



SOMOS HISPANAS UNIDAS/Silverton

Founded in 2001. IRS Section 501 (c) (3) non-profit public benefit organization since 07/25/2007

512 North First Street - Silverton, Oregon 97381 Ph/Fax (503) 873-7114

www.somohispanasunidas.org

Silverton, January 15, 2014

Silverton Senior Center

c/o Board Members

115 Westfied Street

Silverton OR 97381

Ref: Hispanic Elderly Community

Silverton Senior Center Programs to be provided in Spanish

Dear Board Members:

I am writing this letter to introduce ourselves. [Somos Hispanas Unidas Silverton](http://www.somohispanasunidas.org) (translation: We are United Hispanic Women, *SHUS*) is a 501 (c)(3) IRS Federal Income Tax Exempt nonprofit organization. With the initial support of St. Paul Catholic Church, the City of Silverton, and Silverton Together, our group evolved from a Women's Justice Circle facilitated by founder of SHUS Susana Ghio, an immigrant from Argentina.

Since 2001, our group's objective has been to unite and empower Hispanic families to become involved in their schools and in community activities. Our members are working to protect and promote the equality of Hispanic women and families by assisting them to embrace literacy and civic participation.

Most recently, we have developed a program called **Nuestros Abuelos** (translation: Our Grandparents). The objective of this program is to encourage the elderly Spanish-speaking community to be involved and participate in sharing their culture and diverse background with their community.

The purpose of this letter is to request that the Silverton Senior Center consider collaborating with SHUS in establishing an active involvement of Silverton's elderly Spanish-speaking community members into the programs of the Silverton Senior Center.

Currently, cultural and language aspects are comprehensive barriers for our elderly Spanish-speakers in becoming involved, participating and sharing their cultural and diverse background. Our program was created to address and bridge those aspects. **Nuestros Abuelos** will enrich current activities at the Silverton Senior Center by integrating diversity and multicultural facets to existing programs.

We respectfully propose that certain programs, workshops and activities be provided in Spanish. SHUS staff and volunteers are willing to cooperate, assist and lead.

Under the leadership of Rosa Campos, Program Director and Susana Ghio SHUS Executive Director, SHUS commits to providing a broad-based coalition with the Silverton Senior Center, focused in developing and coordinating bilingual



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strategies for improving Spanish-speaking elders' participation. Our goal is to assist Silverton Senior Center to meet its mission statement "recreational, and educational needs of all community members in a fun, safe, inclusive and courteous environment" within the Hispanic Community. SHUS strongly supports and adheres to Silverton Seniors Center's mission statement. We will support the elderly communities through on-going technical assistance, programs and activities in Spanish and a collaborative learning network dedicated to develop multiple activities.

SHUS / Nuestros Abuelos will develop and implement a plan for addressing one or more everyday living and health disparities affecting communities of Hispanic elders, such as identifying diabetes as a primary issue of concern for this population. SHUS will invite Silverton Hospital to share efforts in addressing diabetes workshops and self-management programs in Spanish empowering individuals to take control of their health by engaging in self-management strategies that address behavioral changes.

With the intent to introduce and share distinctive aspects of our elderly Hispanic, we invite you to read the excerpt attached. For further information please visit University of Missouri-Kansas City at <http://cas.umkc.edu/casww/hispanic.htm>.

We appreciate any and all feedback you may have about SHUS and we very much look forward to connecting with you. Active participation of all community members is a key ingredient for success. Thank you kindly for your time and best wishes for a great 2014.

Susana O.Ghio
SHUS Executive Director

Rosa Campos
Program Director

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IRS 501(c)(3) BIA, U.S. DOJ Recognized Organization 8 C.F.R. §1292.2(a).

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[HISPANIC ELDERLY]

Although Hispanic Americans share a common language, they come from quite varied cultural backgrounds. The label Hispanic American includes many subgroups, such as

- Mexican-Americans
- Puerto Ricans
- Cubans
- Latin Americans

Each group has its own unique history and relationship with this country. As a result, there is often great diversity between subgroups when it comes to values and expectations. A full understanding of Hispanic aging requires specific knowledge about each subgroup (refer to References). While diversity is self-evident in the literature on Hispanic culture, combined, this knowledge also reveals certain similarities among subgroups of Hispanic elderly that can inform us about their status and needs.

- **CURRENT STATUS:** Hispanics represent the nation's fastest growing minority and ethnic population. They also represent the fastest growing aging population in the country (Torres-Gil, 1990). The Hispanic population can be seen to face a number of problems and concerns as they get older, primarily with regard to maintaining adequate income, housing, and physical/mental health.
- **Hispanic Elderly living with their families.**
Regarding housing, as compared to white and black elderly, more Hispanic elderly are found living within communities, rather than in nursing homes or other institutional settings (Lopez, 1991). Living in neighborhoods, or "barrios," is familiar and can provide a sense of security for the elderly. However, because these neighborhoods tend to be in densely populated and often economically depressed metropolitan areas, they are also likely to experience high crime rates, potentially putting Hispanic elderly at risk for being preyed upon by others. Location of neighborhoods, in relation to surrounding services such as the Social Security office, medical and mental health clinics, also poses a problem for the elderly. Language barriers can make access to transportation and services an additional problem for Hispanic elderly.
- **These problems may be somewhat offset by the role of extended family in Hispanic culture. Traditional families tend to be large and multi-generational.** This means that elderly family members tend not to live alone but with their children, and often their grandchildren and other family. This living situation can provide much needed financial and emotional support for the Hispanic elder. In turn, living with family gives the elder social contact and an opportunity to serve certain functions important in the Hispanic family system-such as passing down the family history and serving as a role model for younger family members (Becura & Shaw, cited in Torres-Gil, 1990).
- **Traditional family values and structure are a particular strength in Hispanic culture in many ways which can help their elders.** However, as Hispanic family values are becoming increasingly vulnerable to acculturation we find a



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shift away from multigenerational living emerging. This shift is beginning to create an increased need for housing in metropolitan areas, as Hispanic elderly continue to prefer to remain in familiar neighborhoods, preferably close to family.

- **PHYSICAL AND MENTAL HEALTH:** Physical health is a major concern for Hispanic elderly. In fact, it is generally ranked as the most serious concern and fear that Hispanic elderly face (Torres-Gil, 1990). Of those who are now in their 60s and 70s, many began work at a very early age. As primarily skilled workers (e.g., farm work, manufacturing), this work often involved hard physical labor that left them vulnerable to a number of illnesses and disabilities (Yzaguirre, 1991). In fact, of all groups, age 65 and over, a greater number of Hispanics report at least one chronic illness and some limitations in daily functioning. Hypertension is a particular problem in Hispanic populations. High rates of cancer, diabetes, arthritis, and high cholesterol are also found among the Hispanic elderly (American Association of Retired Persons, 1990). Functional status has, in turn, been linked with mental health status. For example, Hispanic elders experiencing greater activity limitations tend to report higher rates of mood disorders, like depression. Axelson (1985) also reports on studies revealing that, among equivalent age groups of blacks, whites, Mexican and Asian Americans.
- **Mexican Americans tend to see themselves as "old" much earlier in life than other groups (at about 60 years of age, as compared to 65 and 70 for black and white Americans, respectively).** Mexican Americans were also found to expect fewer remaining years of life than any of the other groups. These kinds of attitudes and expectations may put the Hispanic elderly at increased risk for what has been referred to as "psychological" death (Axelson, 1985), meaning "giving up" or resigning from active involvement in life. For Hispanic elderly, living in isolated, metropolitan areas, experiencing language and transportation barriers, and functional limitations, and who have limited contact with extended family due to their acculturation into the mainstream, the risk of feeling useless and unmotivated (psychological death) is great.
- **While family support is generally considered a strength for Hispanic elders, it can also prove to be a source of conflict for the elder.** Hispanic family structure is traditionally hierarchical in nature, with elder members, at the top, generally receiving great respect. However, emotional over-involvement, feeling pressured to keep the family together, and divided loyalties among family members can create added stress for the elder.
- **HEALTH CARE SERVICES:** For the most part, Hispanic elders do not seek outside help until advice is obtained from extended family and close friends (Axelson, 1985.) When they do reach out, they tend to seek public, versus private, sources of physical and mental health care. Yet these services, especially preventive services (e.g., immunizations, social and mental health services), are underutilized by Hispanic elderly. Several reasons have been suggested (Krause & Wray, 1992; Maldonado, 1990; Lopez, 1991):
 - Lack of, or poor access to, transportation
 - Lack of awareness of formal health care services, due to reliance on immediate community/family resources
 - Lack of bilingual **staff at health and social service agencies**



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- **At issue then is a need for increased sensitivity regarding the design and delivery of physical and mental health care services for Hispanic elders.** In assessing mental/emotional and physical problems it is important to identify the source of discomfort or dysfunction, as many of the problems experienced by Hispanic Americans stem from external sources (prejudice, discrimination, poverty, isolation, etc.). In some cases, social services may be more appropriate, or more effective in combination with mental health services.
- **Regarding mental health, assessment of level of acculturation and degree of conflict with mainstream values, culture, and technology is critical in designing interventions.** Generally, the more traditional the elder, the more likely concrete, structured, and goal-oriented approaches will work better. Family involvement may not only be indicated, but required, due to a need for ongoing family support of the elder. Discussion of any intervention should also include consideration of the consequences of change (regarding the impact to self, family, and perhaps community). For the traditional Hispanic elder, change may be perceived as threatening, especially if introduced by a person outside the realm of trusted family and friends. It is always advised that problem identification, appraisal, and solution be approached from the Hispanic elder's point of view, rather than "imposed" by another.
- **Because Hispanic elders tend not to venture far from home and community, the development of effective home care service systems, providing nursing care assistance, home helper activities, and mental health interventions has been suggested (Miranda, 1990).** Critical to supporting any new or existing caregiver system, within home or community, is getting adequate bilingual information to those in need, including information about how to refer to formal service networks, how to get transportation and financial assistance, as well as information regarding respite (*relief*) for caregivers. In addition, mainstream social service agencies could be encouraged to develop more outreach programs for elder Hispanics, and stronger ties with existing community-based services. For anyone involved with Hispanic elderly, learning the language or having access to bilingual assistance, will greatly improve communications and effectiveness of any intervention.

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RESOURCES:

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