



# Services for Ethnic Minority Seniors in Oregon

August 2001

Governor's Commission on Senior Services



## I. Introduction

The Governor's Commission on Senior Services (Commission) analyzed the services provided to ethnic minority seniors in Oregon. The goal was to determine the availability and effectiveness of services to these populations.

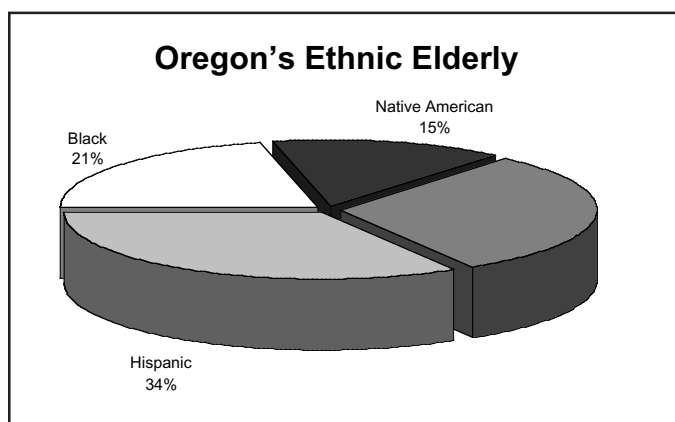
The exploratory process included interviewing seniors representing ethnic communities and staff from the Area Agencies on Aging (AAAs) and the former SDDS system. The Commission spoke to more than 250 people throughout the state about these issues.

The Commission also reviewed demographic information and conducted on-site visits to the Warm Springs Reservation in Central Oregon and with Hispanic elders in Cornelius, Oregon.

This report highlights some of the problems the Commission has identified and includes recommendations which we believe will improve the quality of services for minority seniors in Oregon. The Commission hopes you will not only review these recommendations but have further discussions on how to solve some of the issues raised. Oregon must strive to serve seniors who are not accessing services through the current system.

## II. Demographic Information

The estimates of ethnic elders from 1995 indicate that there are more than 16,000 ethnic seniors in Oregon. Preliminary data from the 2000 Census shows that the numbers of different ethnic groups are increasing. The chart shows percentage of minority elders (over age 65) by ethnic categories.



### III. Problems Facing Minority Ethnic Elders in Oregon

#### 1. Caseloads are too high to effectively serve minority elders.

- ❖ Several case managers reported caseloads that are too high to effectively meet the needs of minority clients. This forces them to become “crisis managers” and leaves them little time to assist clients in a more service oriented manner. Case managers stated that it often means that they are not able to work with families or find placements that meet the cultural or language needs of the client. As an example, it is often difficult to find a long-term care facility whose staff can speak other languages such as Spanish or Russian.
- ❖ Case managers across the entire system reported it often takes more time to serve minority elders since it can take at least three interviews to establish a trusting relationship with their clients. Ethnic elderly are often unwilling to discuss personal issues without some ongoing relationship.
- ❖ More contacts are also necessary because minority elders are reluctant to report changes in their conditions or problems they are facing. They are fearful of requesting new services or of “getting in trouble” if they complain.
- ❖ Many case managers also stated that too much time is spent completing all the required paperwork and forms. In some areas case management and eligibility work have been combined. In these AAAs or SDS areas, many case managers would like the duties to be separated so they can focus on serving the clients’ needs.

#### 2. Cultural Barriers

##### A. Language

- ❖ Language is a cultural barrier for many minority elders. The use of interpreters is not always satisfactory because there seems to be a lack of well trained interpreters and the Commission found that many

### III. Problems Facing Ethnic Minority Elders Continued

translators do not understand long-term care issues or medical problems. This can cause problems because the the translators are often taking complicated medical and bureaucratic language and trying to simplify it for the consumer.

- ❖ Using family as interpreters poses other problems. It compromises the individual's privacy and is often time consuming arranging appointments around the family member's schedule. Some families also act as "gatekeepers," keeping family members from necessary services. Even worse is the situation in which the elderly person is being abused, neglected or exploited by family members. Honest communication is impossible in these circumstances. The elderly person is afraid of retaliation and the family member, even if they are not the abuser, often attempts to cover up any abuse.
- ❖ Written translations are also problematic because of the variety of dialects and functional illiteracy in many populations.

#### *B. Lack of Trust*

- ❖ The Commission found that many ethnic elders do not trust "government" workers. Many elders fear the government because of their experience in their country of origin and others because of their experience with Immigration and Naturalization Service and other U.S. government agencies. This fear and distrust prevents them from seeking services and from being truthful about their needs.

#### *C. The Role of Families*

- ❖ Some of the ethnic elders stated that the case managers and "the system" often ignore the important role of families in their lives. In some of the cultures that the Commission looked at, families make decisions together rather than just an individual or a couple. The extended family plays a critical role in maintaining an elderly person in these communities.

### **III. Problems Facing Ethnic Minority Elders Continued**

#### *D. Understanding Cultural Differences*

- ❖ In a few areas, ethnic elders stated that case managers did not understand their culture or cultural differences. Cleanliness, food choices and alternative medical treatments were often mentioned as a bone of contention between the elderly person and the case manager. Some felt that the staff wanted them to give up their culture to “fit in” to the standard mold for U.S. elderly.

#### **3. Isolation and Remote Locations**

- ❖ The Commission found that many seniors from ethnic populations are isolated and many of them are located in rural areas. This is especially true of seniors on reservations throughout the state. They have little contact with individuals outside the reservation and are often unaware of services for which they may be eligible.
- ❖ Many elderly individuals fear being alone and being vulnerable. They will often put up with abuse and exploitation so that they are not left alone.

#### **4. Lack of Flexibility**

- ❖ The client delivery system has been set up to serve the majority of Oregon’s elderly white population. This system creates difficulties when it tries to meet the needs of a diverse population. An example is the problem for some in the Russian community. Many of these clients no longer receive food stamps because of the Electronic Benefit Program. Their religious beliefs would not allow the use of the new technology, especially with the numbers 666 on every card. Local workers were unable to intervene or to create a solution for these clients.

#### **5. Lack of Integrated Services**

##### *A. MH & A/D Services*

- ❖ Many case managers reported difficulty in obtaining mental health and alcohol and drug treatment

### **III. Problems Facing Ethnic Minority Elders Continued**

services for their clients. In part, this is because the system is fragmented and in part, because the services are targeted to the needs of the majority of the population. Barriers are very likely to prevent these populations from accessing services now and in the future.

#### *B. Socialization*

- ❖ In talking to the case managers it was discovered that the socialization needs are not being met for many of the ethnic minority clients. They often feel unwelcome at meal sites and senior centers. There are not specific programs to meet their cultural needs and language problems can create tremendous problems for elderly individuals who are trying to participate in “senior” activities.

#### *C. Multi-generational households*

- ❖ Staff also mentioned that intergenerational households (elderly individuals raising grandchildren or elderly individuals living with multiple generations in one household) often have multiple needs, creating difficulties in arranging diverse services to meet the entire household’s needs.

#### *D. Access to Health Care*

- ❖ There is often a problem for ethnic elders to find appropriate health care resources. They often have to wait a significant time period for appointments. Even those with excellent coverage through Medicare or the Indian Health Service often find themselves waiting for an inordinate amount of time for appointments or appropriate treatments.

## **Recommendations 1. Create an Ethnically Diverse and Culturally Sensitive Staff & Providers Across the Entire State**

- Hire more bi-cultural and/or bi-lingual staff. Make sure that these individuals receive opportunities to progress to supervisory and policy development roles. Look at innovative recruiting methods to increase the candidate pool.
- Provide cultural training as part of all trainings. This needs to be an ongoing process. Once is not enough. The Diversity Conference is a good start but staff need to receive specific information for meeting the needs of ethnic elderly as well as cultural sensitivity.
- Work to increase the number of bi-cultural and/or bilingual providers. Long-term care options must be available for all seniors who can no longer care for their own needs. The system needs to be responsive to the growing number of Spanish and Russian speaking elders in our state.
- We also need to ensure that there is a pool of diverse providers in all areas of the state. This is especially true for elderly individuals living on reservations and in areas with a high concentration of an ethnic elderly population. The providers must include the full range of options such as Assisted Living Facilities, In-home Care Adult Foster Homes and Residential Care Facilities.

## **2. Allow staff at all levels adequate time to work with clients.**

- Reduce caseloads for case managers, especially for staff with ethnic elderly as a significant portion of their caseload. This will allow them the time to build a relationship based on trust and will improve the outcomes for their clients.
- Review and eliminate any unnecessary paperwork. Make it as simple as possible for case managers and eligibility workers to complete. Develop computer



systems that can help integrate service systems.

### **3. Changing the System's Culture**

- Ensure that the promise Oregon has made to our seniors that they will be able to finish their lives with dignity, choice and independence is carried out across the state and throughout the long-term care system.
- The system-wide philosophy of client inclusion (i.e., allowing clients to dictate where and which services they receive) rather than client exclusion needs to be adhered to for all clients. Case managers and other staff need to ask, “What does this client and their family need to improve their quality of life?”

### **4. Listen to Case Managers**

- Case managers are on the front lines and are working with these clients every day. Management and those who work on developing programs and policies should actively solicit advice from them.

### **5. Empower Minority Elderly to Participate In the System**

- Recruit volunteer “ambassadors” from within the minority communities to do outreach and education (Washington County’s *Promotores* could be a statewide model).
- Encourage, recruit and train organizations and individuals from minority communities to become service providers.
- Solicit input regarding services from various leaders in the diverse communities. Invite them to planning sessions.

### **6. Increase Outreach Activities**

- There is a lack of knowledge and information on what services are available and how to access the needed services. There should be a concentrated public education effort designed with the help of the ethnic community.

- There should be a performance measure on outreach activities to ensure that the AAAs and the Department of Human Services' field service system is effectively reaching out to ethnic elders.
- The State should help coordinate or be involved with outreach activities on other programs and benefits such as Medicaid, Medicare, Veteran's Benefits and Social Security.
- Department of Human Services and the AAAs should increase efforts to have representatives working at key locations on the Reservations.
- DHS and the AAAs could do a mailing to elderly individuals on the reservations explaining the services and resources, such as OPI and Medicaid, that are available to seniors in Oregon. The information could be written to overcome literacy problems and cultural differences.

## **Final Statement**

The Commission knows that efforts to improve services to Oregon's ethnical minority seniors will be an intense and time consuming effort. We know that some of these efforts could cost additional money. However, we firmly believe that it will be well worth the effort and the money. Only with a sustained and concentrated effort will Oregon improve the quality of life for Oregon's ethnic seniors.

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Members of the Committee included:

- |                    |                   |
|--------------------|-------------------|
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## *Guiding Principle*

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**Dedicated volunteers building on the success of the past to enhance the quality of life for Oregon's seniors and people with disabilities**

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