlighted the importance of remaining engaged and active, having good health, maintaining independence and having family support.

For many Latino older adults, there is not only an expectation of being taken care of in "old age" but there is a desire to help their family and the community.

"I am 66. It's a number to me, but do I have to act like I am 66? I do not act like it. I don't care if they don't like it. If they tell me, you are 66, act your age...does that mean I have to sit in a rocking chair? No way." Latino older adult

Age is only a number. Latinos older adults repeatedly brought up the observation that age was simply a number. As the quote above conveys, many participants felt that age is irrelevant as long as people remain engaged, active and healthy.

Important to remain engaged and active. Many of the focus group participants were still employed, and those who were not employed were still very active in their communities through volunteer work, participating in classes and events at community/senior centers, and helping their families and neighbors. Feedback from key leaders reiterated this thought, stating that it is extremely beneficial for Latino older adults to remain active.

"La energía crea más energía. Algunos ancianos cuando se jubilan ya no quieren hacer nada y se entumen. Es muy importante moverse todo el tiempo. Entre más te mueves, más energía tienes. (Energy creates more energy. Some older adults, when they retire, they do not want to do much and then they become numb. It is important to keep moving; the more you move, the more energy you have)." Latino older adult

Isolation is a problem. Key leaders also noted that isolation is a big problem for Latino older adults and that is why it is essential for them to continue doing the things they enjoy. Additionally, Latino older adults stated that they like to be social and that it is important to socialize with family, as well as other community members.

Health is a key factor. Health is a key element in aging. While some key leaders stated that Latino older adults are afraid of aging because it is usually accompanied by new and ongoing health issues, others stated that aging in the Latino community is viewed as a natural process and some have a rather fatalistic attitude. However, as noted by a key leader who works directly with Latino older adults, a fatalistic view is not necessarily negative but a reflection of an individual's acceptance of the normal changes that occur with aging. However, s/he stated that if s/he was trying to do work around preventative health care measures, it was more difficult to work with older adults who view illness as an inevitable part of aging. Many Latino older adults also stated that aging has meant dealing with various new health issues, including illnesses, pains and other ailments. Often as a result of health problems, many focus group participants mentioned that as they age they have to change their routines and reduce the number of activities they participate in. Fear of not having adequate health insurance that will help them as they age, or not having health insurance at all, was cited by Latino older adults.

"Aging reminds us that we need to stay on our toes." Latina older adult.

Maintain sense of independence. For many focus group participants, there was an attitude that as long as you are able to continue doing things by yourself and as long as you can continue engaging in the hobbies and interests you love, your age is irrelevant. On the other hand, there was a feeling that once you began losing your ability to take care of yourself and to remain independent, it was a sure sign of aging.

Interactions between health, transportation and independence. Several Latino older adults mentioned that when these challenges are combined, it makes it difficult to age in place. For example, one Latina older adult mentioned that as she grew older and encountered health issues that limited her physical mobility, she was not able to do the things that she needed to do. She could no longer drive or walk to the bus stop and, therefore, she had to wait for someone to give her a ride.

Importance of family. Family was an important thread, and Latino older adults mentioned the importance of having family close by and that the ability to interact with grandchildren, or even their own children, helped lessen the effects of aging. Similarly, key leaders noted that **Latino older adults want to age in place because the connections to family are strong.** For many Latino older adults, there is not only an expectation of being taken care of in "old age" but there is a desire to help their family and the community. Additionally, according to key leaders, this is a value that is shared across different generations. Thus, most Latino family members are reluctant to put their older family members in nursing homes²⁶ and prefer to take care of their own. A couple of key leaders did state, however, that the value of taking care of parents as they age is something that is changing as there is a shift from Latino families that have recently immigrated to families that have been in the U.S. for several generations. Nonetheless, overwhelmingly, Latino older adults underscored the importance of not putting a loved one in a nursing home. One Latina older adult mentioned that she had to put her sister in a nursing home because they had no choice since her sister was very sick. As she was talking, she stressed that that is not what she wanted for her sister. She described the nursing home as a sad place where older adults are left there abandoned. She visits her sister every day, and she mentioned that all of the older adults know her and are happy to see her because no one else visits them. It was really important for this participant to communicate that putting her sister in a nursing home was something she struggled with.

Similarly, caregivers expressed that they want to take care of their family members. One Latina caregiver mentioned, "*Espero que mis hijos puedan disfrutar de mis papás porque es lindo crecer con los abuelos. Yo crecí con mi abuelita, era como mi segunda madre y eso quiero para mis hijos, que sigan conociendo a sus abuelos. Y que los hijos de ellos también me conozcan a mi, y que den respeto y que no se les olvide de donde vinieron.* (I want my children to enjoy my parents because it is nice to grow up with your grandparents. I grew up with my grandma, she was like a second mother and that is what I want for my children, for them to continue knowing their grandparents. I also want their children to know me. I want them to give respect and to never forget where they came from.)"

²⁶ "Nursing homes" is the term used by focus group participants and key leaders and is used in the report to capture their voice. However, researchers understand "skilled nursing facilities" is the preferred term among aging networks.

With age comes wisdom. Another common perception was that with age comes a great amount of wisdom. Some key leaders stated that Latino older adults are respected and revered in their community.

“For me, aging is a blessing; you have experienced a lot of things and learned a lot.”
Latino older adult

For caregivers, lack of insurance, decreased independence and increased reliance on outsiders were challenges mentioned when thinking about their aging loved ones. They also expressed that there is a fine balance between allowing and encouraging your aging family to remain independent, and fearing their ability to take care of themselves, especially as their health and other needs increase. For example, a Latina mentioned that she and her husband want her mother-in-law to move in with them. However, her mother-in-law has lived in her house for many years and she does not want to go anywhere else. This participant is concerned about her mother-in-law because she has reached a point where she leaves the water running while watching television or forgets to turn off the stove. This woman conveyed a real concern for her mother-in-law's safety while simultaneously expressing frustration at not being able to do more to help her.

Another Latina caregiver mentioned that since her mother did not have insurance, they had to go to a clinic that serves people who are uninsured. However, she mentioned that the waitlist to get an appointment is long, which is frustrating because she is concerned about her mom not getting timely care. Additionally, she mentioned that her mom has to wait three hours at a clinic in Longmont. To make things worse, the people that work at the clinic do not talk to the patients or answer questions.

Assets and Strengths of Latino Older Adults

Latino older adults bring many assets and strengths to the community, and based on feedback through the assessment, there is a strong desire by many Latino older adults to be engaged in community work.

Latino older adults' strong commitment to family, resiliency, experience in building coalitions, and wisdom and knowledge, combined with a desire to remain active and engaged in the community, are incredible assets and resources for the Denver metropolitan area.

Commitment to family. One of the greatest assets of the Latino older adult population is a strong commitment to family, based on feedback from focus group participants and key leaders. Many Latino older adults mentioned that they have been able to play an increased role with their families as they age, doing things such as watching and caring for grandchildren, volunteering at schools and helping around the house while adult children are working.

Resiliency. Key leaders stated that Latino older adults have endured many hardships and can, therefore, share their experiences with the younger people and give them advice on how to overcome the struggles that their community currently faces. As mentioned, Latino older adults

are "survivors," and the Latino community can learn a lot from their determination and will to succeed.

Coalition building. Key leaders also mentioned that Latino older adults know how to build coalitions to get things done in the community. For example, some stated that many Latino older adults experienced the civil rights movement and learned how to work with other people in order to solve community problems and fight for their rights, as well as the needs of their families.

Wisdom and knowledge. Many Latino older adults mentioned that wisdom comes with age, and Latino older adults have the ability to offer advice and wisdom to younger generations. Key leaders reiterated this asset and noted that many Latino older adults were professionals who can volunteer for activities such as tutoring or serving on boards and committees. They also mentioned that some Latino older adults have special skills or talents that they mastered and can share with the community such as artistic and creative talents. For example, a Latina caregiver mentioned that her grandfather was a carpenter. She stated that while he could not do carpentry anymore, he could give instructions to others. In addition, another Latina caregiver mentioned that her mother, who immigrated to the United States 20 year ago, recently received her GED. After completing her GED, she became a GED instructor and she has helped over 10 Spanish-speaking immigrants earn their GED.

Active and engaged. In addition to the items identified above, specifically remaining committed to families, focus group participants remain connected to and engaged with the communities in the following ways:

- **Volunteer work.** Many of the participants mentioned being active in their communities, often through the churches, senior centers or recreation centers where the focus groups took place. When asked how they engaged with these communities, participants said they volunteered to drive people to appointments, to offer counseling or advice, and to teach classes or help with other activities at the church or center. One Latina older adult, for example, stated, *"I belong to a church prayer center...I have been an usherette there for 30 years. We were in the jail ministry. Now, there are eight women in the ministry and I have to oversee them."* In addition, numerous participants mentioned volunteering at local schools, with their grandchildren or in other community settings.
- **Exercise and activity.** Many participants mentioned how active they were and how important it was for them to remain active as they age. For some focus group participants, engaging in structured activities and exercise programs at senior centers and recreation centers was mentioned as one of the primary ways they stay involved in their communities.
- **Employment.** While certainly not the majority, some of the older adult focus group participants mentioned they were still working and that was an important way for them to connect with their communities as well as support themselves. Continuing to work also helped some focus group participants feel like needed and useful members of their communities and families.

Needs and Realities Facing Latino Older Adults

The following section presents findings relating to the needs, issues and challenges facing Latino older adults in the metro Denver area. It's important to note that this section reflects the diversity of the needs from Latino older adults who participated in the assessment. For example, while one individual may need health insurance in order to access medical care, another individual may simply want enrichment activities as the lack of health insurance or financial resources are not concerns.

Needs and Desires to Successfully Age in Community

Key leaders and focus group participants were asked what Latino older adults need and want in order to grow older and age successfully and in community.

Latino older adults need tangible services and supports, such as nutrition, access to health care, transportation and adequate housing. They also have intangible needs, such as opportunities to remain active and involved in the community, support their family and remain connected to others.

Services and supports. Most key leaders stated that Latino older adults need to have access to health care, housing, transportation and nutritional services. In addition, these services need to be in communities with large Latino older adult populations, culturally and language appropriate, affordable, timely and adequate. Key leaders also mentioned that Latino older adults need to have adequate financial resources to pay for basic necessities as well as to be able to have some fun. Many older adult focus group participants also simply stated that they needed enhanced or additional access to services and supports to help with everyday life.

- **Nutrition.** One issue that was brought up repeatedly was that many Latino older adults do not have access to healthy foods. One elected official mentioned that, in some neighborhoods, the corner stores do not offer healthy foods. If older adults cannot drive or do not have adequate access to public transportation, they cannot buy healthy foods and vegetables. Another key leader who works for a nonprofit organization mentioned that the types of foods available at foods banks are often not healthy options for older adults because they are high in sodium and/or sugar.
- **Access to health care.** Latino older adults, key leaders and caregivers stated that having access to quality health care was a significant factor in enabling Latino older adults to age in place. Several Latino older adults mentioned that with aging comes serious health issues and that it is important for Latino older adults to have access to health care services. One key leader who is also a Latina older adult stated that her dream was to have a small clinic with primary care facilities in all of the neighborhoods. Several other Latino older adults echoed this desire and said that it would be nice to be able to go see a doctor who was close by whenever they did not feel well.
- **Transportation.** Latino older adults and key community leaders noted that having reliable transportation was absolutely necessary for independence and to be able to age in place. While many Latino older adults who participated in the focus groups stated that they still drive, they stated that if they could not drive that would significantly limit their ability to do the things they enjoy. As will be discussed in subsequent sections, limitations with public transportation also present barriers to accessing services and

remaining independent. Finally, in all focus groups, Latino older adults stated that they knew someone who did not drive and depended on other people to get to places or had to rely on public transportation. As one Latina mentioned, *“El mayor problema con la gente Latina es transporte porque la mayor parte de la gente Latina no maneja. Y si maneja, no hay suficiente dinero para comprar el carro. Y si compra el carro, no hay con que pagar el seguro y la gasolina. (The biggest problem with 'la gente Latina' is transportation because the majority of Latinos do not drive. And, if they do drive, there is not enough money to buy the car. In addition, if you buy the car, there is no money to buy car insurance or gas.)”*

- **Adequate housing.** Key leaders, Latino older adults and caregivers mentioned that adequate housing is essential in order to age successfully in place. A Latina older adult who is well connected to the Latino older adult population in Northwest Denver mentioned that housing in Denver is inadequate. She mentioned that in Denver, there used to be a lot of single room housing but that is no longer the case. Another key leader who works directly with Latinos shared the fact that new housing developments do not take into account the needs of Latino older adults. There was a consensus among respondents that having safe housing was challenging for Latino older adults. One Latina older adult mentioned that the back of her trailer was rotten and that she was afraid it would fall; she was afraid for her own safety. She contacted Boulder County, and they told her that after the snow season was over they would come over and fix it. However, she is still waiting for someone to fix her home. Another older adult mentioned that it was very expensive to maintain a safe house. For example, redoing a shower for people who have physical limitations costs too much. A caregiver mentioned that her grandparents' house was not safe because the stairs were too steep and they needed to go up and down to do laundry. In addition to making sizeable modifications to ensure the their house is safe, Latino older adults and key leaders also shared that even for smaller tasks such as painting or changing the light bulbs, some older adults need help.

Activities and opportunities to remain engaged. A theme that repeatedly came up was the importance of continued access to activities and opportunities to remain involved in the community. As has been mentioned, for many of the focus group participants, remaining active and involved in their communities is one valuable way to remain vigorous and vital and to feel like they are continuing to contribute to society. However, as will be discussed in subsequent sections, there are certain skills or training the older adult focus group participants want to gain in order to feel capable of remaining active in their communities. Key leaders also noted the importance of engaging Latino older adults in civic and religious organizations as a way to maintain connections to family and friends. A few key leaders cited that some recreation centers have social programs but that they are usually in English and do not incorporate Latino cultural aspects such as music.

Family. The importance of family could not be underscored enough by focus group participants. As much as Latino older adults mentioned wanting to help and support their families, there was an equally overwhelming desire to be supported by their families as they continue to age. Many of the Latino older adults mentioned the importance of living with (or near) family and the continued role they wish for family to play as they age. However, a great number said that while it was not desirable to end up living in a nursing home or assisted living facility, they didn't want to feel like an extended burden on their family members. One Latina older adult mentioned,

"Most of us have taken care of our parents or someone in our family, and doing that, I did it because I wanted to. Sometimes you have to do everything; it is quite a challenge and it is time consuming, is very hard, especially when you have a big family and everyone wants to tell you what to do but no one wants to help. Because I did that, I would never put my kids through that." Another Latina echoed this sentiment and stated, "I always tell my kids, if I cannot take care of myself, they need to put me in assisted living."

Connection to friends and community. Numerous Latino older adults said that isolation and loneliness were significant problems within the aging population and that older adults without close family or friends often lacked the support they needed to age in community successfully.

Services and Supports

This assessment now looks into the services and supports that are available to help Latino older adults successfully age in community. When looking at available services, it is equally important to understand the barriers to accessing services and the service gaps.

Access to services and service gaps

Key leaders and focus group participants were asked to discuss current services or supports that are available to help Latino older adults as they age in place and in community. The feedback from all parties (Latino older adult focus group participants, caregivers and key leaders) indicates a lack of services and supports that specifically address the needs of Latino older adults. There are services for Latinos, and there are services for older adults. However, there is a lack of services targeted to older adults who are Latino.

While community-based organizations and churches, senior centers and recreation centers, and government agencies support Latinos and older adults, there is a lack of services geared specifically toward Latino older adults. Additionally, Latino older adults often do not know about the services or how to access them.

Latino older adults specifically need additional health and home-related services, classes and activities to continue their education and remain engaged, better information about programs, places to gather and transportation services.

Community-based organizations and churches. Most key leaders referenced services and supports provided by community-based organizations and churches²⁷ that provide services to Latinos of all ages. For example, many leaders stated that community-based organizations such as Clínica Tepeyac, Clínica Campesina, Salud Family Health Center, Servicios de la Raza, Denver Inner City Parish and the Southwest Improvement Council provide services to Latinos. However, key leaders were not aware of specific programs for Latino older adults. One key leader with expertise in policy mentioned that in Colorado, there is a perception that the Latino community is young, which is why services are often geared toward families and children. Latino focus

²⁷ "Churches" included various denominations.

group participants discussed churches and recreation centers generally as receiving services, with some referencing specifics such as Silver Sneakers, CHARLAR (Community Heart Health Actions for Senior Latinos at Risk) and Meals on Wheels.

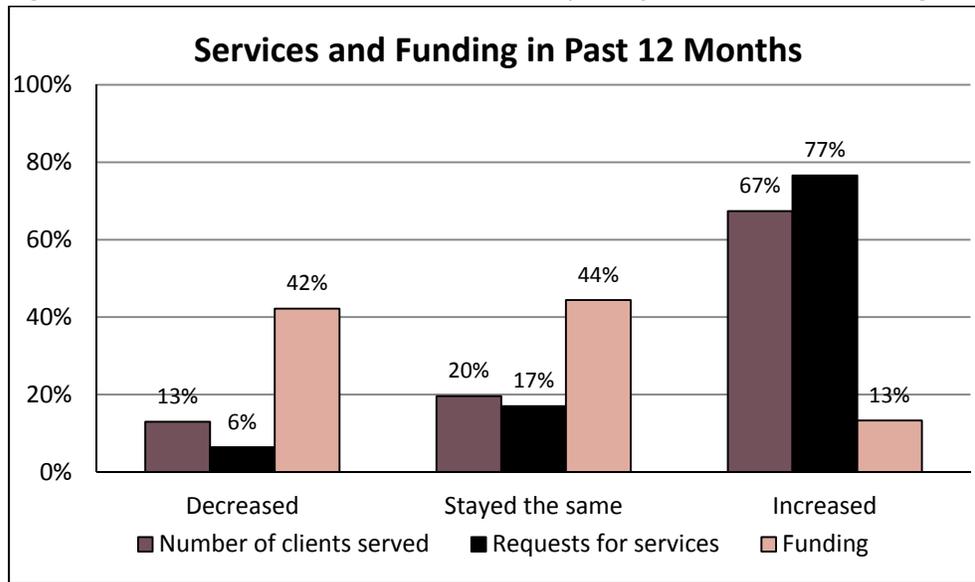
Several key leaders also mentioned that churches across the seven-county Denver metro area provide services to older adults such as food, clothing and sometimes help with bills. However, some leaders also mentioned that organizations and churches are strapped for resources and cannot help everyone. Along the same lines, several leaders highlighted that the current needs for housing, transportation, medical, financial, recreational and transportation services far exceed the current availability.

Respondents to the provider survey provided similar perceptions about the extent of services geared specifically toward Latino older adults. For example, provider survey respondents were asked to identify their organizations' primary focus area. The majority of respondents (57%) targeted services to older adults, 19% of respondents targeted services to Latinos, and only 5% targeted services specifically to Latino older adults. When further probed about the percentage of clients who are Latino older adults, the majority of respondents (78%) indicated that this population makes up less than 25% of their client base.

Funding constraints. Provider survey respondents were also asked about current trends and if in the last 12 months, the number of clients they have served, the requests for their services and funding have increased or decreased. As illustrated in Figure 1 below, the majority of respondents indicated that the number of clients they have served as well as the requests for services have increased (for 67% and 77% of organizations, respectively), while only 13% of respondents' organizations have seen an increase in funding. In subsequent questions, 50% of Latino serving organizations and 32% of older adult serving organizations indicated that funding is a challenge faced when serving Latino older adults. This finding is not unique to this assessment, as a previous study by the Denver Area Agency on Aging also determined that while the older adult population in metro Denver is growing, the financial resources at the state and federal levels are in jeopardy of being cut.²⁸

²⁸ Denver Regional Council of Governments. (2011). *2011–2015 Area Plan on Aging*. Retrieved from <http://www.drcog.org/index.cfm?page=PublicationsAgingServices>

Figure 1. Perceived Trends in Clients Served, Requests for Services and Funding (n = 45)



Senior centers and recreation centers. Key leaders also shared that senior and recreation centers across the seven-county Denver metro area provide many services to older adults such as exercise classes, nutrition classes and socializing opportunities. However, according to key leaders, many Latino older adults do not know about these services. In addition, many of these centers do not provide culturally and linguistically appropriate services that would encourage Latino older adults to participate in these programs. An example that can illustrate the sentiment of key leaders is derived from the researcher's experience in conducting focus groups in Aurora. The researcher visited a center that caters to older adults, and although this center is in a predominantly Latino area, there were no staff members who spoke Spanish at the time of the visit. In addition, when asked if they had Latinos who were members of the center, one staff member said that there might be a couple, but he/she was not aware of many Latinos who utilized the services. The researcher subsequently observed the park surrounding the center had several Latino families playing and socializing but did not observe any Latino members at the center.

Government programs. Finally, key leaders also indicated that there are some government programs that provide services and supports such as food stamps, Medicare, Medicaid, LEAP (Low-Income Energy Assistance Program) and transportation for seniors. Other supports that were cited were in relation to programs that seek to protect older adults from fraud, abuse, neglect and exploitation. The District Attorney has an office that deals specifically with consumer fraud in the older adult population. One interviewee stated that one of the greatest supports Latino older adults have in order to be able to age successfully in place is the government. The participant stated that government agencies provide a wide range of services to help older adults age in place. However, key leaders explained that many Latino older adults often do not know about these services. In addition, according to key leaders, the systems are complex and people have difficulty accessing services. Finally, based on feedback from key leaders, few agencies have staff members who are sensitive to the needs of Latino older adults.

Latino older adults also identified specific services they need.

- **Health services.** Many Latino older adults felt their communities lack adequate access to health services. In addition, many participants said that even if they lived in communities with services, those services were often too costly or were not culturally appropriate, making them challenging to access. Further, for many of the focus group participants, a lack of insurance made accessing health care even more challenging.
- **Home services.** Because independence remained a priority among many of the older adult focus group participants, many also mentioned a need for increased help and/or support with home-focused tasks. For example, an 80-year-old Latina mentioned that she could not pull the weeds out of her garden, and the more she waited, the longer the weeds got and they would just take over her garden. This was also a priority mentioned in the caregiver focus groups and many family members indicated that they wished their loved one had more in-home support, both for things like work and help around the house, but also as it related to medical or personal needs.
- **Classes and/or activities.** According to focus group participants, while there are some places, in some communities, where classes and activities are hosted (such as community centers, recreation centers, schools, etc.), many Latino older adults have a desire for additional access to these activities. For example, a Latina older adult mentioned that her husband was embarrassed to attend the water aerobics classes at the recreation center because he could not keep up. She said that they should offer additional classes keeping in mind that people have different physical abilities. Additionally, Latino older adult focus group participants mentioned a desire for English language classes, computer classes or health-related classes to provide them with additional skills and knowledge. One Spanish-speaking participant stated, *"I want to learn English so I can help other people."* This statement highlights how important it is to remain active and continue to grow, not just for themselves but to help their community.
- **Information about current programs.** While some Latino older adults knew of various classes or activities in their communities, many felt that communication to older adults about the services and programs available to them was inadequate. For example, one older adult mentioned that she had not attended the recreation center because she thought it cost \$300 a year to join. She did not know there was a discount for seniors. She mentioned that when she was in the pool one day, another older adult told her that if she got a note from the doctor, then she could get a discount. This participant was really upset that the staff from the recreation center did not give her the information. She stated, *"If you want seniors to be here, if you want the facility to be used, then make it available to people with limited financial resources."*
- **Gathering space.** Much like the desire Latino older adults expressed for increased access to classes and other activities, they also mentioned the importance of having physical space in which to gather. Churches, recreation centers, senior centers and other community centers were mentioned as viable examples of effective spaces to gather. Latino older adults in Longmont and Arapahoe, in particular, mentioned that they really wanted a place where they could get together, have potlucks, socialize and have fun. One Latino older adult mentioned, *"[The] Spanish-speaking community has always been the type of people that needs somebody else."* This statement underscores the

importance of having gathering places, a theme that was repeatedly mentioned through the focus groups and interviews.

- **Transportation services.** While the majority of focus group participants were still driving themselves, transportation was mentioned often as a need to support older adults who wish to age in community. This finding, which also came up in a study by Denver Regional Council of Governments Area Agency on Aging, illustrates Latino older adults face many barriers commonly expressed by older adults.²⁹ Further, 65% of provider survey respondents indicated that transportation is a barrier that inhibits clients from accessing services.
 - **Everyday activities.** Focus group participants mentioned several needs for transportation: first, for everyday needs such as going to the grocery store, getting to scheduled appointments, or attending classes or meetings. Additionally, depending on the county, Latino older adults mentioned different needs. For example, in Longmont, public transportation is lacking and people who do not have a car or a mode of transportation are not mobile. In Denver, the system is better but is still far from adequate. One participant mentioned that she had to get on three buses when she needed to get to her doctor's appointment. In Boulder, while public transportation is adequate, for older adults who have physical disabilities, the rules and practices regarding scheduling special transportation make it challenging. For example, a Latina older adult had to rely on a staff person from the senior center when she needed a ride because she does not speak English and does not understand the rules regarding the scheduling process.
 - **Non-routine activities.** For emergency situations, including the emergency room and/or other last minute, unplanned needs, current transportation is inadequate. In the counties that offer transportation for older adult who have some physical challenges, riders need to schedule a ride days before they need the service. One Latina older adult mentioned that if she had an emergency, such as needing to pick up medicine, she could not get free transportation and would need to contact a relative or pay for transportation, which, on a limited income, was not an option.
 - **Traveling long distances.** Latino older adults were not aware of any services for older adults who wish to travel longer distances, such as to other cities or parts of town to visit friends and/or family. While there are senior discounts, the price of the bus pass is often too high for people on limited incomes.

Feedback from caregivers. When caregivers were asked about the needs of their aging loved ones and what they, as caregivers, needed in order to support aging family members, they mentioned very similar themes. Caregivers wanted their loved ones to have **access to programs and classes** to help them build their technology/computer skills; **access to health services**, including language and culturally appropriate staff and services; **transportation services** to help lift the burden from the caregivers; and **increased communication** or access to information for

²⁹*Ibid.*

the caregivers who need to have a better understanding of services in order to advocate for their aging loved ones.

Barriers to Accessing Services

While several barriers have been noted above by key leaders and Latino older adult focus group participants, it is important to specifically highlight the common barriers that were frequently cited by individuals and service providers.

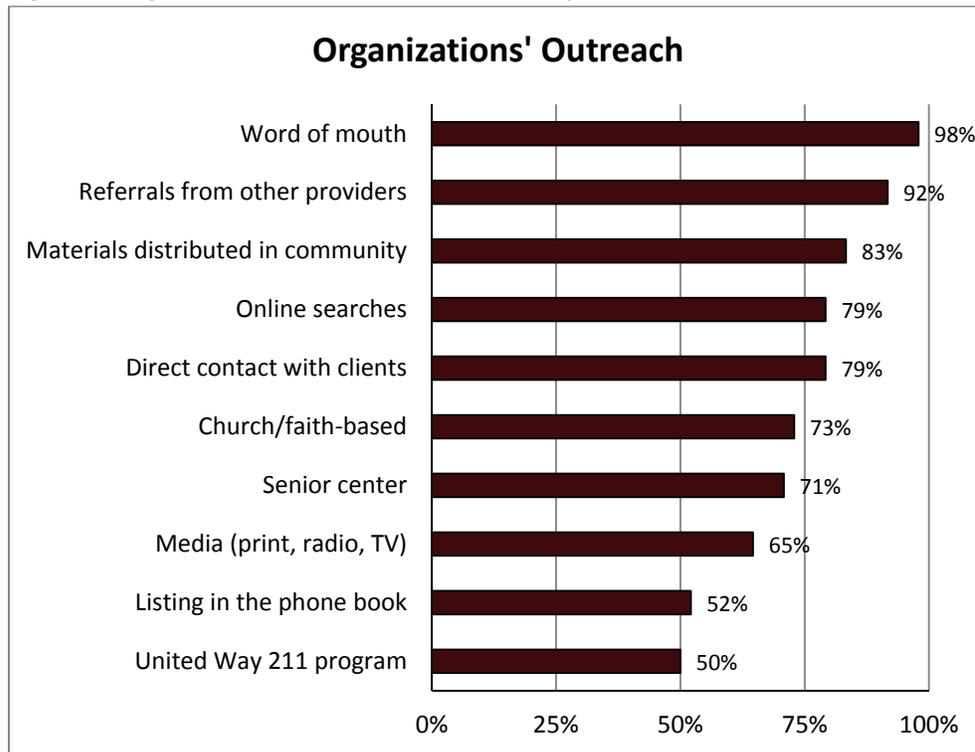
Latino older adults face numerous barriers in accessing services, including adequate communication or information about services, financial resources, culturally responsive and age-appropriate services, language-appropriate materials and staff, transportation and even prejudice.

Communication or information about services. One of the key themes cited by both key leaders and focus group participants was an overwhelming feeling that communication and information about services was limited, which contributed to an overall feeling that the Denver metro area lacks adequate services and supports. Whether services and supports are available through community-based organizations or government agencies, the feedback is that Latino older adults often do not know about the services or how to access them. Focus group participants mentioned that while word of mouth can be effective and is often the preferred way of receiving communication, it is not sufficient in some community networks. Some Latino older adults are a part of networks where people have a lot of information, however, others are in smaller networks or networks that have lower levels of information. Latino older adults need help navigating the system. This sentiment reiterates previous findings of the Denver Regional Council of Governments Area Agency on Aging, which discovered through the Community Assessment Survey for Older Adults (CASOA) that one of the greatest needs of older adults in the region is knowing what services are available and how to access them. It also discovered that more aggressive outreach is needed to reach minority populations.³⁰

To better understand communication and outreach strategies, service providers were asked how people find out about their organizations. Feedback from respondents, as detailed in Figure 2 below, reveals word of mouth, referrals from other providers and materials distributed in community are the top-rated methods. However, based on feedback from focus group participants, these methods are not sufficient in some networks.

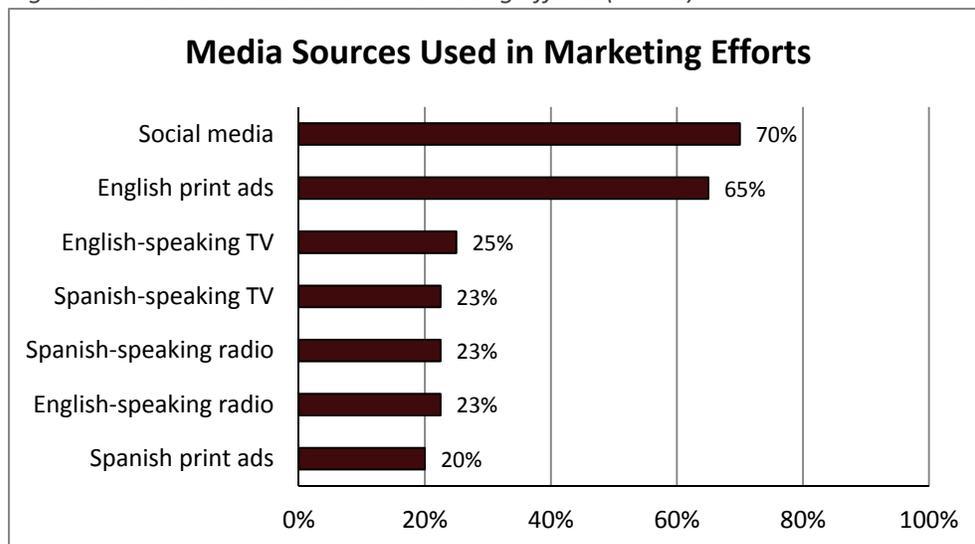
³⁰*Supra, see 28.*

Figure 2. Organizations' Outreach to Community (n = 48)



Additionally, when asked about media sources used by respondents' organizations to publicize their programs, less than one-fourth of organizations rely on Spanish-language ads, whether print, radio or television (Figure 3 below). It may be worth exploring the role these Spanish-language mediums can play in reaching the Latino older adults, as well as systems to better distribute information and reach Latino older adults.

Figure 3. Media Sources Used in Marketing Efforts (n = 40)

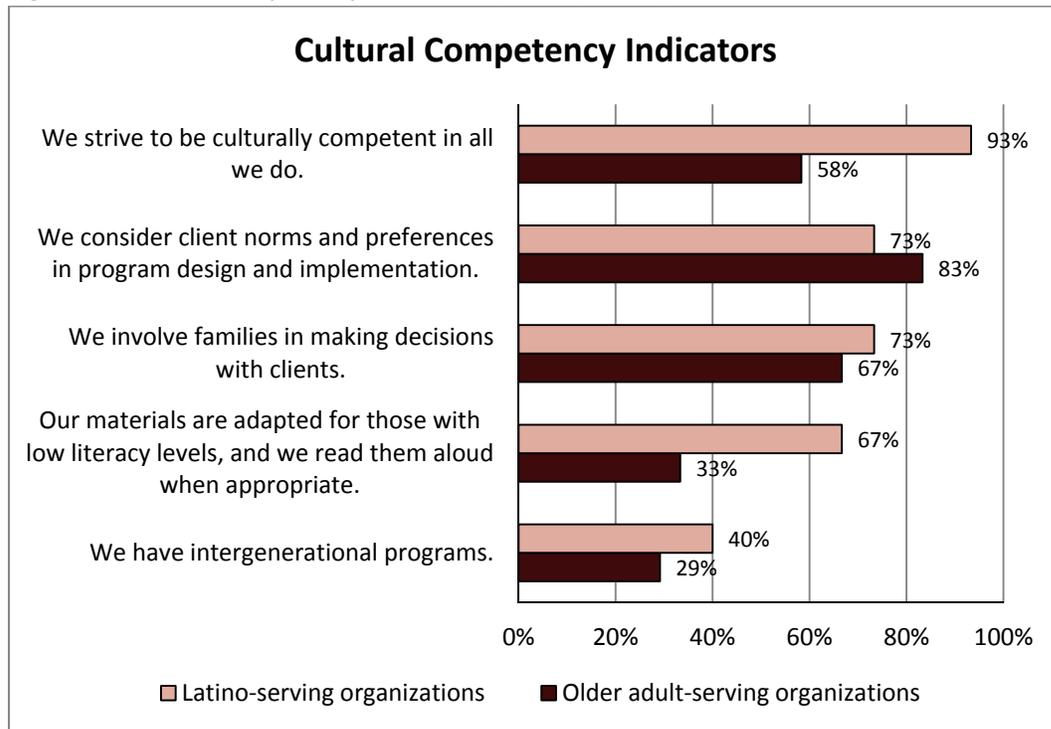


Financial resources. Focus group participants discussed that available health services were often too costly or they lacked adequate insurance. They also mentioned that prescriptions and other medications are expensive and that it can be challenging, with limited resources, to pay for necessary care in addition to everyday expenses. Several focus group participants are still working, and they cannot retire because they will be unable to pay for basic necessities. For example, one Latino adult mentioned that while he has a job, he is looking for a part-time job to supplement his income in order to cover all of his bills. Provider survey respondents reiterated this sentiment, with 59% indicating that money to pay for services was a barrier that inhibits clients from accessing services.

Culturally responsive and age-appropriate services. The majority of the key leaders stated that many services available are not culturally responsive. A few stated that it is not just in terms of language or culture, but that many organizations are not equipped to address the needs of aging adults. Focus group participants also indicated that services were often not culturally appropriate, making them challenging to access. For example, some older adult key leaders mentioned that some organizations offered pamphlets in Spanish, however, they did not account for the fact that many Latino older adults are functionally illiterate. Therefore, if they just got a pamphlet and no one explained things to them verbally in a way that they could understand, people would get discouraged from accessing services. Additionally, several older adults mentioned that the personnel in many organizations did not look like them. One Latina older adult stated, *"I don't want a young woman telling me about things relating to aging."*

Provider survey respondents were also asked to weigh in on indicators of cultural competency for their organizations. As illustrated by Figure 4 below, 93% of Latino-serving organizations compared with 58% of older adult-serving organizations strive to be culturally competent. However, only 33% of older adult-serving organizations adapt their materials for low reading levels or read them aloud, further reinforcing the statement of the key leader above.

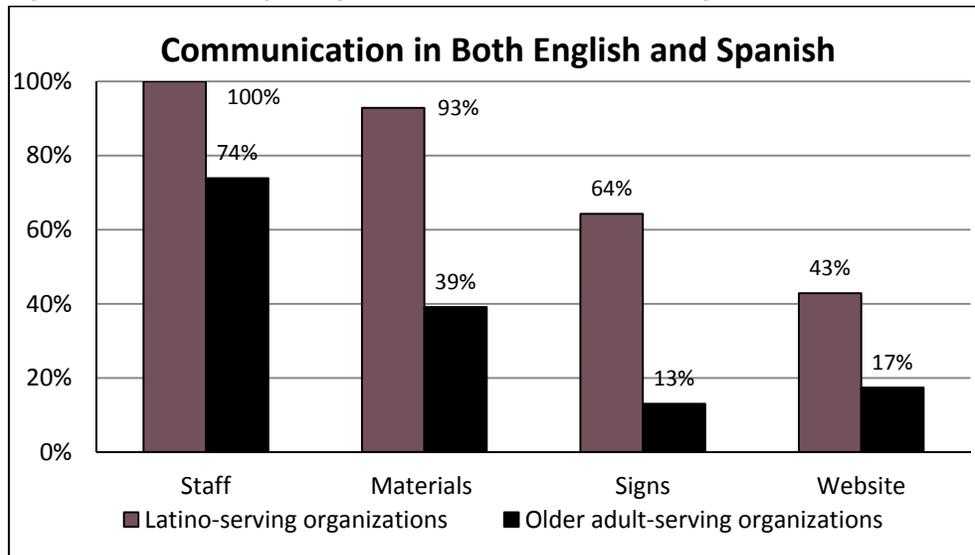
Figure 4. Cultural Competency Indicators (n = 15; n = 24)



Language. Focus group participants commonly mentioned language as a barrier to accessing services. Many indicated that either not having materials available in Spanish, or not having access to Spanish-speaking staff members at service provider locations, was challenging. For example, one Latina older adult mentioned that she went to a food bank. She picked a container that she thought was ice cream, but when she got home she found out it was dog food. She said that no one at the food bank spoke Spanish and she was not able to ask questions. Similarly, key leaders indicated that many senior and recreation centers do not provide linguistically appropriate services, which discourages participation by Latino older adults. Finally, over half of the provider survey respondents also indicated that language was a barrier for clients accessing their services, although only 6% found it to be a major barrier while 52% found it to be a minor barrier.

To better illustrate this barrier, provider survey respondents were also asked to indicate the types of communication that are available in Spanish as well as English. Based on Figure 5 below, there is a clear difference in the provision of Spanish material between the types of organizations, which points to the lack of Spanish-language content available through older adult-serving organizations that don't specifically target Latinos.

Figure 5. Prevalence of Bilingual Communication Within Organizations (n = 14; n = 23)



Prejudice and racism. Some key leaders also stated that there is still prejudice and racism. These factors create an unwelcoming environment that makes it difficult for Latino older adults to be able to access services because they are often treated with disrespect and denied services because of the color of their skin. One key community leader mentioned, "All elderly face issues, but if you throw in language barriers and the unique experiences of Latinos, then it becomes even more complicated. There are people that have been facing issues (barriers) all their lives, and by now, they are tired with the system." Additionally, a key leader who works to protect older adults' rights mentioned that in Arapahoe County, if a person speaks Spanish, the social services staff stops talking to him/her. S/he further stated that from her perception there is an assumption because of the current hostility, that anyone who is not proficient in English must be undocumented.

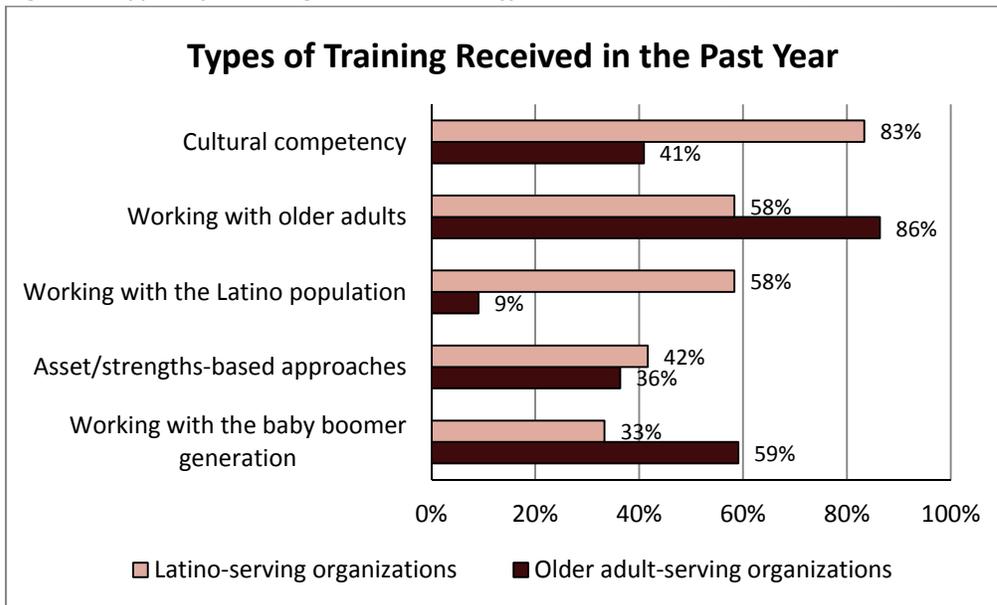
Cultural Competency Indicators From Service Providers

In the provider survey, respondents were also asked to provide information about their organization and staff. While the information only represents perceptions of those who responded to the survey, it provides a snapshot into organizations in the Denver metro area that serve older adults and Latinos.

Service providers face several challenges in serving Latino older adults including inadequate funding, ability to outreach and access the Latino community, and insufficient capacity. In addition to overcoming these challenges, organizations would benefit from training and technical assistance to learn how to better serve Latino older adults.

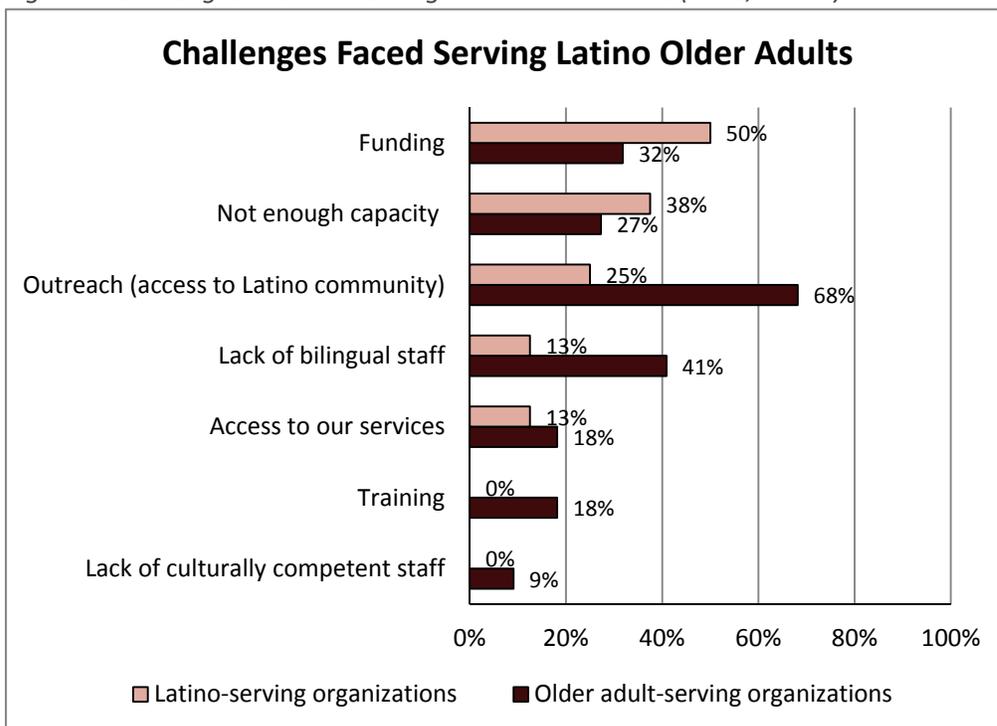
Training for staff. Provider survey respondents were also asked to indicate the types of training their staff members have received in the last year. Figure 6 highlights the different types of training received by organizations that serve Latinos compared with those focused on serving older adults.

Figure 6. Types of Training Provided to Staff in the Past Year (n = 12; n = 22)



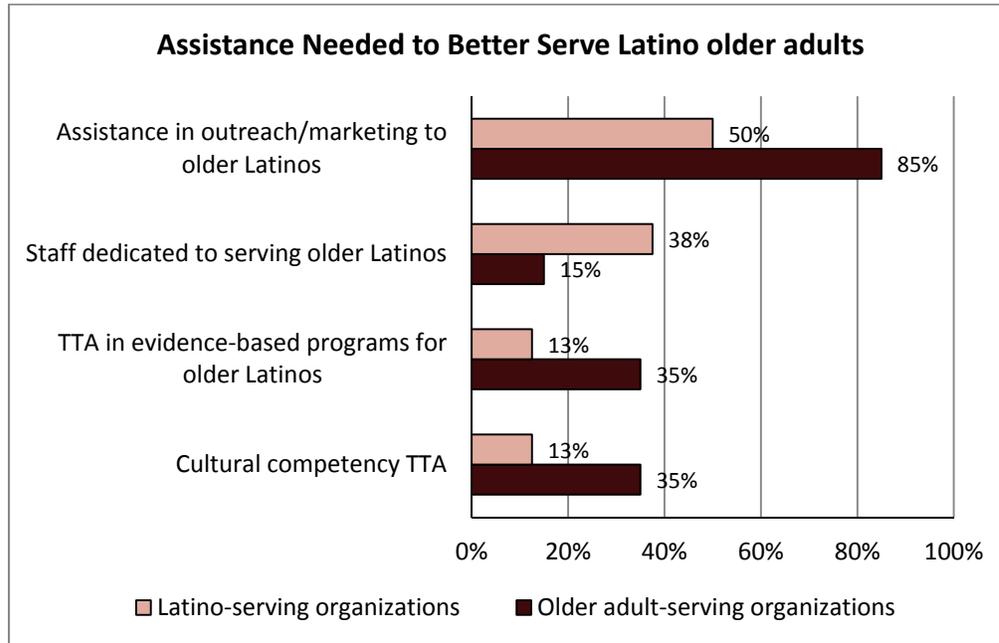
Challenges faced in serving Latino older adults. As illustrated in Figure 7 below, organizations face many challenges in serving Latino older adults. Interestingly, **the most highly rated challenge by older adult-serving organizations is outreach/access to the Latino community**, which reinforces the communication and outreach barrier brought up by focus group participants and key leaders.

Figure 7. Challenges Faced in Serving Latino Older Adults (n = 8; n = 22)



Assistance needed. Service providers in the Denver metro area would benefit from many types of assistance, specifically in the area of outreach/marketing to Latino older adults as well as training and technical assistance in evidence-based programs for Latino older adults and in cultural competency (Figure 8).

Figure 8. Assistance Needed to Better Serve Latino Older Adults (n = 8; n = 20)



Policies That Limit and Facilitate Access to Services

The following section discusses policies that limit and benefit access to services.

Policies that help Latino older adults prohibit discrimination, provide access to discounted services, facilitate access to government assistance, protect from fraud or exploitation and advocate for services.

Policies that hinder Latino older adults' access to services do not address the needs of aging populations, fail to adequately acknowledge the role of family in caregiving, make access to services complicated for intergenerational households and discriminate based on documentation.

Policies That Help

Key leaders identified the following policies that facilitate access to services and supports:

- Policies that **prohibit discrimination based on age**
- Policies that allow older adults to **access discounted services**
- Policies that allow older adults to **access local, federal and state funds** for housing, food and medical services, including Medicare, Medicaid and Social Security
- Policies that **protect older adults** from fraud, exploitation and neglect

Older Americans Act. Some key leaders also mentioned that there are many policies under the Older Americans Act (OAA). According to the Administration on Aging, "Although older individuals may receive services under many other federal programs, today the OAA is considered to be the major vehicle for the organization and delivery of social and nutrition services to this group and their caregivers."³¹ The OAA has a wide range of programs that older adults can access through 56 state agencies.

In 1965, the Older Americans Act established Area Agencies on Aging to advocate and provide services to Americans over the age of 65. Colorado has 16 Areas on Aging. The Denver metropolitan area is served by the Denver Area Agency on Aging (DAAA)³² and the Boulder County Area Agency on Aging. The Denver Regional Council of Governments (DRCOG) was designated as the Denver Area Agency on Aging. The DAAA and BCAA focus on helping Americans who are 60 and older to age in place and independently. In addition, the OAA requires that AAAs focus on older adults who have the greatest need.

The AAAs that serve the Denver metropolitan area support Americans who are 60 years or older in a variety of ways. For instance, both agencies conduct research, including needs assessments of older adults to help inform stakeholders as well as to advocate for the needs of American older adults. In addition, area agencies are required to develop a plan for their vision and services and update it every four years. A review of the DAAA 2011–2015 and BCAA 2010–2014 plans indicate that both agencies keep abreast of the changing demographics in their communities and have additional initiatives to help local agencies better understand the impacts of the aging population and how to best serve them. This is important because their services and advocacy work reflect the changing needs of American older adults in these areas. For example, DAAA has the "Boomer Bond" project, a special project of the Metro Vision Implementation Task Force, which will develop regional awareness and provide information on best practices to help them plan for and better serve older adults.

The AAAs also provide direct services to adults who are 60 years or older and to their adult caregivers. For example, they provide comprehensive information about available services. In addition, both the DAAA and BCAA contract with other agencies to provide services to older Americans. These services include transportation, home care, legal services and family caregiver support.

In terms of providing services to ethnic/racial minorities, the DAAA acknowledges that while minorities in the eight-county area it currently serves account for only 15% of the population, this is changing rapidly. Each successive cohort has a larger ethnic population and, therefore, future plans have to account for the growing diversity of older adults in this area. In addition, its 2011–2015 plan indicates that minority older adults tend to have fewer financial resources than

³¹Department of Health and Human Services: Administration on Aging. (2012) Older Americans Act. Retrieved from http://www.aoa.gov/AoA_programs/OAA/index.aspx.

³² The DAAA includes Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas and Jefferson counties.

their white counterparts and, therefore, their needs will be higher.³³ As mentioned earlier, the DAAA has used this information to ensure that the provision of services is adequate. For example, the needs assessment indicated that there was a need for outreach to minority older adults. Thus, the DAAA requires contractors to have an outreach plan to identify minority older adults and caregivers, and those who do not speak English as their primary language. It also plans to use media outlets that target specific ethnic/racial communities for outreach.

The BCAAA has also considered the needs of minority older adults in Boulder County. According to its needs assessments, the largest percentages of Latinos 55 and older are in Lafayette and Longmont. The BCAAA highlights the importance of providing outreach to individuals who lack connections, including Latinos. In addition, the assessment highlights the services the Longmont Senior Center conducts for Latino older adults, including outreach and education services.³⁴

Policies That Hinder Access

Key leaders interviewed for the assessment also noted policies that hinder Latino older adults' ability to stay home.

Policies are not addressing the needs of aging populations. This is a sentiment that is echoed in a 2011 report by the AARP Policy Institute and the National Conference of State Legislatures.³⁵ For example, they state that streets were not designed for walkability. In many places across the United States, people cannot walk safely across the streets because the streets are too wide or sidewalks are not safe. As the number of older adults is growing and they are choosing to age in place, they need to be able to move safely from one place to another. However, the current policies governing land use do not take into account the needs of an aging population.

Reimbursement for caregiving. Another example of policies that interfere with the ability of Latino older adults to age in community is related to reimbursement for caregiving, specifically how family members are reimbursed for taking care of aging family members. As has been mentioned, the role of the family in aging has been cited as a very important factor. As such, many adult children are filling the role of taking care of their aging loved one. In Colorado, if an older adult desires to be taken care of by a family member rather than by a professional, he or she has this option. However, the current laws are complex and set limitations for how much a person can get reimbursed for taking care of a family member. First, there are limitations based on federal, state and local funding. Additionally, family caregivers are considered "unskilled laborers," which means that this wage might not be sufficient to offset working fewer hours or giving up their job altogether. Given that the reimbursements for caregivers are not sufficient, this pushes some family members to rely on formal service providers. If a person cannot afford to take care of his/her aging family member, he/she might be forced to institutionalize the

³³*Supra*, see 28.

³⁴Boulder Area Agency on Aging. (2010). Age well Boulder County: A plan to create vibrant communities. Retrieved from <http://www.allagewell.com/>

³⁵Farber, N. & Shinkle, D. (2011). Aging in place: A state survey of livability policies and practices. National Conference on State Legislatures and AARP Public Policy Institute.

family member because Medicaid will pay for all those services, in direct contradiction to the preferred way of providing and receiving care in Latino families.

Intergenerational households. Another challenge related to Latino older adults being able to age in place has to do with the fact that current policies make it challenging for Latino older adults who live in an intergenerational household to access services.³⁶ For example, if an older adult couple lives with one of their children and their family, under current structures, they might be considered just one household. Therefore, the incomes and assets of all members will be taken into account when determining whether the older adults qualify for certain benefits. This might result in denial of services. For example, if the older adults want to apply for cash counseling through Medicaid, this program requires that applicants have as little as \$2,000 in assets to qualify.³⁷ Thus, if the children of the older adult couple are counted as part of the household, and assets exceed the maximum amount allowed, they will be denied services. While there is a way to break down the incomes by separating the households so that Latino older adults can still qualify for services and supports, one key leader who provides legal assistance to older adults stated that it is a cumbersome process and that many times families need an attorney to help them navigate this system.

House Bill 1023. One particular policy that was brought up by key leaders is House Bill 1023.³⁸ HB 06S-1023, Illegal Aliens, Public Benefits and Contracts, was signed into law in 2006. This bill requires all people who are applying for public benefits to provide proof of lawful presence in the United States. One of the motivations behind this policy was to deny services to people who are not lawful residents of Colorado. According to key leaders, HB 1023 makes it challenging for Latino older adults who are undocumented to access state-funded services. However, because this policy requires that all people applying for public benefits provide documentation that proves they are legal residents or citizens, this policy has also made it difficult for older adults who were born in the United States but do not have the required documentation to prove it to access services. One of the key leaders said that this hurts U.S.-born Latino older adults disproportionately because of the anti-immigration climate. The logic behind this statement is that being Latino adds a level of suspicion that a person is undocumented regardless of whether he/she was born in the U.S. or what language he/she speaks. Thus, if U.S.-born Latino older adults are unable to provide the required documents to prove that they are legal residents in the United States, they might be denied public benefits.

Bureaucratic practices. Finally, a few key leaders stated that, in addition to the aforementioned policies, bureaucratic practices pose challenges for Latino older adults. For example, if an older adult experiences discrimination, there is no one enforcing those policies unless a person can

³⁶ Intergenerational households (or intergenerational co-residence) refer to a living arrangement in which two or more generations of the same family live in the same house.

³⁷ Certain assets, such as the primary residency, may not be considered when determining eligibility. National Resource Center for Participant Directed Services.

get assistance from a lawyer. The issue of bureaucratic practices also came up in regards to accessing Medicare, Medicaid and other social welfare programs. Respondents stated that the regulations are very strict and do not take into account physical and education limitations of Latino older adults. One respondent stated that if one calls social services, he or she might have to wait hours before talking to a person and that this is may be difficult for some older adults.

Specific Issues Facing Undocumented Immigrants

In addition to issues and challenges facing Latino older adults in general, there are also specific issues that undocumented immigrants in the Denver metro area face. Latino older adults who are undocumented and key leaders were asked about the specific issues Latino older adults who lack required government documentation face.

In addition to the barriers faced by most Latino older adults, immigrants without proper documentation are prevented from accessing government and some community-based services and supports. They also are more likely to experience fear, dependency and isolation.

"Es un miedo...Es un miedo... Si uno no tiene papeles es muy dificil... Se imagina, viejitos y sin papeles. (It is a fear...it is a fear. If you do not have papers it is very difficult. Can you imagine being old and not having papers?)"

Access to services. Both focus group participants and key leaders stated that the fact that individuals do not have documentation **prevents them from accessing most local, state and federal services and supports**. For example, Latino older adults who are undocumented are not eligible to receive Medicare, Medicaid, Social Security supplemental income or any of the federally funded social welfare programs that are designed to help keep the elderly out of poverty. In addition, according to focus group participants and key leaders, many Latino older adults without documentation **might not access community-based services** such as health care screening because they do not know if documentation is required. Even in instances where documentation is not required, some focus group participants and key leaders noted that an individual without proper documentation might choose to not seek services. For example, why bother to find out if you have cancer if you cannot receive the necessary treatment? Additionally, another Latina older adult stated that she needed medication but could not apply for help because of her immigration status. While she was able to receive assistance from a community-based organization, the organization only offered one-time emergency support, and it was the only organization she knew about that offered help in her community.

Fear. Several key leaders explained that when people do not have documentation, they experience hostility and are afraid of being found and being separated from their families. This fear might prevent them from reaching out. In addition, many of them also have to worry about seeing their children and grandchildren being deported and seeing their families being torn apart. Key leaders also stated that there are many misunderstandings surrounding documentation status. For example, if a Latino older adult who has documentation lives with other family members who do not have documentation, he/she might choose not to access services because many government forms ask for information on all household members.

Although the information is not required, many applicants do not know this and decide not to apply for services for fear of hurting other family members.

Dependency and isolation. Some key leaders stated that many Latino older adults who lack documentation do not drive and, therefore, are more dependent on their family members for transportation. In addition, because of fear and dependence on others, Latino older adults who are undocumented might be more isolated than other Latino older adults. As discussed previously, many Latino older adults rely on remaining engaged and active as they age, a trait not limited only to those older adults with proper documentation.

Employment challenges. Additionally, some of the focus group participants stated that it was extremely difficult to get a job. They stated that since they are elderly and lack the required documentation, they have been unable to find a job and, therefore, rely on their children for support. This made them sad, as the main reason they came to the U.S. was to find a job.

Importance of family. For Latino older adults without documentation, the family is the most important source of support. Two Latino older adults who do not have papers stated that they live with one of their sons and receive support from cousins and other family members. However, one Latina older adult who lacks documentation said she felt bad for her son. She said that he had to take care of his children, his wife and the parents. She said she felt powerless because they could not help their son with all of his bills and she simply does not make enough money to support them. However, despite the adversities they face, they keep a close-knit family.

A follow-up question to both focus group participants and key leaders prompted them to identify services or programs for Latino older adults who are undocumented. The Latino older adults who are undocumented said they are able to access services at the senior center in their community. Additionally, key leaders also mentioned that some community-based organizations such as Servicios de la Raza, Centro San Juan Diego, Clinica Campesina, Salud Family Health Center, Denver Health, Catholic Charities, Denver Inner City Parish and other churches provide services to immigrants who are undocumented. It is pertinent to note that these organizations serve undocumented immigrants, but they do not necessarily have any specific programs for Latino older adults who are undocumented. Denver Inner City Parish has a program for older adults, and most of the participants in its program are Latino. However, this organization does not know how many are undocumented because it does not ask for documentation.

Provider survey respondents were also asked to provide insight into whether their organizations have citizenship/residency requirements. Based on input from service providers who responded to the survey, only 20% of respondents' organizations have citizenship or residency requirements, whether for some or all programs. When asked what type of documentation is required, feedback typically included a photo identification and/or information with proof of address, such as a piece of mail or affidavit. Additionally, when asked whether immigrant status was a barrier for clients to access their services, 6% identified it as a major barrier and 36% as a minor barrier.

Possible solutions. Finally, key leaders were asked to provide ideas about possible solutions to address the barriers faced by Latino older adults who are undocumented. Many of the key leaders stated that comprehensive immigration reform is needed. To address the issues faced by Latino adults who are undocumented, it is necessary to address federal and state policies that hurt this population. In addition, other key leaders stated that we need more programs that serve people regardless of their documentation status. Another key leader stated that it is important to advocate for this population because they cannot advocate for themselves.

Successful Strategies/Best Practices to Advocate for and Provide Services

This final section presents findings and other information about best practices in serving Latino older adults. It also provides information about service models that seek to rely on the assets and strengths that Latino older adults possess.

An effective way to advocate for Latino older adults is to empower them, engage them in politics, educate younger generations, work through networks of established organizations and build coalitions.

An effective way to provide services to Latino older adults is to provide services in their community utilizing community-based approaches and strategies: provide culturally responsive and language appropriate services, train providers on the needs of Latino older adults, honor the role of the family and account for physical capabilities and limitations.

Effective ways to engage Latino older adults are to honor and acknowledge their assets and strengths and provide them with information in a way that speaks to them, their family and their community.

Advocate for Latino Older Adults

Engage and empower Latino older adults. When key leaders were asked what were the best practices to advocate for Latino older adults, the most common response to this question was that it was necessary to have policymakers (with power) and Latino older adults engage in face-to-face conversations about their needs so that the policymakers can hear directly from this population. On a similar note, one leader also stated that it was important to empower Latino older adults so that they can get involved and advocate for themselves. Research suggests that empowering the community members and beneficiaries of social services ensures there is a good match between the services being offered and the clients' needs.³⁹ In addition, research suggests that when social workers/service providers use empowerment strategies, the programs tend to be more effective.⁴⁰ One way to empower clients is to include them in the decision-making process.⁴¹ Clients can be empowered by having direct input such as joining advisory

³⁹ Iglehart, A. P. & Becerra, R. M. (1995). Social services and the ethnic community. Boston: Allyn & Bacon.

⁴⁰ Hardina, D. (2005). Ten characteristics of empowerment oriented social services. *Administration of Social Work*, 29(3), 23-42

⁴¹ Aranda, M.P., Villa, V.M., Trejo, L., Ramírez R., & Ranney M. (2003). El Portal Latino Alzheimer's Project: Model program for Latino caregivers of Alzheimer's disease-affected People. *Social Work*, 48, 251-279.

boards.⁴² Additionally, several key leaders suggested investing in community leaders who can champion aging issues.

Involve Latino older adults in civic engagement activities. Based on feedback from key leaders, it is important to involve Latino older adults in political and civic engagement activities and create a strong Latino voting block that can advocate for the needs of the Latino older adult population. It is important to engage Latino older adults in the full spectrum of activities, such as registering to vote, mobilizing communities on issues, serving on commissions and boards, and running for office. Research on political participation, representation and policy outcomes provides ample evidence that when minority candidates are elected to office, they are likely to champion policies that benefit their constituency. For example, Latino representatives tend to sponsor and support bills that directly benefit Latino communities.⁴³ Thus, increasing Latino representation in federal, state and local government is needed in order to increase broader support for policies that will benefit Latino older adults.

Involve younger generations. It is important to educate younger Latinos about what their parents need and to mobilize them so that they can advocate for their parents.

Engage foundations in funding policy and advocacy. Key leaders also stated that a good strategy to advocate for the needs of Latino older adults is to have foundations provide policy and advocacy funding, which will also help build awareness.

Work through networks of established organizations and build coalitions. When several organizations are advocating for the same issue, they are more likely to be successful than if it is just one organization or one individual. This is a practice that is currently used by the DAAA and BCAA to advocate for the needs of older adults. Both agencies work with other stakeholders in the area in order to push for policies that address the needs of older adults. In addition, one interviewee stated that advocacy needs to take place at various levels. For example, community leaders can ask organizations to advocate for an issue and, in turn, these organizations can advocate at the system level in the state legislature. Appendix A provides examples of how well-designed coalitions have been able to successfully advocate for Latino older adults. Carefully designed coalitions can create social change and improve the lives of historically marginalized communities.⁴⁴ In addition, researchers suggest that to create strong coalitions that will improve

⁴²*Ibid.*

⁴³Mindiola, T. & Gutierrez, A. (1988). Chicanos and the legislative process: Reality and illusion in the politics of change. In Garcia, C. (ed), *Latinos and the political system*. Notre Dame, Indiana: University of Notre Dame Press. And Bratton, K. A. (2006). The behavior and success of Latino legislators: Evidence from the states. *Social Science Quarterly*, 87 (1), 1136–57. And Wilson, C. (2010). "Descriptive representation and Latino interest bill sponsorship in Congress." *Social Science Quarterly* 91(4), 1043-1062.

⁴⁴ Wolff, T. (2001). The future of community coalition building. *American Journal of Community Psychology*, 29, 263-268.

the future of historically underserved populations, it is important to learn from successful coalitions and apply the lessons learned from those endeavors.⁴⁵

Spotlight on the Illinois Coalition of Limited English Speaking Elderly

An example of a coalition that has been formed to advocate, engage and serve older adults from ethnic/racial minority backgrounds is the Illinois Coalition of Limited English Speaking Elderly (CLESE). Several community-based organizations serving different ethnic groups have formed this coalition to help immigrants and refugees navigate the health care system. Minority older adults who live in Chicago and are not fluent in English can call a central phone number and they will be referred to a service provider that offers information and services in their own language and in a culturally appropriate manner.

One of the most effective strategies this coalition has been able to use is to advocate for the needs of these vulnerable populations while ensuring that the voices of ethnic minority older adults are heard and respected. For example, CLESE convened a conference in which 220 older adults from various backgrounds were able to speak directly to elected officials and authorities.

Provide Services to Latino Older Adults

Key leaders were also asked about the best practices and strategies to provide services to Latino older adults.

Provide services in the communities where Latino older adults reside. Key leaders stated that having services such as health clinics, recreation centers or any other program that is designed to serve the Latino older population should be accessible in communities with large Latino older adult populations. For one, this would address the issue of transportation that many Latino older adults lack. Another strategy is to meet Latino older adults where they are. A few commented that many Latino older adults already attend church services within their communities and, therefore, expanding services in places where Latino older adults already congregate such as churches is an effective strategy to provide services.

Develop partnerships. Key leaders also mentioned that services are already being provided at places such as Clínica Tepeyac and Servicios de la Raza and what is needed is to develop more partnerships with other organizations to better serve this community. Similarly, the BCAA also encourages organizations to work together to maximize resources.⁴⁶ Additionally, organizations that have successful strategies for reaching vulnerable populations can build on those models and target more narrowly Latino older adults in the communities they already serve. A few participants also mentioned that the Center for African American Health has been able to successfully serve its target population. One key aspect of this organization's success has to do with its outreach strategies.

⁴⁵ *Ibid.*

⁴⁶ Boulder Area Agency on Aging. (2010). Age well Boulder County: A plan to create vibrant communities.

Spotlight on Promotores de Salud

One example of a community-based approach currently used in the Denver metro area is the Promotores de Salud Model. Promotores are community health workers who work in areas of high medical needs and low resources to disseminate health-related information to vulnerable populations. There is no national certification or training program for promotores. However, research suggests the model is effective in encouraging healthy behaviors in vulnerable populations.⁴⁷ Promotores tend to come from within the communities they serve and, therefore, they have working knowledge of the culture. They also provide language-appropriate services in a setting that benefits the client.

Use community-based approaches. Research suggests that community-based approaches are effective strategies to reach and serve the Latino population.⁴⁸ There are several key strategies when utilizing a community-based approach.

- **Provide culturally sensitive and responsive services.** Key community leaders repeatedly commented on the importance of providing culturally sensitive and responsive services. For example, for Latinos, it is very important to relate directly to service providers rather than through institutions.⁴⁹ For example, in the Promotores de Salud model, promotores go to churches, salons, stores, community centers and pretty much anywhere where Latinos congregate to provide health information directly to the people and are available to answer questions as needed.⁵⁰
- **Ensure language appropriate services.** Research indicates that lack of language appropriate services is a barrier for Latino older adult to access services.⁵¹ Key leaders also mentioned the importance of having bilingual staff, printed materials in English and Spanish, and translators whenever there was no bilingual staff at hand. Research also suggests that programs that provide materials in a linguistically appropriate manner are able to provide effective services to Latino older adults.⁵² In addition, as noted by some bilingual Latinos older adult focus group participants, even if a person knows English

⁴⁷ Niño, T. (2011). Promotores de Salud. Department of Health and Human Services: Office of Minority Health.

⁴⁸ National EyeCare Institute. (n.d.). *Effective education to target populations: An excerpt from the National Eye Health Education Program Five-Year Agenda*. Retrieved from [www.nei.nih.gov/.../Effective Education to Target Populations.pdf](http://www.nei.nih.gov/.../Effective_Education_to_Target_Populations.pdf)

⁴⁹ The National Alliance for Hispanic Health. (2001). *A primer for cultural proficiency: Towards quality health services for Hispanics*. Retrieved from www.hispanichealth.arizona.edu/...

⁵⁰ *Supra*, see 47.

⁵¹ Kim, G., Worley, C. B., Allen, R. S., Vinson, L., Crowther, M. R., Parmelee, P., & Chiriboga, D.A. (2011). Vulnerability of older Latino and Asian immigrants with limited English proficiency. *Journal of the American Geriatrics Society* 59(7), 1246–1252. And Heyman, J. C., & Gutheil, I. A. (2006). *Older Latinos' attitudes toward and comfort with end-of-life planning*. And Ninez, A.P., Hays, R., & Cunningham, W.E. (2006). Linguistic disparities in healthcare access and health status among older adults. *Journal of General Internal Medicine* 21(7), 768-791.

⁵² *Supra*, see 41 and 47.

- very well, some of the health or financial terms might be too technical, and therefore, he/she would still prefer to receive the material in Spanish.
- **Train service providers.** Key leaders also suggested providing training to service providers on the needs of Latino older adults. This is a reasonable recommendation because, in addition to the factors already mentioned, research shows that it is important to consider important cultural factors when planning and implementing services for Latino older adults. For example, the concepts of **fatalismo (fatalism)** or **resignación (acceptance)** need to be understood when working with the Latino population. Fatalismo refers to a belief that a person has little or no control of what happens. Resignación refers to accepting one's faith without questions.⁵³ Thus, research suggests that this view of life can hinder whether or not older adults will access health care.⁵⁴ One key leader who works directly with Latino older adults stated that is not necessarily negative but that it can pose problems when an agency or person is trying to teach about preventive health care measures. Thus, it is important to understand if these views are held by the people agencies serve because they may interfere with a person's decision to seek help or treatment if one is ill.
 - **Consider the role of family.** Following the theme of culturally appropriate services, the majority of the respondents stated that taking family into account is extremely important. In addition, the importance of family in the Latino community is well-documented.⁵⁵ Since family plays a central role, Latino families often make decisions that are based on the best interest of the family, not the individual.⁵⁶ Therefore, considering that many Latino older adults still live with their families,⁵⁷ it will be important to have a plan for how and when the family should be engaged in the provision of services. One suggestion was to have an **educational component for caregivers**. Some children take care of their parents, but they do not know what their

⁵³ Substance Abuse and Mental Health Services Administration. (2010). *Reference and resource guide for working with Hispanic/Latino older adults*. (HHS Publication No. (SMA) 10-4570). Retrieved from kap.samhsa.gov/products/brochures/.../Reference_Resource_Guide.p...

⁵⁴ Phipps, E. J., True, G., & Murray, G. F. (2003). Community perspectives on advance care planning: Report from the Community Ethics Program. *Journal of Cultural Diversity*, 10(4), 118–123. Retrieved from proquest.com

⁵⁵ Purdy, J. & Arguello, D. (1992). Hispanic familialism in caretaking of older adults: Is it functional? *Journal of Gerontological Social Work*, 19(3), 29-43. And Gallanti, G.A. (2003). The Hispanic Family and Male-Female Relationships: An overview. *Journal of Transcultural Nursing* 14(3): 180-185. And Substance Abuse and Mental Health Services Administration. (2010). *Reference and resource guide for working with Hispanic/Latino older adults*. (HHS Publication No. (SMA) 10-4570). Retrieved from kap.samhsa.gov/products/brochures/.../Reference_Resource_Guide.p

And Cummings, M. R., Hernandez, V. A., Rockymore, M., Shepard, M. M., & Sager, K. (2011). The Latino Age Wave: What changing ethnic demographics mean for the future of aging in the United States. Retrieved from <http://www.atlanticphilanthropies.org/learning/report-latino-age-wave-what-changing-ethnic-demographics-mean-future-aging-us>

⁵⁶ *Supra*, see 53.

⁵⁷ Donlan, W.T. (2011). The meaning of community-based care for frail Mexican American elders. *International Social Work*, 54: 388. doi: 10.1177/0020872810396258

parents need or what services are available to help. One key leader did state that it was important to find the balance between engaging the family and allowing the older adult to have some discretion in the decision-making process.

- **Account for physical capabilities and limitations.** Key leaders also stated that service providers need to take into account that fact that, within the 55 and older population, there is a wide range of physical capabilities and limitations. For example, organizations and agencies serving older adults should account for things such as the fact that many older adults have lost some of their eyesight. Therefore, printed materials need to be in larger fonts and be user friendly. Furthermore, some Latino older adults are functionally illiterate. Consequently, service providers should be available to explain things verbally if needed.

Spotlight on the National Hispanic Council on Aging and the Asociación Nacional pro Personas Mayores

National organizations such as the National Hispanic Council on Aging (NHCOA) and the Asociación Nacional pro Personas Mayores (ANPPM/ National Association for Hispanic Elderly) provide numerous resources to help community-based organizations provide culturally appropriate services. For example, NHCA offers an electronic learning center, where providers serving Latino older adults can receive trainings on various topics. ANPPM offers a variety of printed materials, including informational pamphlets using the format of a telenovela (soap opera). According to the ANPPM, this is a format that is familiar to most monolingual Spanish Speaking Latinos. In addition, the format is designed for Latinos who have low literacy skills. The educational materials provide information in English and Spanish in five health topics of concern to the Latino community.

Engage Latino Older Adults

Interviewees were also asked to identify the best practices to engage Latino older adults.

Increase information. The most common response to this question was that it was important to increase information about available opportunities for engagement, services and programs for Latino older adults. In addition, interviewees and focus group participants stated that it was necessary to meet them where they are, even if it means knocking on their doors. Some key community leaders suggested using Spanish-speaking media to reach Spanish-speaking Latinos. A respondent stated that, at one point, Univision had some telenovelas known as encrucijadas that highlighted health issues in the Latino community as a way to increase awareness. He suggested that, in addition to discussing health issues, the encrucijadas telenovelas could address other relevant topics for Latino older adults and their families.

Use terms other than “volunteer.” In terms of engagement, some respondents stated that it was important to recognize that many Latino older adults are already engaged. However, some of them probably do not call it volunteering because they see it more as simply lending a hand or helping someone in need. One participant suggested that to increase the level of engagement of Latino older adults, marketing and outreach materials should use other words besides volunteering. For example, they can say, "help your neighbor" or "help your community." Another person said that it was important to highlight the fact their community needs them.

There is a strong emphasis on helping among Latino older adults and sometimes people forget that they have many talents and skills they can share.

Conclusion and Recommendations

The assessment gathered feedback from key leaders, Latino older adults and service providers, and as a result revealed many common trends and themes among the Latino older adult population in metro Denver. Latino older adults are sharing in both the opportunities and challenges facing all of metro Denver's older adults in the first part of the 21st century. However, as revealed by the data, while they face additional challenges, they also possess cultural values and assets that can enrich the aging experience for Latinos as well as enhance the new narrative of aging that is currently being written by all older adults at this time in our nation's history. Now is the time to take action and capitalize on the assets that metro Denver's Latino older adults bring to our social fabric as well as to address the shared social challenges they face.

The following recommendations are derived from the analysis and synthesis of the information learned through the assessment, with the goal of helping Colorado Latino Age Wave move forward with its initiative. ***With all of the recommendations, it's important to engage Latino older adults in the process to rely on their assets and empower them for continued change.***

- **Support neighborhood-based and home-based programs.** There is a significant amount of skill and knowledge among the Latino older adult population to help support others as they age in place within their own communities. For example, there are “handymen and women” looking to support their neighbors as well as earn additional income who could be matched with older adults needing home repair. A next step could be mapping out the informal and formal assets and resources present in communities, building on existing informal relationships that already exist, and creating more formal program linkages.
- **Utilize the promotores model to train Latino older adults to help others navigate the system and increase access to services.** While the promotores model has traditionally been used in areas of health, the model can be used to train Latino older adults on how to guide other Latino older adults through complex systems, such as Medicaid, or locate other important services to help age in place. This presents a wealth of opportunities on many levels. First, it provides opportunities for Latino older adults to remain active and engaged in the community, a need expressed by many. Second, it builds on the existing assets of Latino older adults, such as skills, wisdom and community connections. Third, it helps reach Latino older adults with critical information, which many indicated is lacking, in a culturally appropriate and community-based approach. Through this approach, “promotores” can also be trained in the legal nuances of access for undocumented immigrants and help advise on eligibility requirements.
- **Build coalitions and partnerships among organizations serving the Latino community as well as older adults.** Engaging both types of organizations will present opportunities to rely on the strengths of each service area with the goal of building overall capacity. Service providers can work together to develop trainings, or share training opportunities. For example, if an older adult organization is training staff members on important issues in aging, it can invite Latino serving organizations to participate. Latino serving organizations can help older adult serving organizations better understand how

- to successfully outreach to and serve this population. This type of partnership and coalition building will also maximize resources in a time of decreased funding resources. It will also provide a venue for organizations with different strengths and expertise areas to advocate together for public policy change.
- **Support intergenerational programs that engage the entire family.** The importance of family was continually brought up when Latino older adults discussed aging in place. Whether acting as formal caregivers or simply providing ongoing support, family members play an important role. It is important to develop and support programs that train, empower and provide information to family members. This not only meets the needs of today's aging population, but it also empowers the next wave of Latino older adults and provides them with the information and resources as they age in place. It also builds on the strengths of the Latino populations in Denver by utilizing immediate resources in Latino older adults' lives.
 - **Increase funding to Latino-serving agencies to increase their capacity to serve older adults and increase funding to aging service providers to increase their capacity serve Latinos more effectively.** Hispanics in Philanthropy and other philanthropic organizations have sought to increase funding for Latino-serving community-based organizations and nonprofits by increasing awareness among the philanthropic community about the role and value of these nonprofits. It is important to continue to invest in and empower Latino-serving community groups and nonprofits, particularly as they adapt to better serve older adults. Similarly, it is important to build the capacity of agencies serving older adults to equip them to better meet the needs of their Latino constituents.
 - **Develop a public policy initiative that supports community-centered services.** There needs to be a public policy initiative that works with city and county agencies to make communities more walkable and accessible. For example, this includes issues such as sidewalks and traffic lights as well as land-use policies that allow for necessary commercial services and support services to be within walking distance in neighborhoods. In order to make neighborhoods and communities vibrant places for Latino older adults to age in place as well as young families to live and grow, individuals need to have close access to grocery stores with healthy foods and community gathering places.
 - **Invest in training to develop champions among Latino older adults.** Latino older adults in metro Denver bring a wealth of knowledge and passion and indicated they are seeking ways to remain engaged in the community. By identifying existing leaders in communities throughout Denver and proving them with formal public policy and advocacy training, there can be an opportunity to utilize individuals' assets and strengths to create long-term change, whether it is on a statewide policy level, or for concrete policy and practice changes in their own communities (e.g., sidewalk widening).
 - **Develop more effective communication strategies.** The assessment revealed a lack of effective communication and outreach strategies. Latino older adults and key leaders indicated that people do not know about services or how to access them. Similarly, provider survey respondents also indicated they need support in reaching the Latino older adult community. A program should be initiated that would identify and map natural networks to understand community communication; understand literacy and

language needs at the community level; and determine culturally relevant methods for distributing information. For example, information could be distributed using *telenovelas*, *radionovelas* and *fotonovelas*, small booklets/pamphlets that use symbols and illustrations to educate and inform. Similarly, an additional strategy could include creating a clearinghouse to support organizations to develop culturally and language appropriate materials and services. It would be beneficial to have an accessible resource that has appropriate translations geared toward local communities that take into account language and cultural factors.

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