



# OVERVIEW OF HISPANICS IN AN AGING POPULATION

Policy Analysis for Clackamas County, Oregon

A Supplement to the *engAGE in Community* initiative

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## INTRODUCTION

This report was produced for Clackamas County as an adjunct to the *engAGE in Community* initiative, a collaboration between Clackamas County Department of Social Services, Oregon State University Extension Family and Community Health Service, and AARP-Oregon. The *engAGE in Community* initiative seeks to understand the age-friendliness of Clackamas County. According to the U.S. Census, the average age of the population of the U.S. will be older in the coming years than it has been. Between 2011 and 2029, as the Baby Boomer generation reaches the retirement age of 65, the median age for the general population will increase, and the dependency ratio, the number of people depending on the labor force to care for them, will continue to increase. Using the World Health Organization's categories for age-friendly communities, this portion of the *engAGE in Community* assessment reached out to the older Hispanic population in Clackamas County, evaluating access to the Physical Environment (housing, transportation, outdoor spaces and buildings), Service Environment (community support and health services; communication and information), and Social Environment (civic participation and employment; respect and social inclusion; and social participation), the *engAGE in Community* initiative is working to address the needs of communities as this happens.

Another demographic that is on the increase is the Hispanic population. According to projections in 2008, the Hispanic population in the U.S. is expected to triple by 2050, increasing its share of the total population from 15 to 30 percent (U.S. Census Bureau, 2008). This report seeks to understand the confluence between the future increase in retirement age population and the growth of the Hispanic demographic. If the *engAGE in Community* initiative is seeking to understand the needs of communities in order to prepare for an older population, this supplement explores the needs of older Hispanics and cultural differences in the perception of aging in order to guide effective decision-making in policy to address the needs of both population groups.

The Hispanic population is not a homogenous group but rather represents a large and ethnically diverse population. The U.S. Census classifies the "Hispanic/Latino"

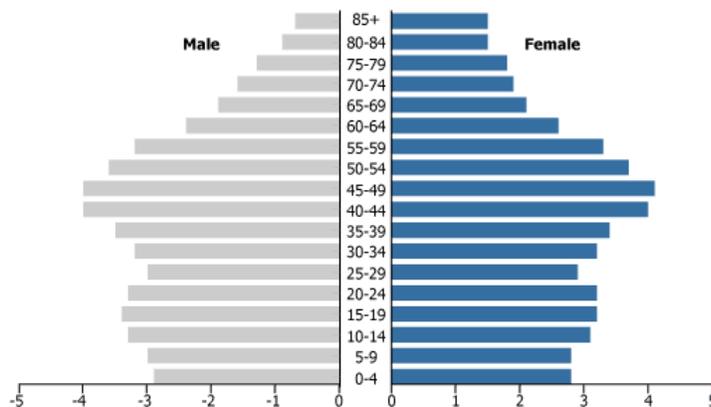
population in the sub-categories of Mexican Americans, Puerto Ricans, Cubans and Central and South Americans. As with every nation, each of these ethnic groups has a distinctive social and historical background, unique cultural norms and patterns of interaction. As with most foreign-born cultural groups, there are concentrations in various regions of the United States. In the case of Clackamas County, the population that participated in this project was exclusively Mexican, although I found pockets of people from various regions of Mexico where sub-cultures with distinct language and historical roots maintain their identity within the dominant Spanish-speaking group. For example in Estacada I found a large population of residents from the Yucatan, an area of Mexico with a large Mayan population.

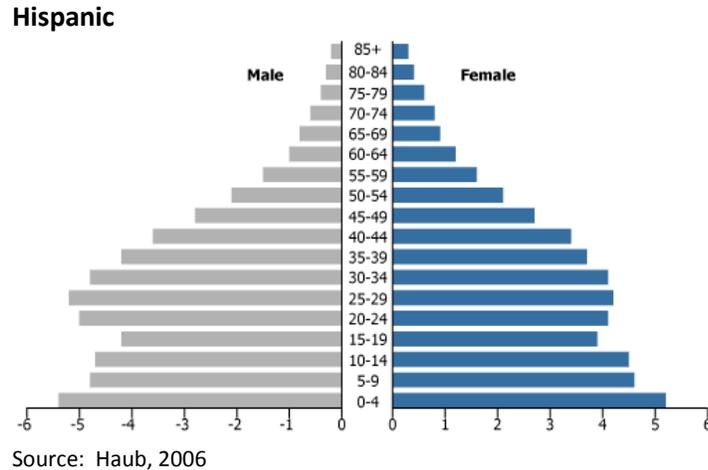
Although there is no general agreement on their etymology, for the purpose of this report, the terms “Hispanic”, which refers to countries where Spanish is spoken, and “Latino”, which refers to Latin American countries alone, are used interchangeably. These terms refer to ethnicity and not to race. Race, other than noted in statistical data, was not differentiated for this study.

### HISPANIC POPULATION IN THE U.S.

With an increase in the Hispanic population, it is expected that there will be an increase in the number of aging Latinos as well. At the time of the 2010 Census, there were 308.7 million people residing in the U.S., an increase of 27.3 million people, or 9.7 percent from 2000 census. The Hispanic population accounts for over half of the increase during that time (Humes, et al 2011). The report will explore statistical data to provide an understanding of population growth and distribution and how that differs from the non-Hispanic population. The population triangles depicted below use 2000 U.S. Census figures to illustrate the age and gender distribution in White Non-Hispanic population and the Hispanic population of the U.S.

**White Non-Hispanic**



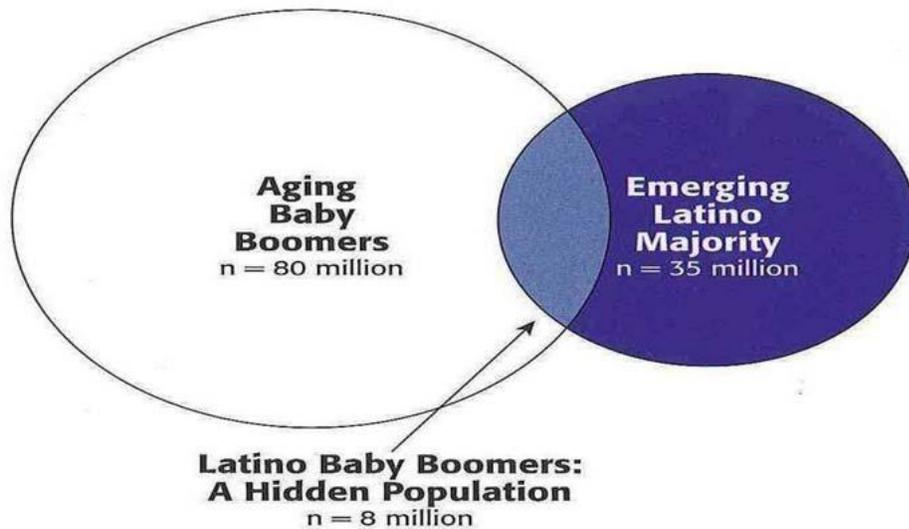


In looking at the statistical data, there is no parity between the compositions of these populations' demographics. The Hispanic population reflects a younger demographic than that of the non-Hispanic population of the U.S. In 2009, the median age of the Hispanic population was 27.4 years, compared to 36.8 years of age for the population as a whole.

The growth in the Hispanic population in the U.S. is not attributed solely to immigration, but includes the number of children who were born to Hispanic immigrants. In 2009, Hispanics comprised 22 percent of children younger than 18 and figures showed that 61 percent of the 10.5 million Hispanic households in the United States included children younger than 18 ([www.infoplease.com/spot/hhmcensus1.html](http://www.infoplease.com/spot/hhmcensus1.html)). Statistically there are more Hispanic women in their child-bearing years, and first-generation Hispanics generally tend to have higher birth rates (although with each generation there is a greater degree of assimilation and that number tends to drop in succeeding generations).

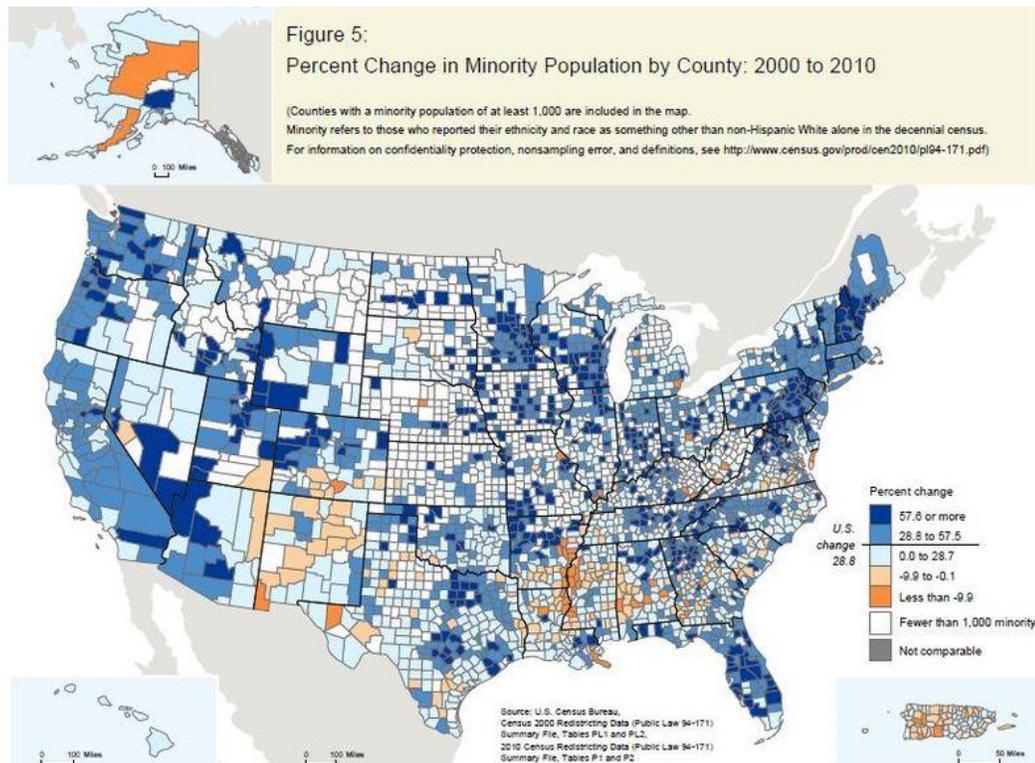
The White non-Hispanic population has a lower birth rate and as the Baby Boomer generation (reflected in the bulge that begins in the 40's) grows older, the pyramid will begin to look more like a cube. By contrast, the population triangle of the Hispanic population resembles that of a developing country with a higher birth rate and an increase in immigration, with greater numbers of working age males than that of the white non-Hispanic population.

One of the most significant differences between Whites and Hispanics is the proportion of older people. Among Whites, 15 percent are age 65 and over. For Hispanics, it is 5 percent (Haub 2006). At the time of the 2000 U.S. Census, the Baby Boomers numbered 80 million. In contrast, the total Hispanic Population numbered 35 million, with older Hispanics numbering 10 million. How these numbers overlap is illustrated in the diagram below.



Source: Torres-Gilab; Bikson Mogaa, 2002

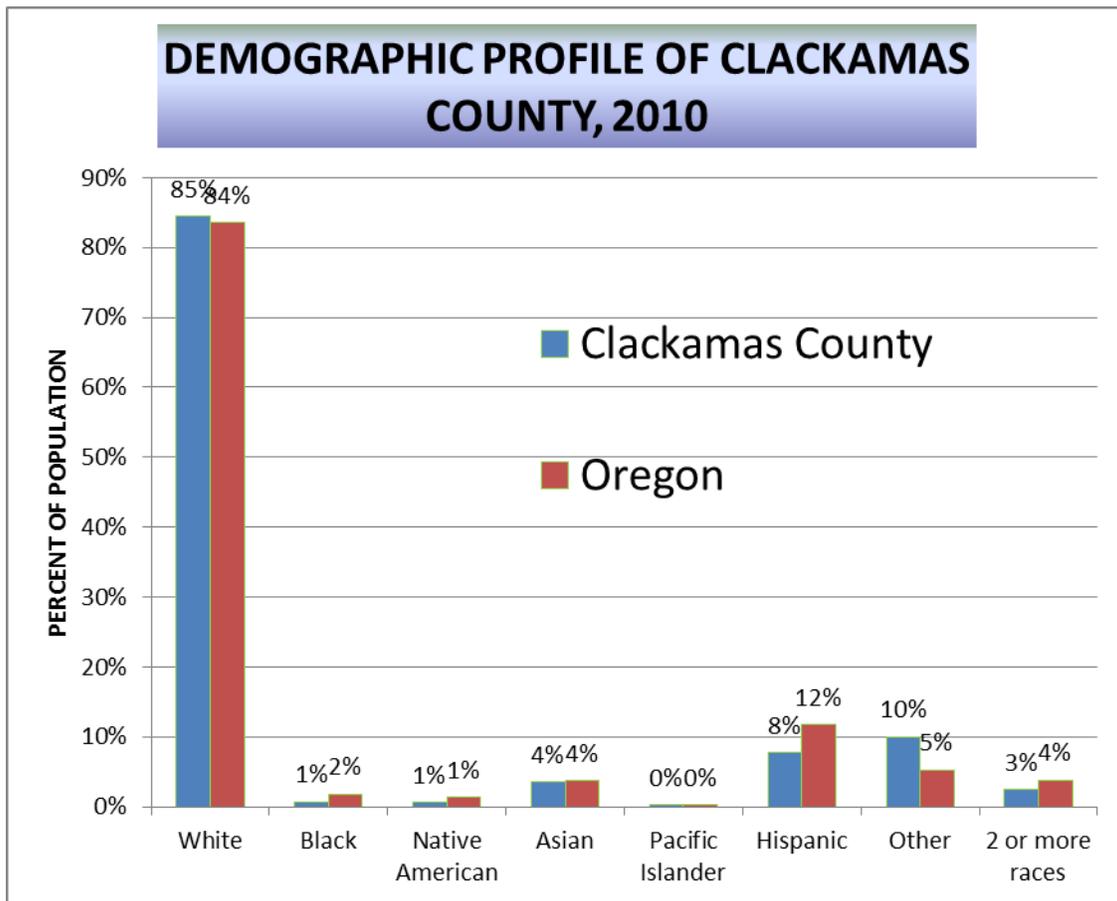
The geographic distribution of Hispanics in the U.S. is not uniform. With greater concentrations in former Mexican territories such as California and the southwestern U.S., the map below indicates the growth in all minority populations by county between 2000 and 2010. Although the map outlines the percentage of growth, there is no differentiation made between increases in minority populations attributable to migration versus growth by natural increase.



(Source: <http://blogs.census.gov/a/6a0120a61b56ed970c0147e36f25e0970b-popup>)

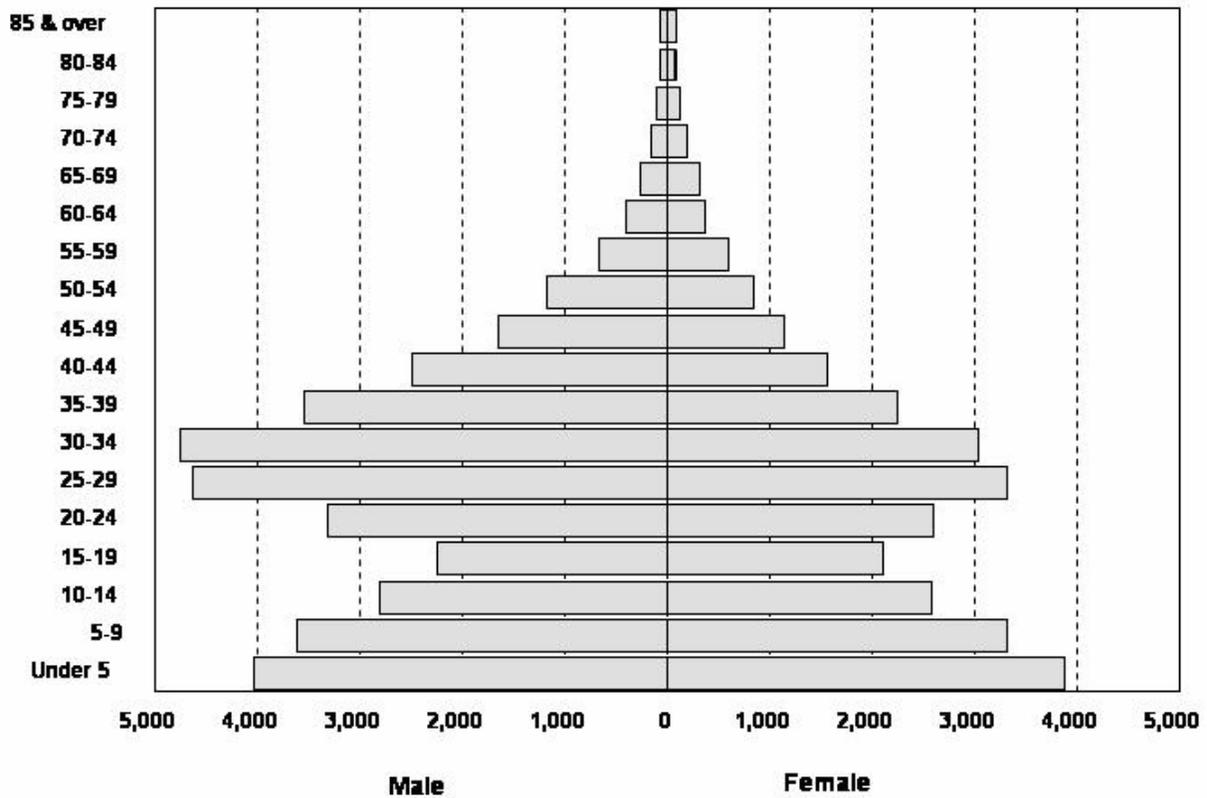
## HISPANIC POPULATION IN OREGON AND CLACKAMAS COUNTY

Population trends in Oregon are similar to those of the greater U.S. The 2010 U.S. Census estimated Oregon's total population at 3,831,074 residents. Of those, the Hispanic population numbered 450,062, or 11.7 percent. Compared to the state's percentage, there was a notable disparity in the percentage of Hispanic population in Clackamas County. The county's Hispanics represented only 7.75 percent of the overall population compared to Oregon's 11.7 percent. The county's total population numbered 375,992, and the Hispanic population was estimated at 29,138. A more detailed view of the demographic profile of Clackamas County's to Oregon's overall population is illustrated below.



(Source: U.S. Census)

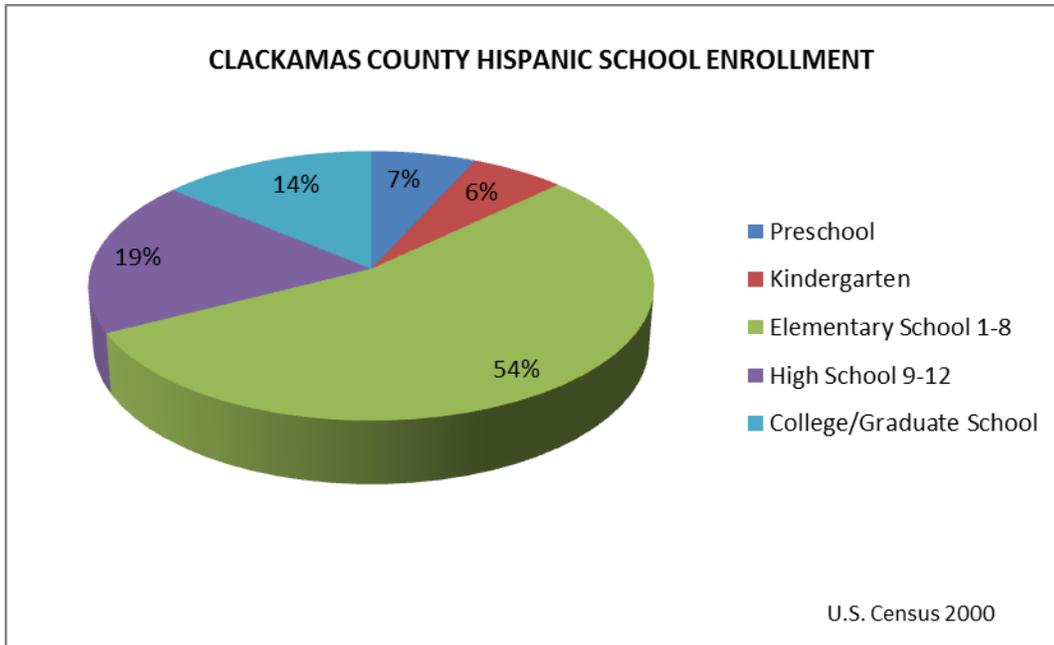
Although census data by age and gender was unavailable at the time of this report for Hispanics in Oregon, a report published for Multnomah County in 2008 may give us some indication. It shows very few elders of either sex. The greatest numbers of Hispanics are in the child-bearing age of 25-40 years, or are less than 18 years of age, with the greatest number being children under the age of 5 years.



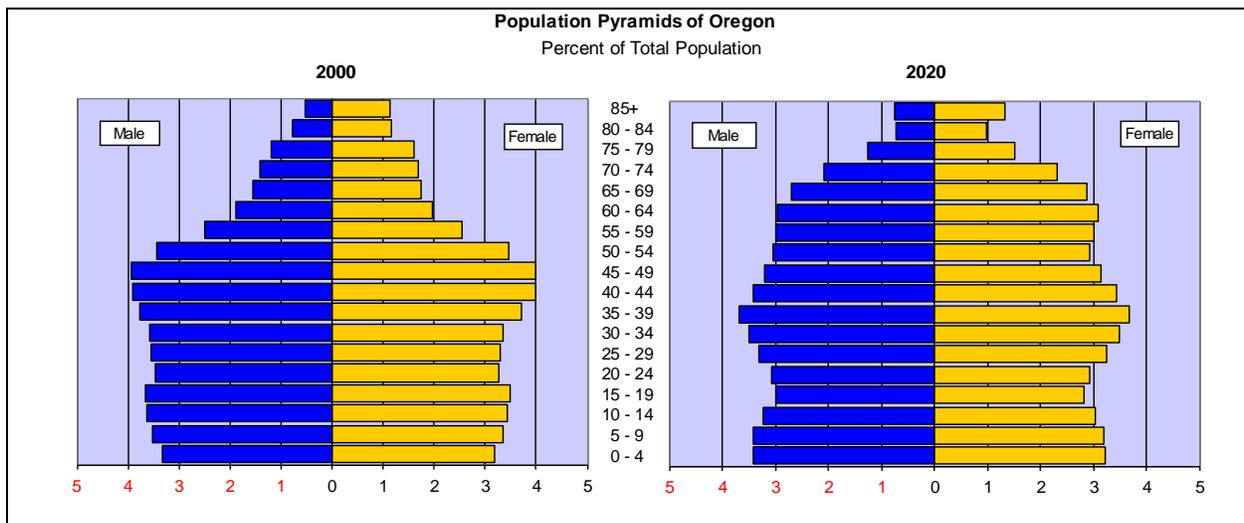
Graph 4: Multnomah County, 2005  
Hispanic Population Distribution

Source: 2005 National Center for Health Statistics Estimates

Another significant difference between Clackamas County’s populations as compared to the state of Oregon’s was that those over 18 years of age in Clackamas County represented 76.27 percent of the population while in Oregon’s overall population, those over 18 was a higher 79.46 percent. This would indicate that there are a larger number of children in Clackamas County. While Hispanics comprise 11.7 percent of the population, new figures from the Oregon Department of Education show nearly 20 percent of K-12 kids are Hispanic (2010 Jacob Lewin). The diagram below illustrates the 2000 Census grade distribution in Clackamas County.



As the overall population of Oregon ages and the younger Hispanic population growth levels off, the projected population triangle will eventually become less of a triangle and more of a cube as is illustrated below.



Source: U.S. Census Bureau, Population Division, Interim State Population Projections, 2005

The change in demographics with the aging of the Baby Boomers and a leveling off of birth rate will raise Oregon's median age from 36.3 in 2000 to 38.5 in 2020. This will be reflected in an increase of the dependency ratio for those 65 and over while the lower birth rate will decrease the dependency ratio for those under 20.

Demographic Indicator	2000	2020	Change
Median Age	36.3	38.5	2.2
Male	35.1	37.6	2.5
Female	37.5	39.4	1.8
Dependency Ratio (1)	67.8	72.1	4.3
Youth (2)	46.3	43.6	-2.7
Old Age (3)	21.5	28.5	7.0

(1) Dependency Ratio = (Age under 20 + Age 65 and over) / (Age 20-64) X 100

(2) Youth dependency ratio = Age under 20 / Age 20- 64 X 100

(3) Old age dependency ratio = Age 65 and over / Age 20 - 64 X100

Source: U.S. Census Bureau, Population Division, Interim State Population Projections, 2005

### THE HISPANIC SENIOR POPULATION IN OREGON

In looking at the current demographics of Oregon, it is notable that there is a scarcity of Hispanic seniors, and there are a number of reasons given. One researcher argues that “This is evidence that Hispanic populations need long term care sooner than other populations due to the effects of chronic exposure to toxic conditions in the workplace, most notably to farm and orchard chemicals” (Holcomb, 2008). I theorize that the lack of older Hispanics is due to a combination of factors. While it is true that Hispanics have a shorter life expectancy, migration patterns play a significant role in the small number of senior Hispanics in our community.

In Human Geography, migrations are generally attributed “Push/Pull” factors, those reasons that push people out of their current location and those that pull people to another place. People will remain in place until the push/pull factors reach a tipping point that makes them choose a different location. Historically, migrant workers in Oregon were young male seasonal workers who returned to their home country and their families each year. In an interview with one individual, we discussed the change in the Hispanic community in Oregon. She described that in the 1980’s, migrant workers such as her father would be contracted while living in Mexico to migrate through California, Oregon, Washington and British Columbia to work in the agricultural fields. At the end of the harvest season, they would return home to their families. As they grew older, seasonal workers simply stopped making the circuit and remained at home.

However in the past 20 years, economic conditions in their home countries, some driven by globalization and a shift from small subsistence farming to a concentration of agri-business have created push factors driving out-migration of former small farm workers to seek employment elsewhere. People are pulled toward the U.S. where employment is available, and the possibility exists of having a better life for themselves and their children. Rather than seasonal migration as a rite of passage for those seeking higher wages and adventure, entire families began to migrate and to settle

rather than returning home each year. Many of the woman with whom I spoke indicated that they came to the U.S. to be with their husbands.

Groups of individuals, families or community members are pulled to the same area because of the support they will receive. Many of the individuals with whom I spoke indicated that they had immigrated as a family even when there were years between the time that different family members immigrated. In one example, three siblings had been in the U.S. 16, 21 and 27 years respectively.

This migration included a large number of undocumented workers. A study by the Pew Hispanic Center in 2009 of Hispanics in the Northwest estimated the number of Latinos at nearly 1.3 million, triple the number from 20 years ago. Of the immigrants, it was estimated that 60 percent are unauthorized to be here (Lewin 2010). As more families settle in the U.S. and start families, the number of U.S.-born Hispanic children is increasing. A recent census sampling shows that 60 percent of self-identified Hispanics around the Northwest were born in the United States (Lewin 2010).

For older Hispanics, the Push/Pull factors may differ from those of younger individuals who migrate in search of employment and opportunity, seeking a better life for themselves and their children. Rather than choosing to migrate into the U.S., some seniors in the U.S. choose to migrate back to their home countries. This out-migration by older Hispanics is described as the "Salmon Effect" by Markides and Eschbach (2005).

Senior Hispanics who have been in the U.S. for extended period of time may find themselves without access to health care. Affordable health insurance in the U.S. is often inextricably linked to employment. Low-income Hispanics, employed at temporary, low-wage jobs without health or retirement benefits may be drawn to return to their home countries where they have access to free socialized medicine.

In addition to lack of health care, other factors that were identified in pushing foreign-born senior Hispanics back to their home countries included lack of available transportation in a society that heavily depends on personal vehicles to get around outside of the major urban areas, as compared to their pedestrian-based transportation system, and the lack of social inclusion and preferred a culture that respects its seniors and includes all generations in family activities. Extended family also played a role. One person indicated that life in the U.S. revolves around work. Working sons or daughters may have less time to care for their parents, but there are other relatives in Mexico who can.

The push/pull factors are amplified for those seniors who have not been in the U.S. long enough to have established relationships. Many times they are unable to adapt to their new environment and their familiar culture becomes more enticing. Some families who have settled in Clackamas County have elderly parents whom they have brought with them. Initially drawn by the desire to be with their children and families, after they arrive, the parents find themselves isolated and alone without an extended

family support network. Language may be a barrier, and they feel that the culture does not lend itself to social opportunities. Perhaps due to the lack of a larger senior Hispanic population, they felt isolated from each other, and identified a lack of social opportunities available to elderly Hispanics. Often their only opportunity was at the Spanish religious services, but one individual described the difficulty in getting to the service, citing the 30-mile distance to reach the church and the high cost of gasoline. One person with whom I spoke told of his father who lives alone in Mexico. The son went through the bureaucracy of getting a passport for his father and bringing him to Oregon, but when he finally arrived and had been here for a time, the father became depressed and insisted on returning home, preferring to live alone.

## RESEARCH METHODOLOGY

The greatest challenge to interviewing older Hispanics within Clackamas County in order to assess their needs was gaining access to this population. Knowing that the county has a network of Senior Centers, my first approach was to contact each one and ask if they could put me in contact with any Hispanic seniors that might be using their services. Repeatedly I was told that there were no older Hispanic individuals who came to their center. Only the Oregon City Community Center acknowledged that there was one older woman who occasionally would ask for their assistance with transportation, but that it would not be possible to contact her due to mental health issues.

I quickly learned that in order to reach out to the senior Hispanics, a two-pronged approach was necessary. The first was a direct approach. It entailed broadcasting a public service announcement through the radio station, approaching individuals more directly at the places where it was felt older Hispanics might frequent. These included the county's Primary Care Clinic and another low-cost clinic in the area. I went to places of employment such as nurseries, hotels, and restaurants where I hoped to connect with individuals, and I identified places of worship that held Spanish-speaking services, and located apartment building throughout the county that housed migrant workers. Knowing that many Hispanics and seniors live below poverty levels, I approached people at community food baskets where they can gain access to low cost food. Additionally, I was able to make contact with the family members of younger Hispanic individuals. More often than not, I was told that they did not know of any older Hispanic members in the area.

The second approach was to contact senior Hispanics through "gatekeepers" such as natural leaders in the community and through organizations that work with the Hispanic community. Through the Hispanic Inter-agency Networking Team (HINT), I was able to connect with various organizations that work throughout the county.

One of the defining attributes of the Hispanic population in Clackamas County is the element of fear. Because of the large proportion of undocumented individuals as noted earlier, the fear of deportation and separation from family is significant. This was coupled with the aggressive anti-immigration sentiment and legislation that has spread

throughout the country in recent years. As the preacher at a community church in Estacada described during his service, they live in fear of going anywhere other than to work and then directly home, even when they are in the country legally. This siege mentality permeates the Hispanic community and stems from the inability to move about freely due to lack of access to transportation, to services and information, and often to a lack of language skills. Underlying this fear is a distrust of government, fear of authority and race, class and power relations that are inherent in Latin American society. Therefore in order to break down barriers, it was necessary to approach the community as a member of their own, one who came to speak on behalf of the government rather than as an enforcer of immigration law. Because of the above, it was necessary to forego standard research criteria in order to assure complete anonymity, vowing I would not jeopardize their position by asking for any personal information such as name, address or legal status.

Secondly, the generally accepted American definition of the “older” population as calculated in Census and statistical data refers to those aged 65 and older (Vincent and Velkoff 2010). As I approached either Hispanic individuals or gatekeepers and inquired about any “older” community members, I became aware that perception of aging is a cultural construct. Researchers in the area of culture and aging observe that through social and cultural processes, “How we define aging is derived from complex interactions of socially constructed and culturally organized meanings of aging, social norms and expectations of a society” (Fry and Rubinstein 1990). In a research study, participants defined old age through socially and culturally embedded meanings of self-esteem and physical conditions rather than through chronological age. This was beautifully illustrated in Molalla when I was invited to visit with a group of ladies in an ESL class. I was assured that they were older individuals, but when I arrived, I found three women in their late 40’s and early 50’s. The same occurred a number of times when I was directed to other individuals who were in their 50’s. It became clear that the definition of old age is not a universal one. One measure when describing individuals as “older” that I found used by some Hispanics was when they become grandparents.

I identified several assumptions in carrying out this study. Initially when I was able to speak with older individuals, I utilized the questionnaire developed for the *engAGE in Community* initiative (see attached). However, as time went on I came to realize that the questions being asked told very little of the needs of the community I was investigating. There were assumptions about what resources they had available and of what was desirable. For example, when asking questions about what services such as transportation, cooking, cleaning, yard work, personal care might be needed to allow the individual to continue living independently, the assumption is that the older individual is a burden to those who help them, and that they would prefer to live independently.

As cultural differences became more evident, and I began to realize that there were very few older Hispanic individuals in Clackamas County indeed, I began to change the nature of the questions that I asked, and who I asked them of. Instead of asking younger people if they knew of any older community members, I began to ask

open-ended questions about themselves, their age, the number of people in their household, how many children, how long they had lived in Oregon, if had access to health care, if they planned to remain in the U.S. when they were older if they faced health issues. I also asked about their parents and/or grandparents, where they lived, who they lived with, and who took care of them.

I conducted interviews between January and March and to what degree the seasonal nature of migrant work may have affected the data is unknown. I interviewed a total of 72 individuals ranging in age from the mid-20's to 90. The gender distribution was nearly equally split, with 38 females and 34 males. This does not reflect the larger number of males that was identified earlier. I theorize that the large number of females I encountered was due to the site selection where I looked for individuals to interview. I chose several apartment complexes, and as interviews were conducted during the daytime, men were away at work or seeking work. I also encountered a large number of women at the community food baskets as they are traditionally charged with food acquisition. Likewise, I encountered more women working in restaurants, but more men when I asked at places like nurseries and other places of employment. I found a more equitable distribution at churches and medical clinics.

With only a few exceptions of young people who were born in Oregon or one individual who was born in Texas, nearly all of the Hispanics with whom I spoke were born in Mexico. Seven individuals were widowed, 6 were divorced, but the overwhelming majority was married, which reflects a strong cultural view of the traditional family. The data that I gathered may reflect only that of foreign-born immigrants that have not integrated into the larger society. There are others who, though identified as "Hispanic", especially in more affluent areas, have assimilated and their perceptions of aging and needs cannot be separated from those of the larger non-Hispanic society.

The majority of the interviews were conducted in rural areas such as Sandy, Estacada, Molalla, and Canby that have large concentrations of Hispanic residents. A small number were conducted in Oregon City and in Clackamas and Milwaukie. An attempt was made to locate individuals in Lake Oswego and Wilsonville, but did not yield any results as the population in those areas is more integrated. In addition to the individual interviews, I was able to arrange a group forum with 11 women in Molalla at the Plaza Los Robles, an apartment community primarily for migrant farmworkers.

Traditionally the spring, summer and fall bring an increase in agricultural migrant workers to the area. Those who I was able to make contact with because of the off-season nature of the agricultural work were nearly all permanent rather than temporary residents. Length of residency in the U.S. ranged from 6 months to 27 years, with an average length of 13.3 years.

The results of interviews and the forum will be loosely organized according to the World Health Organization's categories for an age-friendly community, and will incorporate some observations about culture.

## PHYSICAL ENVIRONMENT

### Housing

The most significant observation in the sub-category of Housing is that nearly everyone I spoke with lived in rental housing. Only 2 individuals indicated that they owned the houses that they live in, with one being a manufactured home. In years past when migration patterns were more transitory as previously noted, migrant farmworkers lived in communal buildings. As more families have come into the area, housing needs have changed and there are a number of apartment complexes such as Casa Verde Apartments in Canby, Plaza Los Robles in Molalla, and Sandy Vista Apartments in Sandy that were built specifically as farmworker residences.

The lack of home ownership may be attributed to a number of factors including financial factors such as low income, inability to accumulate sufficient money for down payment (many indicated that any money left over was sent back to their families), or the inability to qualify for mortgage loans due to the transient nature of their employment, or their legal status.

To understand the responses to the questions I asked, two important aspects of Hispanic culture should be noted. The first is that the extended family has been and continues to be the most important institution in this society. This holds true “regardless of their country of origin, length of residency in the United States, and social class” (Guarnaccia et al. 1992; Sotomayor & Applewhite 1988; Vega 1995; Sotomayor & Randolph 1988; Sanchez-Ayendez 1988). This familialism plays a central role in Hispanic culture and values. The good of the family is generally accorded precedence over the individual (John et al. 1997; Korte 1982; Keefe 1984; Markides et al. 1983; Maldonado 1979). These values may be dissonant with values based in the U.S. culture such as an emphasis on youthfulness and personal independence. The former results in more age-integrated immigrant community as family may include grandparents or other relatives. The Hispanic culture gives the elderly a higher status than they have in the dominant American culture. They are respected and often sought out for their advice (Beyene, Becker and Mayen 2002).

The second is that Hispanic families are characterized by strong norms of reciprocity that emphasize interdependence among the various family members, especially those in the immediate family. It is expected that the parents should support their children during their upbringing, and the children will in turn support their parents when they are older. Neither is perceived as a burden to the other, but simply a natural procession of life. It is expected that the parents should live with at least one of their children when they can no longer care for themselves. Oftentimes the parents may choose to circulate among their children as the case with an 85-year old gentleman I interviewed who resides with his daughter’s family in Oregon for only 3-4 months each year. The remainder of the year he spends with a daughter in Los Angeles, another in Virginia, and some months with extended family in Mexico. The cost of care for the parents is generally shared by the siblings who contribute as they can.

Therefore when asking about housing, it was not uncommon to learn that the household comprised of three generations. The grandparents were often the caregivers for the grandchildren while their parents were away from the home.

### **Transportation**

Questions around transportation generally brought responses about challenges to getting around. There were a number of reasons including the lack of car ownership, many women who did not know how to drive, the high cost of gasoline, and lack of available public transportation between communities, particularly rural communities. Furthermore, Oregon's new regulations requiring proof of legal status to obtain either a license or state-issued identification card made driving in the state illegal.

Most people I spoke with in smaller communities felt that they were able to walk to the services they needed, but that it was more challenging to get to services outside of their immediate vicinity. As an example, one woman who had lived in Oregon for nearly two decades indicated that her driver's license had expired and as an undocumented resident, she was unable to renew it. As the sole means of transportation for her elderly mother and for extended family members, she felt she had no choice but to drive without a license or auto insurance.

Reliance on public transportation was significant although in some communities like Sandy, it was not easily accessible. People who live in the farmworker apartment complex must walk a considerable distance along a major highway that does not have a sidewalk.

Older people who lived with their adult children had the fewest complaints about transportation because they could rely on their children or their grandchildren to take them to the places they needed to go such as medical appointments and religious services.

### **Outdoor Spaces and Buildings**

I did not receive any notable comments about access to outdoor spaces and buildings. People as a whole felt that they had sufficient parks where they could relax and take their children to play. Especially in farmworker apartment communities, there were community gathering spaces where people could gather, take classes, and participate in organized events.

## **SOCIAL ENVIRONMENT**

### **Social Participation**

The level of social participation for any subculture within a dominant group has two layers – that of social participation within the individual's own culture group, and that of participation with the outside dominant culture.

Within the communities where there was a concentration of Hispanics living together, there were opportunities for more participation within their own subculture, to be a part of a church congregation, or other networks and there was a sense of mutual support. Without exception, everyone I spoke with felt they led active social lives and were involved in their community. There was evidence of strong support between Hispanics simply because of a sense of shared experience. For example, at one religious service, the leader invited anyone to accompany him on a trip to Tacoma where a member of their community, although not a member of their church, was being detained and processed for deportation. The pastor knew that the individual, a young man whose family was in Mexico, was alone and afraid, and would welcome the comfort of others.

There was a much lesser involvement of Hispanics outside of their communities. Once again, fear is a driving force for keeping Hispanics feeling segregated from the larger society. At times it is lack of cultural understanding, lack of language skills, transportation, or other barriers that keep people apart.

### **Respect and Social Inclusion**

As with Social Participation, there is a large disparity in the area of Respect and Social Inclusion within and outside of the Hispanic community. Due to the strong emphasis on familialism, nearly every individual with whom I spoke felt that they were a respected part of their family. The only exception was one woman who lamented that her grown children were becoming acculturated and no longer wanted her to live with them, so she was forced to live on her own. She felt isolated even though her children lived nearby, were involved and helped her with her business. In cases where extended family did not live nearby, a fictive kinship group formed as a support network. They shared resources, information and helped each other with child care in cases when a woman needed to be away.

In traditional Hispanic culture, this familialism ensures that when there is an occasion to be celebrated, that the entire family is included. If it is a child's birthday party, a quinceaños (the coming out party of a 15-year old girl), or a wedding, invitations are not extended to only designated individuals, but to their entire families. This ensures that no one feels excluded, and children and grandparents welcome the social interaction.

The cultural emphasis on family also defines each individual's role within the family. When this order is disrupted, it results in a significantly negative effect on elderly seniors. According to one study on senior Hispanics,

participants' feelings of well-being were influenced by the type of family interaction and sense of fulfillment that they had a culturally defined place in their family. Those who expressed unsatisfactory family relations defined their health status as poor even if their health problems were minor. They felt lonely, and perceived old age as a very sad phase of their

life. Those who had satisfactory family relationships defined their health status as good to excellent, and perceived aging as a blessing and a gift from God, even when they were housebound due to their illness. (Sotomayor 1992).

In contrast to American culture that places emphasis on the desirability of independent living, elderly Hispanics self-actualize within the context of their family. To them, living independently equates to loneliness and a loss of purpose in life. The only exception I encountered was a divorced woman in her 50's who after living in the U.S. for 30 years, preferred to live alone, although she enjoyed having her children nearby for support.

Outside of their own communities, Hispanics in Clackamas, County felt that they were under scrutiny, felt threatened, and as a whole, regardless of age, did not feel that they were respected. This was illustrated in an advertisement on a Spanish radio station for a car dealership that asked "do you want to go where you're treated with respect?" Neither did most feel that they were included in the greater society for various reasons such as lack of citizenship rights, lack of cultural understanding, language skills, transportation, or other reasons.

### **Civic Participation and Employment**

Because the majority of the individuals whom I interviewed were of working-age, employment was important in their lives. They noted that they had come to the U.S. to work so that they could have a better life for themselves and for their children, one that they could not provide for them in their home country. Employment allowed them to send money to their families at home to help with expenses, although one woman said that she had been laid off for some time and it was her family members in Mexico who were sending *her* money.

Various people described finding only part time work or temporary work, and having to work more than one job in order to make ends meet. One man for example, would get up at 4:00 a.m. to work seasonally as a landscaper until his second full-time job in maintenance began at 9:00 a.m.

Although some of the young women who had moved to the U.S. to accompany their husbands did not work, childcare was provided by their parents if they lived with them, or by neighbors of the family's support network.

Civic participation outside of the community was limited. One individual whom I interviewed had been heavily involved in advocating for the rights of Hispanics in their community for two decades and held an elected political position in their community.

Although several people expressed a desire to be involved in volunteer work, they indicated that there were few opportunities and many barriers that prevented them from doing so, including time constraints, language, transportation, and lack of opportunities.

## **SERVICE ENVIRONMENT**

### **Communication and Information**

There is no formal method of communication for Hispanics in Clackamas County where they can get the information they need on available resources. Information was disseminated through informal networks. Often it is the children who are bilingual who act as translators for their parents. As I sat during a Spanish mass, behind me sat a row of ten children with an estimated average of 8 years, I overhead one child ask another in English, "Does your mother speak English?" The other child responded to the negative, and the first agreed, "Neither does mine". Despite the well-intended efforts of the county to make information available in Spanish, there are challenges to disseminating it to the Hispanic community. For one, illiteracy and lack of education (the 2000 Census notes that a majority of Hispanics have less than a 9<sup>th</sup> grade education) make it impossible to read even when posted in their own community.

There are opportunities for ESL classes, and citizenship classes are offered at a number of locations, but one woman in Molalla noted that her husband wants to become a U.S. citizen but has no means to do so as he is illiterate in both Spanish and English. In speaking with organizations doing outreach, one felt there was also a need for Spanish literacy education.

Online access to information and resources requires not only literacy but access to a computer and internet service. But even when individuals had access, making their way through the bureaucracy to services at times required assistance from others more familiar with the system.

### **Community Support and Health Services**

A 67-year old woman who has lived in the U.S. for 17 years is the mother of three women who have lived in the U.S. between 15-27 years. The mother suffers from schizophrenia. The three sisters pay for all of their mother's medical care and medication. One of the sisters has a 65-year old husband who is diabetic. Another of the sisters requires kidney dialysis. None of the family members have medical insurance and all expenses are paid out of pocket. They go to a clinic in Woodburn where they receive free care and occasional medication.

The lack of medical insurance is a burden on a segment of the population that has limited employment opportunities. Only 14% of the individuals who responded stated that they had health insurance. Accessible medical care is through the Primary Health Clinic in Oregon City. Alternatives to the Primary Care Clinic include other low-income clinics in Woodburn or Gresham, the Silverton Hospital which is convenient to Molalla, and the Willamette Hospital when Medicaid is available. One woman noted that when she was pregnant, she was sent to OHSU in Portland. Additionally, those who are unable to acquire a driver's license or identification card are further restricted in

their access to services as important as filling a prescription, or as inconsequential as exchanging a purchase at a major retail store.

Pregnant women and their children have access to limited medical services through their eligibility for Medicaid. They identified a lack of vision and dental care except during pregnancy, but even then were difficult to access. The cost of medical care, including emergency care, is generally paid out of pocket.

When questioned if they planned on returning to Mexico or if they would return if their health declined, two-thirds of the individuals responded that they would return to their home even if their children and grandchildren chose to remain in the U.S. As one woman described, their children will have received an education which will afford them opportunities both here and in Mexico that they would otherwise not have had. These findings were consistent with the findings from a study of older Hispanic immigrants who had been in the U.S. for over 20 years. Most said that although they received better medical care here, and social and financial assistance such as social security that were not available in their home countries, their emotional well-being was linked to cultural criteria that would not be fulfilled here. They preferred to live out the remainder of their lives in their home country (Beyene, Becker & Mayen).

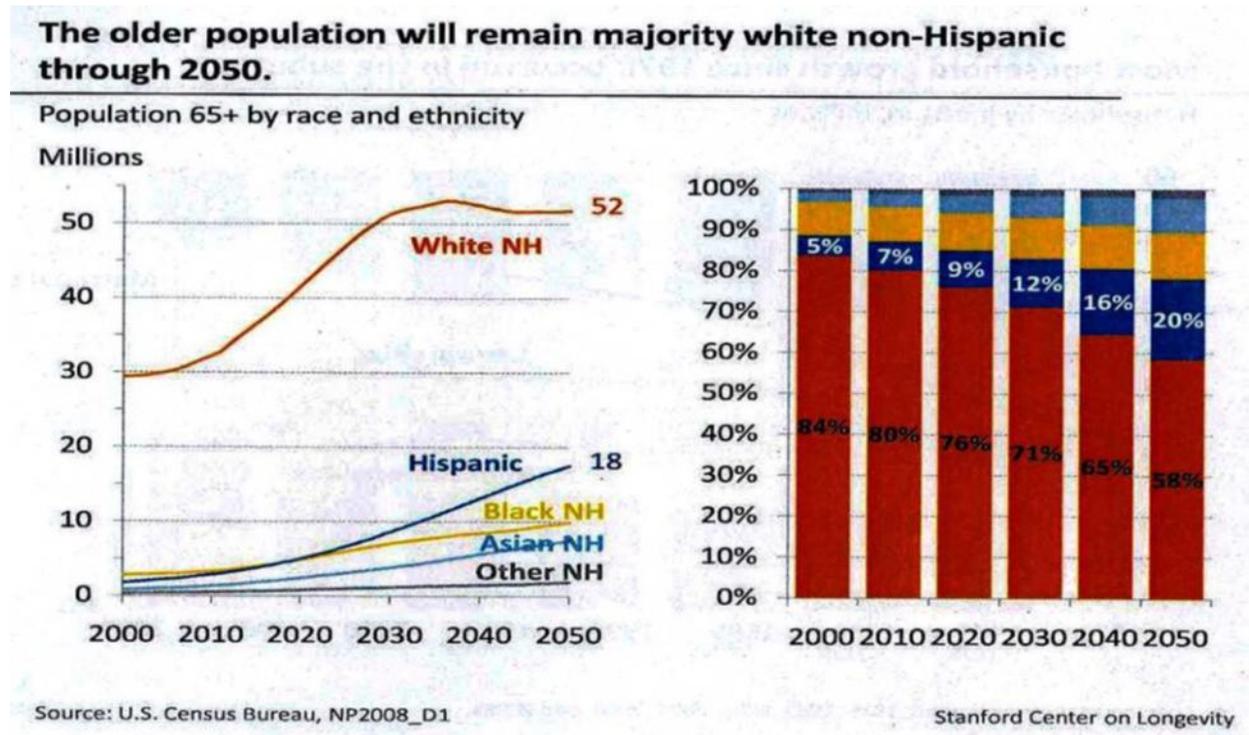
A final note on health is the question of exercise. Generally speaking, there is not a culture of organized exercise in the Hispanic community. I was not able to locate any exercise classes or programs. One individual noted that many people who live in small communities without transportation get sufficient exercise by walking around town. Another individual noted that often the jobs they hold are physically demanding and there is no need for additional work-outs.

## **FUTURE POPULATION TRENDS**

It is impossible to know with any certainty how much of the current population of working-age immigrant Hispanics will remain in the U.S. as they grow older without access to health insurance, or just choose to return due to the afore-mentioned "salmon effect". However as the number of U.S.-born children of Hispanic immigrants increases, it is important to note that those children are U.S. citizens. According to Alberto Moreno, former migrant health coordinator for the state of Oregon. "This changes the dynamic, because those children are citizens and not expected to work in the fields." (<http://www.hispanicmarketinfo.com/2011/02/10/latino-professionals-settle-in-portland-oregon/>). Access to education is creating a shift to white collar service employment, and to self-employment. According to statistics, the number of Hispanic-owned businesses between 2002 and 2007 increased by 43.6 percent (<http://www.infoplease.com/spot/hhmcensus1.html>). Economically speaking, the Baby Boomers will be depending on young Hispanics to pay for their retirement benefits.

The current senior population in the U.S. is primarily comprised by non-Hispanic whites. However, as the percentage of Hispanics in the population increase, so will diversity in younger age distributions. This will have implications in a future retirement population starting in 2042. A report by the U.S. Census explored the question of Race and Ethnicity in the aging population states the following:

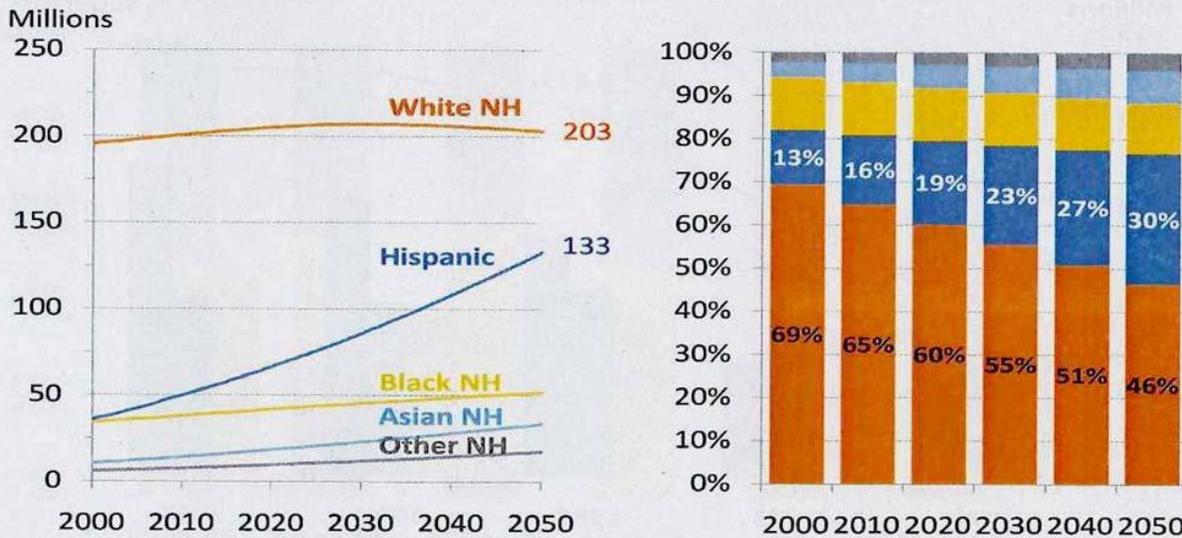
In terms of race, the share of the population that is White alone is projected to decrease by about 10 percentage points among those 65 years and over and by about 9 percentage points among those 85 years and over between 2010 and 2050 ... Although the older population is not expected to become majority minority in the next four decades, it is projected to be 42 percent minority in 2050, up from 20 percent in 2010. Among the 85 years and over population, 33 percent are projected to be minority in 2050, up from 15 percent in 2010.



The American population is becoming more ethnically diverse. White non-Hispanics will continue to make up the largest segment of the population until 2042 (See figure below).

**The US population will be majority-minority starting in 2042.**

Total population by race and ethnicity



Source: U.S. Census Bureau, NP2008\_D1

Stanford Center on Longevity

A second wave of senior citizens will occur as the large numbers of Hispanic children under the age of 18 now reach retirement age. The needs of Hispanic seniors differ from those of non-Hispanics. Logistically, their needs are generally filled by living with their children’s families when they can no longer care for themselves, or relying on family members to provide services even when they live independently.

**CONCLUSION**

Based on my findings, the population of Hispanics in Clackamas County at the current time is a relatively younger population due to a number of factors. For reasons of migration patterns, older Hispanics may not be immigrating in the same numbers as younger individuals and families. Secondly, those who have migrated to the U.S. may choose to return to their homeland for reasons such as access to health care, or for emotional attachment.

Differences in cultural values must be taken into account in order for policy decisions to be effective. Placing a high emphasis on independence when promoting age-friendliness may not have the desired effects in a community where greater importance is placed on the group rather than the individual. Age-friendliness is a given in a community whose cultural norms include familialism and reciprocity and whose senior citizens are cared for within the family.

While the current number of older Hispanics is not a significant one, it remains that many feel marginalized and isolated. A lack of a single point of entry for

information and access to senior services prevent many from availing themselves of resources. A venue where seniors can gather informally to share information, socialize and have programs would go a long way in helping the senior Hispanics residents of Clackamas County feel respected and valued. One such program exists in Multnomah County as part of *El Programa Hispano* in Gresham, a division of Catholic Charities that also has programs for children and families. I was able to attend a senior luncheon sponsored by Loaves and Fishes and spoke with a group of senior Hispanics (see photo below) who offered to help the county should they choose to implement a similar program.



Culture is not stagnant, and neither Hispanic nor American culture are exceptions. Current differences exist in the perceptions of aging, with American culture placing a high value on independence, and Hispanics placing a higher value on intergenerational interdependence. The second significant perceptual difference is that Hispanics felt that generally there is less respect for older people in the U.S. than in their own countries. As the number of Hispanics, especially senior Hispanics increases in the coming decades, it remains that there will be some melding of cultural norms and a shift in these perceptions.

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**engAGE in Community  
Interview**

**One-on-One Questionnaire**

**Clackamas County**

**engAGE in Community In-person Interview**

**READ: Hi, my name is [insert your name] and I'm a volunteer with engAGE in Community. EngAGE is a project that looks to explain what life is like for older people in Clackamas County and determine what can be done to make things better than they are right now.**

IC-1. Would you be willing to answer a few questions about yourself and your life?

- Yes
- No
- DON'T KNOW [DK]
- REFUSED [REF]

**If NO or REF: Thank you for taking some time to talk with me today; perhaps we'll talk another time.**

**If YES or DK: The questions and answers will take no longer than 30 minutes of your time today. If you agree to continue with the interview, please feel free to refuse to answer any questions that you'd rather not answer. All of your comments will remain confidential. The only information we will use when we report on this interview is the general region or community in which you live and your age-range.**

IC-2. Do you understand the process and do you want to continue?

- Yes
- No
- DON'T KNOW [DK]
- REFUSED [REF]

IC-3. Do you have any questions for me before we begin?

- Yes
- No
- DON'T KNOW [DK]
- REFUSED [REF]

**READ: If you're ready, let's begin.**

1. What is your zip code?

- SPECIFY \_\_\_\_\_
- DON'T KNOW [DK]
- REFUSED [REF]

2. Which town/city do you live in or is nearest to where you currently live?

- SPECIFY \_\_\_\_\_

- DON'T KNOW [DK]
- REFUSED [REF]

**READ: Please listen carefully to the following descriptions of areas where people live.**

3. Which description best describes the place that you currently live?
  - Urban/metro area
  - Non-rural/suburban area
  - Rural small city or town
  - Rural agricultural/small farm (continued next page)
  - Remote rural agricultural/woodland
  - OTHER SPECIFY \_\_\_\_\_
  - DON'T KNOW [DK]
  - REFUSED [REF]
  
4. What is your age range? Are you:
  - 49 years or younger
  - between 50 and 64 years
  - between 65-74 years
  - 75 years or older
  - DON'T KNOW [DK]
  - REFUSED [REF]
  
5. Where is this interview taking place? In other words, where are we right now?
  - SPECIFY \_\_\_\_\_
  - DON'T KNOW [DK]
  - REFUSED [REF]

**READ: The first group of questions is about your social life and the social opportunities in your community?**

6. Do you feel like you are an active participant in the social and cultural aspects of your local community?
  - Yes
  - No
  - DON'T KNOW [DK]
  - REFUSED [REF]
  
7. Do you get out and socialize as much as you'd like?
  - Yes
  - No (If "No" continued on next page)
  - DON'T KNOW [DK]
  - REFUSED [REF]

7n. If NO, ask: What are some of the reasons that you don't get out as much as you'd like?

- No transportation
- No one to go with
- Poor health
- OTHER SPECIFY \_\_\_\_\_

\_\_\_\_\_

- DON'T KNOW [DK]
- REFUSED [REF]

8. Do you get as much physical activity as you would like to or should?

- Yes
- No
- DON'T KNOW [DK]
- REFUSED [REF]

8n. If NO, ask: What prevents you from getting daily physical activity on a regular basis?

- SPECIFY \_\_\_\_\_

\_\_\_\_\_

- DON'T KNOW [DK]
- REFUSED [REF]

9. What would you like to do but are unable to? [check all responses]

- Attend place of worship
- Visit friends or family
- Go out to see a movie, play, or other cultural activity
- Attend a class or learn a new hobby
- Participate in exercise class or group for older adults
- Volunteer
- Work
- OTHER SPECIFY \_\_\_\_\_

\_\_\_\_\_

- DON'T KNOW [DK]
- REFUSED [REF]

9a. Is there anything else that you would like to do but are unable?

- SPECIFY \_\_\_\_\_

\_\_\_\_\_

- DON'T KNOW [DK]

- REFUSED [REF]

**READ: The next group of questions is about the physical space where you live or the built environment in your neighborhood.**

10. Have you moved from one residence to another in the last three years?

- Yes
- No
- DON'T KNOW [DK]
- REFUSED [REF]

10y. If YES, can you tell me why?

- Need/want different physical residence (smaller, more accessible, single-story, etc.)
- Changes in family composition
- Financial reasons/affordability
- Assisted living for self and/or residential partner/spouse
- OTHER SPECIFY \_\_\_\_\_
- DON'T KNOW [DK]
- REFUSED [REF]

11. Looking into the future, what are some of the reasons you might consider moving?

- Affordability
- Accessibility
- Assistance
- To be nearer to family
- OTHER SPECIFY \_\_\_\_\_
- DON'T KNOW [DK]
- REFUSED [REF]

12. Can you get to where you need or want to go?

- All of the time
- Some of the time
- Hardly ever
- DON'T KNOW [DK]
- REFUSED [REF]

13. Are you able to walk around in your neighborhood to visit with neighbors, go shopping, to coffee, or to other amenities, or just to get some fresh air?

- Yes
- No
- DON'T KNOW [DK]
- REFUSED [REF]

13n. IF NO, ask: Why not?

OTHER SPECIFY \_\_\_\_\_  
\_\_\_\_\_

DON'T KNOW [DK]

REFUSED [REF]

14. What are the ways that you do get around?

Drive yourself

Use public transportation

Walk or bicycle

Use senior center bus

Carpool (share automobile rides with others going to same place)

A family member or friend helps out by driving me when they can

OTHER SPECIFY \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REFUSED [REF]

**READ: The last group of questions is about getting and receiving care.**

15. Who do you call when you need help?

Friend or family member

Church

Senior center

Clackamas County Information and Referral/211

Don't know who to call

OTHER SPECIFY \_\_\_\_\_

DON'T KNOW [DK]

REFUSED [REF]

16. We've already talked about transportation. Is there any other area where you currently need some help now and then?

Cooking YES or NO If YES, who helps you? \_\_\_\_\_

Cleaning YES or NO If YES, who helps you? \_\_\_\_\_

Yard Work YES or NO If YES, who helps you? \_\_\_\_\_

Personal care YES or NO If YES, who helps you? \_\_\_\_\_

OTHER SPECIFY \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DON'T KNOW [DK]

REFUSED [REF]

17. Do you get all of the help that you need?

Yes

- No (If “No” continued on next page)
- DON’T KNOW [DK]
- REFUSED [REF]
- 17n. If NO, what kind of help do you need most immediately or frequently?  
SPECIFY \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Do you have an emergency preparedness plan?

- Yes
- No
- DON’T KNOW [DK]
- REFUSED [REF]

19. What is the best thing about growing older in Clackamas County?

- SPECIFY \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- DON’T KNOW [DK]
- REFUSED [REF]

20. What is the most difficult or worst thing about growing older in Clackamas County?

- SPECIFY \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- DON’T KNOW [DK]
- REFUSED [REF]

21. Is there anything you’d like to add about what it’s like for you to grow older in Clackamas County?

- SPECIFY \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- DON’T KNOW [DK]
- REFUSED [REF]

**READ: Thank you for talking with me today. I appreciate learning more about you and your feelings about growing (older or aging) in Clackamas County. Have a good rest of your day!**

Please give each person that you interviewed a) engAGE in Community description flyer and b) Clackamas County Community Resource Guide –both of which will be provided to interviewer

.....  
..

**Interviewers only**

Please complete the following:

**Your Name:** \_\_\_\_\_

**Place** where interview is conducted: \_\_\_\_\_

Thank you for conducting interview(s) today!