Hispanic/Latino LGBT Elders

10

Debra A. Harley

Abstract

The purpose of this chapter is to understand the challenges faced by LGBT Hispanic/Latino LGBT persons in older age. In order to provide the reader with a contextual framework of Latino elders, a statistical profile is presented. Similar to other ethnic groups in the USA, Hispanics have intracultural as wells as intercultural differences. Information is presented on the Latino community's perceptions of LGBT persons, current characteristics and values and the role of acculturation, service delivery models for LGBT Hispanic elders and health policy. Attention is given to the generational difference and immigrant and US-born influences among Latinos.

Keywords

Hispanic · Latino · Elders · LGBT · Immigrant · Same-sex couples

Overview

The Hispanic/Latino population in the USA is diverse and composed of persons who are of Cuban, Mexican, Puerto Rican, Dominican, South or Central American, and Spanish genealogical origin. In the USA, the terms "Hispanic" and "Latino/a" are both used. Over four decades ago, the US government mandated the use of the terms "Hispanic" or "Latino" to categorize Americans who identify as their roots Spanish-speaking countries (Taylor et al. 2012). In this chapter, the two terms will be used interchangeably, as well as identification of Latino/a by country of origin. The Hispanic/Latino population is the fastest growing group in the USA by birth and immigration. At age 65, Latino males are expected to live, on average, an additional 18.8 years, and Latina women live an additional 22 years longer than do older whites (National Center for Health Statistics 2013). Despite having generally lower overall socioeconomic status, poorer health, and less access to health care than their non-Hispanic white counterparts, Hispanics tend to live longer than their

D.A. Harley (✉)
University of Kentucky, Lexington, USA
e-mail: dharl00@email.uky.edu

D.A. Harley and P.B. Teaster (eds.), *Handbook of LGBT Elders*,
DOI 10.1007/978-3-319-03623-6_10

white counterparts, with greater life expectancies at all ages. This paradox is attributed to better health habits and stronger networks of social support (Osypuk et al. 2009), which may offer protection from diseases such as heart disease, cancer, and stroke (Zhang et al. 2012). Palloni and Arias (2004) suggest that Hispanics who migrate to the USA tend to be healthier than those who remain in their home countries.

The purpose of this chapter is to present issues pertaining to LGBT Latino/a LGBT elders in the USA. Similar to other ethnic minority groups, Hispanics have been subjected to discrimination, exclusion, and inequities in employment, education, housing, health care, and access to various opportunities, all of which contextualize their experiences. First, information is presented on cultural characteristics and values and the role of acculturation. Next, research on the attitudes and perceptions of Hispanics' perspectives about LGBT persons is discussed. In order to provide the reader with a contextual framework of Latino elders, a statistical profile is presented. Information is provided on characteristics of and issues pertinent to Latino/a LGBT elders. Then, service delivery models for LGBT Hispanic elders are reviewed. Finally, current policy pertaining to LGBT Hispanic elders is examined and recommendations for the future are presented.

Learning Objectives

By the end of this chapter, the reader should be able to:

1. Identify relevant characteristics of Hispanic/Latino culture that influence attitudes and behaviors.
2. Discuss the concepts of homo–bi–transphobia in the Hispanic/Latino community.
3. Describe sociocultural issues, health disparities, and health-seeking patterns of Hispanic/Latino LGBT elders.
4. Explain service models and intervention strategies that are effective with Hispanic/Latino LGBT elders.
5. List areas in which policy development is needed to address concerns of Hispanic/Latino LGBT elders.

Introduction

There are approximately 2.3 million Hispanic elders aged 65, comprising 6.5 % of the US elderly population (US Census 2010a). By 2050, projections indicate that the population of Hispanic seniors will increase to 15 million, accounting for 17.5 % of the US elderly population (National Hispanic Council on Aging 2008). It is estimated that there are 1,419,200 (4.3 %) LGBT Latino/a adults in the USA, 146,100 in same-sex couple relationships, and 29.1 % of Latino/a same-sex couples who are raising children. Latino/a LGBT adults tend to live in geographic areas where there are higher proportions of Hispanics than that of the broader LGBT population. Almost 1/3 of Hispanic same-sex couples live in New Mexico, California, and Texas. East coast states with substantial percentages of Hispanic LGBT adults include Florida, New Jersey, and New York. The states of Nevada, Arizona, Wyoming, Colorado, and Kansas round out the top ten (Kastanis and Gates 2010). In a comparison of Latino/a same-sex couples with different-sex counterparts, same-sex couples fare better; however, socioeconomic vulnerability exists among Latina or female same-sex couples, couples raising children, and couples where one or both partners are non-citizens.

Other demographic characteristics reveal that Latino or male same-sex couples earn almost $15,000 more than Latina/female same-sex couples. In 63 % of same-sex couples, the other partner is not Latino/a compared to 32 % of different-sex couples. LGBT Latino/a adults have higher rates of unemployment than do non-LGBT Latino/a adults; among Latino/a individuals in same-sex couples, rates are similar to their different-sex counterparts. About 15 % of both LGBT and non-LGBT Latino/a

adults have completed a college degree, and 26 % of Latino/a individuals in same-sex couples have completed a college degree compared to 14 % in different-sex couples. Individuals in same-sex couples are more likely to be US citizens than their counterparts in different-sex couples (80 % vs. 62 %) (Kastanis and Gates).

Elder Hispanics, LGBT and non-LGBT, face significant challenges in older age, primarily having to do with attaining financial security; maintaining good health status; accessing needed services; and having low levels of education (Administration on Aging 2010), language and communication barriers, and insufficient retirement security and other investments (Kochhar et al. 2011; US Bureau of Labor Statistics 2011). Many Hispanic elders in the USA are first-generation immigrants and are less likely to speak English as well as subsequent generations, which disadvantages them in the job market (Hakimzadeh and Cohn 2007). The majority of Hispanic elders speak Spanish at home and this linguistic isolation means that many cannot read or write well in English, and low educational attainment limits their literacy in Spanish as well (Valdez and Arce 2000).

Cultural Characteristics and Acculturation

Latinos are made up of diverse groups with varying characteristics. The majority of US Latinos assert that they have many different cultures rather than one common culture (Taylor et al. 2012). However, some common cultural values and characteristics do exist across groups. In this section, information is presented on these characteristics as they pertain to traditional Latino/a families. Interpersonal relationships are integral to the Latino/a culture, typically including respect and affection among a network of family and friends (Sue and Sue 2013). Family, religion/faith, unity, respect (respeto), and tradition are important aspects of life for Latinos that are shared across Latino groups, and regarded as cultural strengths.

Family and gender role expectations. Family is the most important social unit among Latinos, and it plays a central role in how they care for aging relatives (Cummings et al. 2011). Extended family includes relatives, close friends, and godparents. Hispanics are a collectivist group who depend on family and friends (i.e., interdependent) during the course of their everyday lives and for getting ahead (Bohorquez 2009). Each member of the family occupies a specific role and function: grandparents (wisdom), mother (self-denial), father (responsibility), godparents (resourcefulness), and children (obedience, adolescents work to help meet family financial needs) (Lopez-Baez 2006). The households of Latino families often consist of five or more members (US Census Bureau 2010b). Traditional families are hierarchical in the form, with special authority given to parents, older family members, and males–family roles are clearly delineated (Lopez-Baez 2006). The sexual behaviors of adolescent females are severely restricted, whereas male adolescents are afforded greater freedom. Marriage and parenthood tend to occur early in life and are viewed as stabilizing influences. In social activities, emphasis is placed on involving extended family and friends rather than on activities as a couple (Flores 2000).

Although Latinos with greater ethnic identity are more likely to adhere to traditional gender role expectations (males machismo, female marianismo), immigrants often experience conflict in several areas. First, Latino men may lack confidence dealing with authority figures and agencies outside of the family, which can result in feelings of inadequacy and concern about diminished authority. Second, Latino men may experience feelings of isolation and depression because of the need to be strong. They avoid talking about stressors for fear of appearing weak. Third, Latino men may have conflict over the need to be consistent in their role, and they may become more rigid in holding to traditional roles (Constantine et al. 2006). For Latina women, conflicts may involve (a) expectations associated with traditional gender roles, (b) anxiety or depression over not being able to live up to

standards and roles, and (c) inability to express feelings of anger (Lopez-Baez 2006). These challenges are manifestations of Latina immigrants being socialized to feel inferior and self-sacrificing. The perception of Latinas as submissive to males often leads to a misunderstanding and omission of their influence indirectly (e.g., behind the scenes), which preserves the appearance of male control. However, with greater exposure to the dominant culture and acculturation, Latina women may question traditional expectations, and certain roles may change more than others. It is important to point out that traditional gender role expectations are not negative or restrictive. That is, the expectation of men to be good providers is part of machismo and egalitarian decision making and appears to be increasing among more acculturated Latinos (Sue and Sue 2013).

Ironically, given the importance of family in Hispanic culture, LGBT Latino elders are less likely to have social support and more likely to endure victimization and neglect than the general LGBT older adult population (Fredriksen-Goldsen et al. 2011). Many LGBT Latino elders indicate that their ties with family and the Hispanic community are often broken. Some participants in the *Hispanic LGBT Older Adult Needs Assessment* (National Hispanic Council on Aging 2013) expressed feelings of social isolation within their own families because of their identities as LGBT persons. Even LGBT Latino elders who do not face prejudice from their family or community still encounter problems of rejection, emotional and psychological abuse (including from social service organizations), and low self-esteem. These individuals felt that as painful as rejection by family members is, societal rejection is even more so because it causes a greater degree of isolation. Elders who reported a more positive experience with their families indicated that a dire need exists for more information and education for families to better understand sexual and gender diversity.

Personal quality. Respect (respeto) and dignity (dignidad) are at the core of personalism (inner quality). Personalism is a group norm emphasizing that relationship formation must be established before a task can be accomplished. In many Latino families and communities, tasks are assigned because of the relationships that have been established based on the inner respect. The "goodness" of the person determines the task he or she is assigned, especially to be trusted with loved ones and who could be given responsibility (Flores 2000).

Religion and faith values. Religion plays an important role in the lives of Latinos, is highly regarded, and is considered equally as important as family. As with other values and practices, the role of religion in the lives of Latinos has shifted among subsequent generations. In addition, the religious profile of Latinos varies by Hispanic group and nativity. For example, majorities of Hispanics (55 %) of Mexican (61 %) and Dominican (59 %) descent identify as Catholic, 49 % of Cuban Americans, 45 % of Puerto Ricans, and 42 % of those of Salvadoran descent. The remainder of the Latino population is roughly evenly divided between adherents of various Protestant traditions (22 %) and those who are religiously unaffiliated (18 %). Moreover, some Latinos take part in other forms of spiritual expressions that may encompass a mix of Christian and indigenous influences, which indicate a strong sense of the spirit world in the everyday lives of many Latinos (Pew Research Center 2014). Nevertheless, the majority of Latinos maintain some type of religious beliefs and practices. Key among these beliefs and practices is how the Church influences family life and community affairs, giving spiritual meaning to Hispanic culture, and religion as central to marriage and family life. Religion has been so much a part of Latino culture for centuries that it cannot be separated from the cultural values of the Latino people. Furthermore, even if a person does not participate in organized religion, religious beliefs are still part of family life (Pew Research Center 2014).

Bendixen & Amandi International (2010) found that the faith experience of Latinos, particularly Catholics, informs their support of fairness and equality for LGBT persons. Specifically, 69 % of Latino Christians state that their religion is accepting of all people, including

LGBT persons, and 79 % of Latino Catholics say that a person could express support for LGBT equality and still be a good Catholic. Latino Catholics are among the stronger supporters of equality. According to the Pew Hispanic Center (2007), the Catholic Church's position on homosexuality is based on a distinction between being lesbian or gay and acting on it, which allows for acceptance of being lesbian or gay while at the same time considering acting on such to be wrong and sinful. However, the message that seems to come through is that merely being gay is sinful (Human Rights Campaign, www.hrc.org/resources/entry/religion-and-coming-out-issues-for-latinas-and-lations). The impact of the demographic shift in the USA by Hispanics is becoming more evident in their influences concerning religious perceptions about LGBT persons. The Pew Hispanic Center asserts that Hispanics are changing the nation's religious landscape, especially the Catholic Church, both because of their growing numbers and because they are practicing a distinctive form of Christianity. Marianne Duddy-Burke of Dignity/USA (http://www.dignityusa.org/) reveals that "a lot of gay and lesbian Latinas and Latinos are out in English but not in their Spanish-speaking church" and some individuals choose to be only partially out.

Acculturation. Acculturation, the process of learning about the language, cultural values, and behaviors consistent with the host society, is acknowledged as a critical factor in understanding the experiences of immigrant populations (Berry 2002). The effects of acculturation are distinct among Hispanics. About half (47 %) of Hispanics indicate that they consider themselves to be very different from the "typical" American, and only 21 % say they use the term "American" most often to describe their identity. Among this group, US-born Latinos (who now make up 48 % of Hispanic adults in the USA) have a stronger sense of affinity with other Americans and America than do immigrant Hispanics (Taylor et al. 2012). The key findings of how Hispanics view their identity, language usage patterns, core values, and their views about America and their families' country of origin are presented in Table 10.1.

Acculturation is moderated by gender, age, and country of origin. For Hispanics who ascribe to traditional gender roles, it is more likely that males will have contact with non-Hispanic acculturation agents and exhibit faster language acculturation than do Hispanic females. Give the socialization difference among age groups, it would be expected that younger Latinos are more likely to acculturate faster than older Latinos. Puerto Ricans have different language usage compared to other Hispanic groups and prefer the use of English at home, work, and in social occasions (Alvarez, n.d.). Acculturation and assimilation have specific implications for Latino elders, many of whom immigrated to the USA. The immigration process and transition from country of origin to the USA has been difficult for Latino elders because of increased pressure to acculturate and assimilate, as well as how to deal with stress from hardship and poverty and a range of adverse experiences (e.g., stigma, discrimination, trauma, and abuse) (Aguilar-Gaxiola et al. 2012). Alegria et al. (2008) found that a decline in health status of immigrants (more so for Mexicans and less for Puerto Ricans) over time in the USA is associated with higher social acculturation including lifestyle, cultural practices, increased stress, and adoption of new social norms, depression and other mental health disorders, which are discussed later in this chapter.

Some research demonstrates that less acculturated older adults are more likely to experience depressive symptoms. One plausible explanation is that immigrant older adults lack the knowledge about the host culture, which creates multiple challenges in one's life, ranging from daily hassles (e.g., difficulties in maneuvering everyday activities) to chronic strains (e.g., discrimination). The result may be diminished feelings of self-worth and sense of control, which in turn may lead to elevated symptoms of depression (Chiriboga et al. 2002; Gonzales et al. 2001; Jang and Chiriboga 2010; Kwag et al. 2012). Other research suggests that acculturation may influence the experience of pain. Jimenez et al. (2013) conducted a cross-sectional study to estimate the association between acculturation and the prevalence, intensity, and functional

Table 10.1 Hispanics' views of their culture

Identity
Prefer their family's country of origin to pan-ethnic terms
Most do not have a preference for either term "Hispanic" or "Latino"; when a preference is expressed, "Hispanic" is preferred
Most do not see a shared common culture among US Hispanics
Most do not see themselves fitting into the standard racial categories used by the US Census Bureau
Latinos are split on whether they see themselves as a typical American
American experience
Their group has been at least as successful as other minority groups in the USA
See the USA as better than Latinos' countries of origin in many ways, but not in all ways.
Most immigrants say they would migrate to the USA again
Language use
Most Hispanics use Spanish, but use of English rises through the generations
Believe learning English is important
Want future US Hispanic generations to speak Spanish
Social and political attitudes
More so then the general public, believe in the efficacy of hard work
Levels of person trust are lower among Latinos than they are among the general public
On some social issues, Latinos hold views similar to the general public (e.g., homosexuality should be accepted), but are more conservative on others (e.g., abortion)
Religion is more important in the lives of immigrant Hispanics than in the lives of US–born Hispanics
Political views are more liberal than those of the general US public

Adapted from Taylor et al. (2012)

limitations of pain in older Hispanic adults in the USA and found that compared to non-Hispanic whites and English-speaking Hispanics, Spanish-speaking Hispanics had the highest prevalence and intensity of pain. However, the differences were not significant after adjusting for age, sex, years of education, immigration status (US-born vs. non-US-born), and health status (i.e., number of health conditions).

Lokpez (2010) distinguishes acculturated Hispanics as those, for whom English is the dominant language, are born in the USA or have been here for 10 or more years, live in suburban areas, conduct business in English, prefer English media, have similar purchase behaviors as the general market, and observe few or no Hispanic traditions. The transition of first- and later-generation Hispanics requires significant social and cultural adjustments, which are associated with changes in perceived health, mental health functioning, and familial relationships (Archuleta 2012). Kwag et al. (2012) examined the correlation between acculturation, depressive symptoms, and perceived density of neighborhood characteristics in Hispanic older adults and found the impact of acculturation on depressive symptoms to be moderated by the perceived density of Hispanic neighborhoods. The researchers concluded that neighborhood characteristics are important in the lives of immigrant older adults.

Acculturation is not unidirectional, thus drawing any conclusion about its impact is complex. In a review of the literature on acculturation and Latino health in the USA and its sociopolitical context, Laea et al. (2005) concluded that "the effects of acculturation, or more accurately, assimilation to mainstream U.S. culture on Latino behaviors and health outcomes is very complex and not well understood" (p. 374).

Even with the identification of certain positive or negative trends in the subject areas reviewed about Latino acculturation, the effects are not always in the same direction and often times are mixed. The results were influenced by the subject area, measure of acculturation used, and factors such as age, gender, or other measured or unmeasured constructs. Nevertheless, acculturation is associated with several negative health-related behaviors and health outcomes in Latinos: (a) illicit drug use, (b) drinking, (c) smoking, (d) poor nutrition and diets, and (e) worse birth and perinatal outcomes (e.g., low birth weight, prematurity) as well as undesirable prenatal and postnatal behaviors (e.g., substance use during pregnancy). On the positive side, acculturation is associated with improved access to care and use of preventive health services among Latinos (Laea et al. 2005). In an examination of the role of acculturation in health behaviors of older Mexican Americans, similar results were found by Masel et al. (2006), who found that those who were proficient in English were more likely to have a history of smoking and drinking. Masel et al. concluded that this knowledge can assist health promotion programs in identifying those at-risk of engaging in negative health behaviors. The reader is referred to Laea et al. for additional information.

Hispanic Perspective Regarding LGBT Persons

Bendixen & Amandi International (2010) suggest that it is best to start from a point of shared values to understand and effectively relate to Latinos/Latinas about LGBT issues: family, respect, faith, and opposition to discrimination. Hispanics have been portrayed as particularly anti-gay and more anti-legal gay marriage than other segments of American society (Dutwin 2012). As with any population, there are varying degrees of tolerance. In fact, different from the general population, Hispanics are slightly more likely to support legal gay marriage and be open more generally toward lesbians and gay men in society (Bendixen & Amandi International 2010; Dutwin). Dutwin found that one concern with LGBT acceptance in the Hispanic community is at the "intersection of Hispanicity and religion" (p. 5). The most traditional (i.e., unacculturated) religious Latinos are the most intolerant. However, as Hispanics reside longer in the USA, the more interaction they have with other segments of society, which may potentially increase their exposure to LGBT issues and contact with LGBT persons. Thus, Dutwin hypothesizes that because generations correlate with acculturation and future generations are far more likely to comingle and be acculturated than earlier ones, over time, Hispanics will become more tolerant.

In the Pew Hispanic Center Survey (2012), 52 % of Latinos favored same-sex marriage compared to 34 % who opposed it. When asked whether sexual minorities (the term homosexuality is used in the survey) should be accepted or discouraged by society, a majority of Latinos (59 %) and 58 % of the US general population say homosexuality should be accepted, as compared to 30 and 33 %, respectfully, say it should be discouraged. Views on homosexuality vary by immigrant generation. Second-generation Hispanics (68 % vs. 24 %) and third-generation Hispanics (63 % vs. 32 %) are generally in favor of acceptance. Females (62 %) more than males (55 %) support acceptance, and younger (18- to 29-year-olds, 69 %) and middle-aged (30- to 49-year-olds, 60 %) more than older (age 50–64, 54 %, 65+, 41 %) (Taylor et al. 2012). These findings are consistent with those of an earlier poll conducted by Bendixen & Amandi International (2010), which found Latinos are broadly supportive of equality for gay people (Table 10.2).

The attitude of people toward LGBT persons is shaped, in part, by the degree to which they believe sexuality is innate, shaped by upbringing, or a matter of personal preference. In 2011, a Gallup Poll found that 42 % of Americans believe that homosexuality is due to upbringing or environment, and 40 % believe people are born homosexual. In a survey of Latinos beliefs toward lesbians and gay men, Dutwin (2012) found that 62 % believe homosexuality is due to

Table 10.2 Latino support equality for gay people

80 % believe that gay people often face discrimination
83 % support housing and employment non-discrimination protections for gay people
74 % support either marriage or marriage-like legal recognition for gay and lesbian couples
73 % sat that gay people should be allow to serve openly in the military
75 % support school policies to prevent harassment and bullying of students who are gay or perceived to be gay
55 % (and 68 % of Latino Catholics) say that being gay is morally acceptable

Adapted from Bendixen & Amandi International (2010)

biology, and 20 % to personal preference. Not surprisingly, non-religious Latinos are most likely to believe that homosexuality is biological, followed closely by Catholics compared with those who go to church, who are substantially less likely to believe that homosexuality is something with which people are born. In fact, Latinos who do not go to church at all or go infrequently are twice as likely to believe that homosexuality is biological compared to Latinos who go to church twice per week.

Research documents that LGBT persons experience a high degree of discrimination. In response to questions about beliefs of the discrimination they experience in the USA relative to other minority groups, Latinos generally believe that Latinos and gays and lesbians are discriminated against to a greater degree than are African Americans and women. Furthermore, Latinos believe that, of all minority groups, gays and lesbians experience the most discrimination (Dutwin 2012). These beliefs are linked to Latinos', especially younger Latinos, views of fairness and social justice.

A Statistical Profile of Latino Elders

The Latino population is younger than any other racial or ethnic group in the USA; thus, a small proportion of the Latino population is aged 65 and older (i.e., 7 % or 3 million) (US Census Bureau 2010a). Approximately two of three Latinos aged 65 and older live in one of four states: California, Texas, Florida, or New York. The Latino elderly population disproportionately lives in poverty. Foreign-born Latinos elders are more likely to live in poverty than native-born Latinos. Latinos born outside the USA may be less likely to speak English, have lower levels of education, and have less access to Social Security benefits than their native counterparts (Pew Hispanic Center 2010). The median annual income for households headed by a Latino adult aged 65 and older is $22,116, compared with $29,744 for all households headed by someone aged 65 or older and $31,162 for households headed by non-Latino whites in the same age range (Bureau of labor Statistics & US Census Bureau 2009).

Latino elders have a different source of income than older adults from other racial and ethnic groups with higher income levels. The greatest source of income is from Social Security income (82 %), property (27 %), earned money from wages, salary, or self-employment (20 %) and pension (17 %). In contrast, non-Latino whites aged 65 and older have greatest income sources that include Social Security income (90 %), property (61 %), pension (33 %), and earned money (21 %) (Bureau of labor Statistics & US Census Bureau 2009). Although fewer Latino elders receive Social Security benefits, Social Security income is more important and provides at least half of their total income (National Committee to Preserve Social Security and Medicare 2008). Latinos receive Social Security at lower rates because they are less likely to have paid into the system for enough years to become eligible to receive benefits, are immigrant workers without the appropriate legal status to receive coverage, or work in the type of jobs (e.g., domestic and agricultural) in which

employers tend to underreport Social Security earnings (Torres-Gil et al. 2005). The extent to which these data are applicable to LGBT Latino elders is not known.

Older Hispanic adults are vulnerable to the stresses of immigration and acculturation (National Council of La Raza 2005). Health status differs across national-origin groups. In addition, the health of US Hispanics differs by generational status. Among foreign-born Hispanics, health status and health behaviors may differ by degree of acculturation to American culture. The two leading causes of death are heart disease and cancer among Hispanics, with homicide responsible for the higher death rate among Hispanic men aged 15–24 (Tienda and Mitchell 2006). While Latinos use mental health services less than the general population, rates of usage have increased. However, bilingual patients are evaluated differently when interviewed in English as opposed to Spanish and Hispanics, who are more frequently undertreated (American Psychiatric Association 2014). Health and health behaviors of Hispanic adults are discussed in detailed later in this chapter.

Latino/LGBT Older Adults

With the growing number of Hispanic LGBT elders, a tremendous need exists for community-based organizations that serve them in a culturally and linguistically competent manner. As they age, many LGBT Hispanic elders feel excluded and isolated. Exclusion and isolation is compounded by societal prejudice and discrimination, they are as members of both a sexual minority and ethnically marginalized group. Furthermore, LGBT Hispanic elders may become estranged from family members who condemn their sexualities on religious grounds or who lack understanding. Similarly, they may experience alienation from their faith community, depending on the community's stance toward LGBT persons (National Hispanic Council on Aging 2013). An analysis of qualitative data from focus group discussions of LGBT Hispanic older adults revealed some of the following comments: (a) acceptance of LGBT persons is very difficult among Latinos because of our nature (i.e., culture); (b) family is the most important nucleus in society from which we receive understanding, love, and affections and if we do not receive that, other factors happen, such as depression or suicide; and (c) there are people who are 90 years old and have never said they are gay, they are bearing the cross because their family cannot accept that (National Hispanic Council on Aging 2013).

LGBT Hispanic elders face many of the same challenges as do older adults in the general population, such as accessing community services and benefitting fully from Medicare, Medicaid, and Social Security. However, their challenges in these areas are more difficult because of the marriage inequity for same-sex couples, which adversely affects retirement benefits and health insurance (National Hispanic Council on Aging 2013). Research on LGBT Hispanic elders is limited and based on the information from those individuals willing to acknowledge their identities and relationships. The ability of researchers to identity, recruit, and maintain contact with LGBT Hispanic elder participants for research is limited by their mistrust of unfamiliar institutions, cultural and linguistic barriers, lack of transportation, limited formal education, financial constraints, negative stigma associated with mental health problems, and lack of understanding of the purpose of the research and how it will benefit the community (Alvarez et al. 2014; Kuhns et al. 2008). In addition, transgender Hispanics tend to be excluded because of their unwillingness to self-identify or come out. Much of the information in this section consists on an overreliance on data from the *Hispanic LGBT Older Adult Needs Assessment* (National Hispanic Council on Aging 2013).

The economic status of LGBT Hispanic elders is similar to that of their non-LGBT counterparts. Hispanic male same-sex households have an average annual income of $49,800; female same-sex couples have an average yearly income of $43,000, compared to Hispanic married

opposite-sex household earning $44,000 on average (Cianciotto, 2005). The lower level of economic security and being disadvantaged in the job market has implications for housing and home ownership of LGBT Latino elders. Many LGBT Hispanic elders who qualify for Section 8 housing are unable to receive it because they lack immigration status documentation of Social Security registration (National Hispanic Council on Aging 2013). Many LGBT Hispanic elders are living below the federal poverty level with insufficient funds to cover their basic living expenses. Before the US Supreme Court decision to strike down Section 3 of the Defense of Marriage Act (DOMA), which discriminated against the economic security of LGBT persons across the country, LGBT seniors of a single-income household could not claim the retirement, Social Security, or survival benefits of a deceased partner. However, the invalidation of Section 3 of DOMA only applies in states that recognize the equality of same-sex marriage.

Aging is a difficult experience in the LGBT Hispanic older community. Many LGBT Latino elders feel that, unlike Latino culture, LGBT elders are marginalized and forgotten as they age in a LGBT community that values youth and physical attractiveness. LGBT Hispanic elders feel that aging in the LGBT community is associated with loneliness, illness, and loss of economic opportunities because of being unable to advance professionally or compete in the job market, particularly for those without support of their families and do not have children to take care of them. Isolation is heightened because of the limited number of gathering places for older LGBT persons to socialize, in contrast to the number of programs and center for LGBT youth and senior centers for the elderly Spanish-speaking community. The significance of this becomes evident for LGBT elders who are rejected by their families for their sexual orientation or sexual identity (National Hispanic Council on Aging 2013).

The health status of LGBT Hispanic elders is further compromised because they are uncomfortable with sharing their sexuality with their provider. The situation is magnified for transgender Latino elders who are frequently diagnosed in advance stages of sexually transmitted diseases because they never got tested. Medical providers only pay attention to the presenting problem and do not ask or check other problems. LGBT Hispanic elders indicate that most doctors lack education about the LGBT community, are homophobic/heterosexist, and are unaware of their own insensitivity. These factors, coupled with doctors who do not speak Spanish or train in centers in Hispanic communities, further impede LGBT Hispanic elders' access to and utilization of services and may have detrimental effects on this population's health (National Hispanic Council on Aging 2013).

Social and Health Inequities of Latino and LGBT Latino Elders

Health inequities among LGBT populations of color are largely a product of unaffordable health insurance, lack of cultural competencies among healthcare providers, and prejudice about race and ethnicity (Krehely 2009). Hispanic elders have health disparities and face numerous challenges to accessing social programs and healthcare services. Adults in Latino families are more likely to be primary caregivers for elders in the home setting for extended periods of time, and without supports from professional community services, than are adults in non-Latino white families (Koerner et al. 2013). Of 65 million Americans who provide unpaid care to an adult, Hispanic households have the highest prevalence of unpaid family caregivers (National Alliance for Caregiving and AARP 2009).

Hispanic elders have a relatively high prevalence of diabetes, and 56 % of Hispanics aged more than 50 have at least one chronic health condition (National Healthcare Disparities Report 2005). Compared to non-Hispanic whites, Hispanics have higher rates of Type 2 diabetes and other manifestations of abnormal glucose metabolism. For Hispanics aged 45–74, 23.9 % of Mexican origin 15.8 % of Cuban origin, and 26.1 % of Puerto Rican origin have diabetes (Tienda and Mitchell 2006). Other prevalent

health conditions include Alzheimer's disease, depression, and fatal falls. According to the National Healthcare Disparities Report, compared to the majority non-Hispanic white, elderly population, Hispanic elders have the following prominent disparities. They are less likely to: (a) achieve diabetes control (e.g., more likely to be hospitalized for diabetes), (b) receive vaccinations for pneumonia or influenza, (c) receive recommended hospital care for pneumonia, (d) receive cancer screening services, (e) have an ongoing source of care, and (f) receive counseling to increase physical activity, if overweight. In addition, Hispanic elders are more likely to fall multiple times in one year (Wallace 2006) and are less likely to receive preventive care.

Hispanic adults have lower rates of hypertension than non-Hispanic whites but are less likely to have their blood pressure controlled. Few data are available on heart disease among Hispanics; data on the incidence and prevalence of stroke are also scarce. The utility of existing data is limited because of issues of generalizability. Rates of obesity have increased among Hispanics and are higher than for non-Hispanic whites (Tienda and Mitchell 2006). Acculturated or US-born Hispanics have higher rates of obesity than immigrant counterparts because of a higher consumption of fatty foods. Park et al. (2003) found that Hispanics of Mexican origin have the highest age-adjusted prevalence of metabolic syndrome (abdominal obesity) of any racial or ethnic group. Moreover, Mexican-origin women are more likely than non-Hispanic white or black women to have metabolic syndrome, even after controlling for predisposing factors such as body mass index, alcohol consumption, physical activity, and carbohydrate intake.

Cultural (e.g., linguistic), socioeconomic (e.g., education, occupation, income), and geographical (e.g., rural) (Erving 2007) lack of awareness about services, and stigma associated with mental illness (American Psychiatric Association 2014) are barriers to health care and are main predictors of health outcomes. Bohorquez contends that while Hispanic elders share some behaviors with non-Hispanics, many traits are unique to Hispanic seniors, which dictates the marketing and promoting of healthcare products and services to Hispanic elders. These include knowledge, access, language, education, and culture. Hispanic elders have a desire for healthy living and behavioral changes but are less aware and knowledgeable of steps to take than the general senior population. Although Hispanic elders have less access to a regular physician or insurance compared to the general population, the magnitude of access as a barrier is less than expected. The issue is that they are less likely to use services provided by healthcare professionals. This reluctance to use healthcare services may be linked to a language barrier, which makes access a daunting task and an unpleasant experience. Low educational level is related more to existing Hispanic elders than baby boomers, who are more educated and have higher earning power as they attain higher education (Bohorquez). In addition, many Latinos elders have an external locus of control related to health barrier perceptions (Valentine et al. 2008).

Bohorquez's (2009) cultural manifestations that serve as barriers to Hispanic elders receiving timely and appropriate health care include practices include interdependence, reactivity, home remedies, fear, and marianismo/machismo. In fact, Bohorquez considers culture to be "the most invisible yet powerful barrier" (p. 52). The cultural manifestations interdependence of Latino culture are not a barrier, but are introduced here as one cultural manifestation. Cultural interdependence is evident by the living arrangements of Latino elders as members of an extended household. In fact, the number of Latino elders living alone is almost half that of the general population. The family acts as a motivator for elders for maintaining good health and to be self-sufficient and to contribute to the family (Bohorquez).

The use of home remedies or natural supplements to treat illness as an alternative to Western health care is commonplace among Latinos. In some ways, the use of home remedies is linked to spirituality, and in other ways, it is linked to financial constraints, distrust of Western medicine, and lack of knowledge or awareness about health issues. Hispanics generally lack a preventive mind-set. They are more concerned about

current needs as opposed to future ones. Even those with healthcare coverage will typically visit a doctor only when they are very ill. This reactive mind-set prevents detection of illness that could be treated at an earlier stage. The belief is that whatever happens is "Si Dios quiere" ("It is God's Will") (Bohorquez). Many Hispanic elders may feel that their health may be out of their control and in the hands of a "higher being," resulting in a fatalistic viewpoint (fatalism) toward their health condition (Desai et al. 2010). It is important for healthcare providers to recognize that Hispanic elders are more likely to take the advice of respected community members than the advice of their physicians. Other cultural beliefs and practices that affect Hispanic elders' response to healthcare intervention are presented in Table 10.3.

Fear is a factor that results in increased poor health status of Latino elders. Both thinking about and talking about the future health needs are seen as emotionally frightening and impractical. In part, the fear is an outcome of Latinos waiting for an illness to advance before seeking health care. As a result, their health is too poor to yield a positive outcome, consequently healthcare providers are associated with severe illness and death. Fear is also a reaction to not wanting to burden their families with healthcare costs. Finally, the ability of women (marianismo) to be successful as mother/nurturers and men (machismo) as fathers/providers does not meet these standards, and Latino elders feel diminished as individuals (Bohorquez). As a result of trying to live up to these gender role expectations, especially in light of being LGBT, Latino elders may experience depression.

Hispanic lesbians and bisexual women are at heightened risk or health disparities compared with Hispanic heterosexual women and non-Hispanic white bisexual women. Kim and Fredriksen-Goldsen (2012) suggest that although sexual minority women are at increased risk for poor health and, within-group differences among sexual minority women exist, evidence of health disparities by race/ethnicity and sexual orientation tends not to generalize to sexual minorities of color. Furthermore, the consequences of multiple stressors such as racial discrimination within sexual minority communities and anti-LGBT values within Hispanic communities may lead to an increased risk of poor physical health and mental well-being (Diaz et al. 2006; Harper et al. 2004). Kim and Fredriksen-Goldsen (2012) found that Hispanic bisexual women are more likely to experience frequent mental distress than are both non-Hispanic white bisexual women and Hispanic heterosexual women. The cumulative risk related to multiple marginalized statuses appears to lead to greater mental distress.

Research Box 10.1: Hispanic Lesbian and Bisexual Women Health Disparities

Kim, H. J., & Fredriksen-Goldsen, K. I. (2012). Hispanic lesbians and bisexual women at heightened risk or health disparities. *American Journal of Public Health, 102*(1), e9–e15.

Objective: This study investigated whether elevated risks of health disparities exist in Hispanic lesbians and bisexual women

Table 10.3 Cultural beliefs and practices affecting health care of Hispanic elders

Espiritismo—the belief in the existence of malevolent spiritual beings who may be able to negatively or positively influence the health of material beings
Prresentismo—the belief that only issues that are immediate problems should be dealt with—a belief that may cause some patients to delay seeking treatment until after complications develop
Jerarquismo—the interplay of family members in the social structure of Hispanic culture, which is predominantly a patriarchal society
Promotores—the use of trained lay persons to assist navigating the complexities of the healthcare arena

Adapted from Desai et al. (2010)

aged 18 years and older compared with non-Hispanic white lesbians and bisexual women and Hispanic heterosexual women.

Methods: Population-based data from Washington State Behavioral Risk Factor Surveillance System (2003–2009) were analyzed using adjusted logistic regression.

Results: Hispanic lesbians and bisexual women, compare with Hispanic heterosexual women, were at elevated risk for disparities in smoking, asthma, and disability. Hispanic bisexual women also showed higher odds of arthritis, acute drinking, poor general health, and frequent mental distress compared with Hispanic heterosexual women. In addition, Hispanic bisexual women were more likely to report frequent mental distress than were non-Hispanic white bisexual women. Hispanic lesbians were more likely to report asthma than were non-Hispanic white lesbians.

Conclusions: The elevated risk of health disparities in Hispanic lesbians and bisexual women is primarily associated with sexual orientation. Yet, the elevated prevalence of mental distress for Hispanic bisexual women and asthma for Hispanic lesbians appears to result from the cumulative risk of doubly disadvantaged statuses. Research is needed to address unique health concerns of diverse lesbians and bisexual women.

Questions

1. If given the opportunity, what types of qualitative would you ask of the Hispanic lesbians and bisexual participants?
2. What are the major limitations of this study?
3. Lesbians and bisexual Hispanic women in this study did not show cumulative risks in most other health indicators. What are some possible explanations?

Social support among sexual minorities is an important predictor of mental health. Given that bisexual women report stigmatization and exclusion within gay and lesbian communities, which result in distancing themselves from these communities (McLean 2008), Hispanic bisexual women likely have relatively less social support available to them than do lesbians (Herek 2002). According to Acosta (2008), Hispanic lesbians are able to construct safe environments in which they can share the challenges of being both an ethnic and sexual minority; however, bisexual Hispanic women tend to have fewer such opportunities because of a lack of social support.

LGBT Latinos are affected disproportionately by certain health issues such as mental illness, substance abuse, and addictive disorders, and HIV (especially gay men) (Cochran et al. 2007; Krehely 2009) and have the poorest self-reported status of mental health (Fredriksen-Goldsen et al. 2011). Lesbian Latinas are more likely to experience depression, and gay and bisexual Hispanics are more likely to have attempted suicide than heterosexual Hispanics (Cochran et al. 2007). Depression is prevalent among the Latino elderly population. Several studies suggest a rate between 4 and 44 % of older Latinos experience depressive symptoms, with prevalence varying by country of origin (Alvarez et al. 2014). For example, depressive symptoms for Mexicans in the USA range between 4 and 28 % (Hernandez et al. 2013) and Puerto Ricans between 17 and 44 % (Yang et al. 2008). This wide variance is attributed to how depression is defined (e.g., clinical syndrome vs. cluster of symptoms), type of measure used, whether responses were given in Spanish (or indigenous language such Quechua, Mixteco, or Triqui) or English, validity and reliability of the measure with this population, and culturally determined concepts of illness (Alvarez et al.).

Diagnosis of depression in Latino elderly people is further complicated by the relationship with cardiovascular disease, especially with cardiovascular disease being one of the most common chronic conditions and major cause of death among this population (Roger et al. 2011).

Alvarez argues that with high rates of diabetes, obesity, and hyperlipidemia in Latinos, "vascular depression" (Alexopoulous et al. 1997), which itself contributes to the development of depression in late life, it is imperative to conduct more research on these topics in Latinos. A disturbing fact is that "at present there are not randomized clinical trials that examine the efficacy of nay form of psychotherapy to treat depression in Latino older adults" (p. 39), nor are there studies evaluating which evidence-based pharmacological interventions are best suited to meet the needs of Latino elderly. However, anecdotal data suggest that cognitive behavioral therapy (CBT) may be effective. The case of Mr. Lopez (below) demonstrates issues relevant to mental illness, aging, and minority status that must be addressed for Hispanic elders.

Case Study: Mr. Lopez

Mr. Lopez is a 63-year-old Mexican immigrant to the USA. He initially came to the USA as a seasonal farm worker. Mr. Lopez has a sixth-grade education and speaks what can be considered "functional English" (i.e., can communicate well enough to meet his basic needs) but has difficulty communicating in English on a level that would allow him to interact effectively with service providers and to understand multilevel instructions. He is a single gay man who has not self-identified to his family, but is "out" among a close-knit group of friends. Mr. Lopez has lived in the USA for 18 years since being granted citizenship. He resides in a small, old, unpainted, rented house with several other individuals. He does not own a car and no public bus stop is available for 2 miles. While his standard of living is far below the poverty level, Mr. Lopez believes that compared to his life in Mexico, he is much better off.

During his last doctor's visit, Mr. Lopez appeared frightened, tense, and if the translation from the interpreter is correct, having hallucinations. As a result he was referred for a psychiatric evaluation. Mr. Lopez is uncertain of the purpose of this referral and suspects that his doctor is taking steps to have him incarcerated because of his sexual orientation.

Questions

What cultural issues can you identify that have implications for Mr. Lopez?
What assumptions did the doctor make about Mr. Lopez's symptoms?
What additional questions do you think should be investigated about Mr. Lopez?

Current disparities in mental health care for Latinos are severe and persistent, and Latinos have less access to mental health services than do whites, are less likely to receive needed care, and are more likely to receive poor-quality care when treated. Mexican Americans have more dramatic disparities in mental health care than other Latino subgroups or other ethnic minorities (Aguilar-Gaxiola et al. 2012; Alegria et al. 2007). In LGBT communities, male-to-female transgender persons are at the highest risk for mental health problems, with depression (Nemoto et al. 2011), suicidal ideations, and social isolation (Kenagy 2005; Herbst et al. 2008). The cause of these responses may be attributed to being closeted about their transgender life (De Santis 2009) and negative social interactions with others (Koken et al. 2009). Bazargan and Galvan (2012) examined the extent of perceived discrimination and depression among Latina male-to-female transgender women: participants were aged 18 and over and of the 220 women 120 (55 %) were aged 35 and over. Of the women aged 35 and over, 64 % had low severity depression, 14 % moderate severity, and 26 % high severity. However, the authors made no further distinction based on the age in reporting the results. See Research Box 10.2.

Research Box 10.2: Discrimination and Depression

Bazargan, M., & Galvan, F. (2012). Perceived discrimination and depression among low-income Latina male-to-female transgender women. *BMC Public Health, 12*, 663–760.

Objective: This study examines exposure to perceived discrimination and its association with depression among low-income, Latina male-to-female transgender women as well as evaluates the impact of sexual partner violence and mistreatment on depression.

Method: A total of 220 Latina male-to-female transgender women in Los Angeles, California, were recruited through community-based organizations and referrals. Participants were aged 18 and older. Interviews were conducted using a structured questionnaire. Depressive symptoms were assessed using the Patient Health Questionnaire (PHQ-9). Perceived discrimination was assessed using a 15-item measure that was designed to assess the experiences of maltreatment of transgender persons. Multinomial logistic regression was used to examine the association between perceived discrimination and depression after controlling for the presence of other variables.

Results: Of the sample, 35 % reported significant depressive symptoms (PHQ-9 $\geq$15). Additionally, one-third of the participants indicated that in 2 weeks prior to the interviews, they had thought either of hurting themselves or that they would be better off dead. The extent of perceived discrimination in this population was extensive. Many experienced discrimination on a daily basis (14 %) or at least once to twice a week (25 %). Almost six out of ten admitted that they had been victims of sexual partner violence. Those who reported more frequent discrimination were likely to be identified with severe depression. There was also a notable association between self-report history of sexual partner violence and depression severity.

Conclusions: A significant association between depression severity and perceived discrimination was identified. The manner in which discrimination leads to increased risk of mental health problems needs further investigation. Models investigating the association between perceived discrimination and depression among transgender women should include sexual partner violence as a potential confounding variable.

Questions

1. In what ways do you think that the result could have been different if this study examined subgroups of transgender Latina older women?
2. Are these results generalizable to transgender Latina women throughout the USA?
3. How do cultural values and sexual partner violence confound these results?

Health disparities among Hispanics in general and Hispanic LGBT populations in particular are substantial compared to other groups in the USA. An understanding of social and health disparities among Hispanic LGBT elders is essential in development and implementation of culturally appropriate models of service delivery. Health disparities continue to grow among Latinos because of a lack of culturally appropriate intervention strategies and services, and mental health professional shortages (American Psychiatric Association 2014). The following section presents some effective service delivery models that have been used with Latino populations.

Models of Service Delivery

Latino-serving community-based organizations for elders are scarce. The majority of existing organizations that provide services to older Latino adults do so as part of the services that they provide to the Latino community as a whole. Of those organizations that offer services specifically to Latino elders, the most common are those related to health, social and recreational activities, housing, transportation, food security, and assistance accessing government services. Those organizations also refer their elders to other community-based organizations providing additional services such as day care at home, job training, and care management for chromic diseases. The number of national nonprofit organizations whose advocacy and service agendas focus on Latino elders is few and far between. However, two such organizations are the National Hispanic Council on Aging (NHCOA) and the National Association for Hispanic Elderly (NAHE), which have developed programs in the following areas: health promotion and disease prevention, economic security and civic engagement, leadership development, education, low-income housing, employment services, training and technical assistance, and communications and media. The majority of national Latino organizations have integrated older adults into their general initiatives even when elders are not their focus (Cummings et al. 2011).

Cummings et al. (2011) noted that the practices that are recommended for serving older adults regardless of ethnic or racial background are often valuable for Latino elders. For Latino elders, best and promising practices are often grounded in practical considerations of their unique culture, values, and familial relationships. The strong sense of family can assist service providers and the elderly Hispanic persons in achieving goals for healthcare management (Desai et al. 2010). Practices should include characteristics of Latino elders that are responsive to language, country of origin, length of time in the USA, and sexual orientation or gender identity. In addition, distinct approaches for Latino elders should be effective, impactful, replicable, scalable, sustainable, and innovative. The "multi-service/one-stop shop" model of service provision seems to be a common and successful model among the Latino community (Cummings et al. 2011, p. 20). Outreach, the process of going into the community to find individuals who are in need of services, is an effective approach to service provision of LGBT elders. Outreach can be enhanced by prioritizing preventive health care and sending nurses or home health aides to the houses where Hispanic elders live, particularly those with disabilities and chronic conditions, to teach relative and significant others how to do a better job caring for them at home. This is especially relevant because many Latino elders prefer to live in their own homes. Cummings et al. identified several components of best and promising practices for Hispanic older adults (Table 10.4). According to Cummings et al., the use of a best and promising practices framework has two advantages. First, it provides an increased guarantee that elders are receiving the type of appropriate services they need to age successfully. Second, such a framework helps older adults feel more comfortable about asking for support and promotes their participation in programs that can enrich their quality of life.

Although lesbians and gay men are likely to experience some form of discrimination due to their sexual orientation, transgender persons are the most discriminated against. Thus, they rarely participate in community events or other programs for LGBT persons, making it difficult to provide services to them. The National Hispanic Council on Aging (2013) needs assessment of Hispanic LGBT elders suggests accommodating many transgender person's preference for nighttime appointments. Other strategies to facilitate outreach to the LGBT Hispanic community were to train LGBT persons so they can develop professionally and plan for the future, to provide sensitivity training workshops to schools, companies, and families so they would understand how to deal with the LGBT community, and to

Table 10.4 Best and promising practices

Involve family because Latinos, in general, feel more comfortable in family environments and family is highly important for this culture
Ensure that programs and services of community-based organizations are culturally competent
Ensure that community-based organizations have bilingual staff
Make information materials and resources available in both Spanish and English
Use a local church as a location to provide services to older adults because the role of religion and "God's Will" is a key factoring in shaping the lives of many Latinos
Implement community outreach strategies through local Hispanic radio and television stations
Use local Hispanic media to conduct education and outreach to older adults and their caregivers
Develop all-inclusive programs

Adapted from Cummings et al. (2011)

provide language training to overcome linguistic barriers to obtaining services. However, one of the major challenges of Latino community-based organizations is a lack of adequate funding, which directly affects their frontline staff and continuity of services. Cunnings et al. identified critical gaps in service infrastructure for Latino elders that must be addressed to ensure them better quality of care (see Table 10.5). One area in which there is a dramatic shortage is in all types of healthcare workers, especially those skilled across the spectrum on gerontology (Institute of Medicine 2008), cultural diversity (Lehman et al. 2012), and LGBT populations (Funders for Lesbian and Gay Issues 2004).

Policy

In order to meet the challenges of an increasingly older and diverse Hispanic population, the USA must set a course for a comprehensive

Table 10.5 Gaps in infrastructure for Latino elders

Civic engagement: a need for more leadership development and advocacy that empower Latinos to have a strong voice in national, state, and local policy and political debates
Affordable housing: current coordinated efforts to increase the amount of affordable housing are insufficient to adequately address the housing needs of this population. Funding is needed to improve the conditions of the private homes where many Latino elders live
Economic security: lack of economic resources to cover basic expenses—medications, medical treatments, health insurance, and home utilities—is a recurring problem. There is a critical need to increase financial literacy programs for elders and to provide legal advice about financial exploitation, consumer's rights, housing rights, age discrimination, right to work, and rights of people with disabilities
Healthcare system: the healthcare system does not prioritize the preventive healthcare needs of older adults. Prevention is the key for successful aging
Senior centers: there is a need to develop more senior centers where elders can spend their day while receiving social services and nutritious meals and engaging in intellectually stimulating social and recreational activities. Senior centers are a fundamental component of the support that families need to take care of their aging relatives
At-home care of elders with disabilities: there is a need for more homecare services for elders with disabilities. Most of the homecare services paid for by Medicare are for postsurgery care and not for older adults that have chronic illnesses, some form of dementia, issues of independent mobility, or preventive care
Transportation: the lack of adequate public transportation in rural areas is a serious problem for elders who are geographically isolated. Existing transportation services are mostly for elders with disabilities and those receiving scheduled healthcare services. Transportation is scarce for active elders to attend social and recreational activities and community-based organizations

Adapted from Cummings et al. (2011)

preparedness initiative that includes systematic attention to several factors. Cummings et al. (2011) offer recommendations for several areas of policy and/or funding challenges. First, attention must be on building a gerontology-centered educational pipeline, developing an ethnically and linguistically diverse workforce, and building the capacity of community-based organizations to serve both older adults and ethnically diverse populations. There is a clear need to increase the number of bilingual and bicultural service providers for upgrading the service capacity of Latino community-based organizations through core funding. In fact, service providers must accelerate efforts to hire bilingual staff (Rodriguez-Lopez and Tirado 2005). Second, it is critical to enhance the capacity of the existing aging service providers to serve ethnically and linguistically older adults. The general consensus of experts in the field is that there must be a significant increase in funding to agencies to provide their existing services and meet the needs of a growing population (Rodriguez-Lopez and Tirado). Third, community-based organizations should strengthen partnerships and organizational planning. Organizations should review their mission and objectives on a regular basis and explore partnerships with compatible organizations as a way to extend their mission and strengthen their programs. A key factor to building partnerships is trust. The National Hispanic Council on Aging (2013) encourages the development of partnerships that are inclusive of LGBT Hispanic elders, which allows for shared ownership of an agenda of for improving the quality of life of LGBT Hispanic older adults.

A fourth recommendation is to create Latino outreach programs. Research suggests that many Hispanic elders who do not speak English do not proactively seek services. Service providers indicate that LGBT Hispanic older adults are frequently unaware of how the "system" works, they do not know how to ask for help, do not have access to written materials explaining availability of services, and are unaware of their rights to certain benefits (National Hispanic Council on Aging 2013). In response, organizations must develop the capacity to provide home-based assessment services, patient education, and supportive service visits (Rodriguez-Lopez and Tirado 2005). A desired outcome is to link services to those elders in need of services. Fifth, implement organizational best practices that make services more accessible. For LGBT Hispanic elders, accessibility is achieved through making sure that services are culturally appropriate, logistically appropriate, inclusive of sexual identities, and age-specific. Finally, create a LGBT Latino aging agenda (Cummings et al. 2011). Each of these recommendations is geared toward sustaining an aging infrastructure that meets the needs of Hispanic LGBT elders. It is vital that Hispanic non-English-speaking elders communicate effectively with their health and social service providers.

Policy pertaining to LGBT Hispanic elders should be grounded in both evidence-based practices and participatory research. There is a need for better data on LGBT Hispanic elders. In 2009, the report on *How to Close the LGBT Health Disparities Gap* proposed establishing an Office of LGBT Health in the US Department of Health and Human Services (HHS) (Krehely 2009). The intent of this Office is to collect and examine data on health outcomes and conditions of people based on sexual orientation, gender identity, race, and ethnicity. According to Krehely, "to improve overall public health and to use public dollars effectively and efficiently, the government must consider these factors when crafting public health programs and policies" (p. 4). Information about the LGBT health and well-being from the Department of Health and Human Services can be found at www.hhs.gov/lgbt/index.html. The 2011 (http://www.hhs/gov/lgbt/resources/reposts/health-objectives-2011.html), 2012 (http://www.hhs.gov/lgbt/resources/

reports/health-objectives-2012.html), and 2013 (http://www.hhs.gov/lgbt/resources/reposts/health-objectives-2013.html) committee reports on LGBT are also available.

In 2013, the two most compelling objectives of HHS included (a) implementation of the Supreme Court ruling invalidating Section 3 of the DOMA, and (b) engaging in broad outreach to help uninsured Americans gain access to affordable health insurance coverage through the Health Insurance Marketplaces. The impact of regulations of the Affordable Care Act remains to be seen, and the policies allowing access to partner benefits with the repeal of DOMA on health outcomes of LGBT Hispanic elders.

Summary

LGBT Hispanic elders represent a diverse group. They experience discrimination as ethnic and sexual minorities. Although family is an important part of Hispanic culture, many LGBT Latinos feel isolated from family and friends, and/or experience significant stress or problematic health behavior. Stigma and discrimination in healthcare and other services affect LGBT Hispanic elders in various ways and often lead to delays in accessing services. Often, LGBT Latinos receive poor clinical care, experience insensitivity from service providers, and face systems of services that lack knowledge about their cultural beliefs and concerns. Although LGBT Hispanic elders benefit from the types of services provided to seniors in general, they require a culturally appropriate and holistic approach to having their needs met. Their access to affordable health care, acquisition of spousal/partner benefits, behavioral health services, and adequate housing remains some of the most significant challenges. Services should involve an integrated, collaborative approach. An inclusive, broad-based research agenda is needed to learn more about the needs, life circumstances, experiences, and other challenges of LGBT Hispanic elders.

Learning Activities

Self-Check Questions

1. What are some common cultural values and characteristics that exist across Latino/Hispanic groups?
2. What are some gender role conflicts that Hispanic immigrant often experience in regard to traditional gender role expectations?
3. What are the core values of personalism among Hispanic/Latinos?
4. What are still some issues that must be addressed by Hispanic/Latino LGBT elders who do not face prejudice from their family or community?
5. What are the perceptions of LGBT Hispanic/Latino elders about aging in the LGBT community?

Experiential Exercises

1. Volunteer to work with a senior citizen center or social organization to work as a translator to explain information on outreach services to LGBT Latino elders.
2. Develop a resource manual of local services for LGBT Latino elders. Provide the manual in both Spanish and English.
3. Moderate a community forum for families of Latino LGBT elders to facilitate discussion about sexual orientation and gender identity.

Multiple-Choice Questions

1. What is the most important social unit among Latinos that plays a central role in how they care for aging relatives?
   (a) Religion
   (b) Family
   (c) Community
   (d) Country of Origin

2. Hispanics/Latinos who depend on family and friends during the course of their everyday lives and for getting ahead, are referred to as ____.
   (a) Individualist
   (b) Hierarchical
   (c) Collectivist
   (d) Independent
3. Which of the following informs Latinos/Hispanics' support of fairness and equality for LGBT persons?
   (a) Faith experience
   (b) Acculturation
   (c) Assimilation
   (d) Immigration status
4. Which of the following is the greatest source of income for Latino elders?
   (a) Earned income
   (b) Pension
   (c) Welfare assistance
   (d) Social Security
5. Which of the following is a major contributor to transgender Latinos never being tested and diagnosed in advance stages of sexually transmitted diseases?
   (a) Isolation
   (b) Lack of English proficiency
   (c) Rejection by their families
   (d) Lack of comfort with sharing their sexuality with a service provider
6. Which of the following is recommended for healthcare providers to recognize about Hispanic elders?
   (a) They are more likely to take advice of their physician
   (b) They are more likely to take advice of respected community members
   (c) They are more likely to visit a doctor on a regular basis
   (d) They are more likely to be preventive in their approach to health
7. Which of the following best reflects Latinos' attitude toward future health needs?
   (a) Talking about future health needs is seen as emotionally helpful
   (b) Talking about future health needs is seen as practical
   (c) Talking about future health needs is seen as frightening
   (d) Talking about future health needs is seen as nurturing
8. Which of the following is most likely for Hispanic bisexual women?
   (a) Less likely to have social support than lesbians
   (b) More likely to share the challenges they face of being both a sexual and ethnic minority
   (c) Less likely to have attempted suicide
   (d) More likely to self-report their mental health status
9. In which setting does Latino elders prefer to live?
   (a) Long-tern care facilities
   (b) Their own home
   (c) A commune
   (d) Retirement community
10. Why is outreach programs recommended for health and social service work with Latino elders?
    (a) Latino elders response better to organized services
    (b) Latino elders frequently visit senior citizens community centers
    (c) Latino elders frequently explore partnership services
    (d) Latino elders who do not speak English do not proactively seek services

Key

1-b
2-c
3-a
4-d

5-d
6-b
7-c
8-a
9-b
10-d

Resources

Cuban American National Council: www.cnc.org
Hispanic Elders: http://www.stanford.edu/group/ethnoger/hispaniclatino.html
National Council of La Raza: www.nclr.org
National Hispanic Council on Aging: www.hncoa.org
National Hispanic Medical Association: www.nhmamd.org
National Institute for Latino Policy: www.nilpnetwork.org
National Latino AIDS Action Network: www.latinoaidsagenda.org
National Puerto Rican Coalition, Inc.: www.bateylink.org
Working with Elderly Patients from Minority Groups: http://www.wichita.kumc.edu/fcm/interp/elders/html

References

Acosta, K. (2008). Lesbians in the borderlands-shifting identities and imagined communities. *Gender Sociology, 22*(5), 639−659.

Administration on Aging. (2010, January). *A statistical profile of Hispanic older Americans aged 65+*. Retrieved September 29, 2014 from http://www.aoa.gov/aoaroot/aging_statistics/minority_aging/Facts-on-Hispanics-Elderly.aspx.

Aguilar-Gaxiola, S., Loera, G., Mendez, L., Sala, M., Latino Mental Health Concilio, & Nakamoto, J. (2012). *Community-defined solutions for latino mental health care disparities: California reducing disparities Project, Latino strategic planning workgroup population report*. Sacramento, CA: UC Davis. Retrieved October 20, 2014 from www.ucdmc.ucdavis.edu/newsroom/pdfLatino_mental_health_report-6-25-2012-1.pdf.

Alegria, M., Chatterji, P., Wells, K., Cao, Z., Chen, C. N., Takeuchi, D., et al. (2008). Disparity in depression treatment among racial and ethnic minority populations in the United States. *Psychiatric Services, 59*(11), 1264–1272.

Alegria, M., Mulvaney-Day, N., Torres, M., Polo, A., Cao, Z., & Canino, G. (2007). Prevalence of psychiatric disorders across Latino subgroups in the United States. *American Journal of Public Health, 97*(1), 68–75.

Alexopoulos, G. S., Meyer, B. S., Yug, R. C., Campbell, S., Silbersweig, D., & Charlson, M. (1997). 'Vascular depression' hypothesis. *Archives of General Psychiatry, 54*, 915–922.

Alvarez, C. (n.d.). *The acculturation of middle-income Hispanic households*. Retrieved October 24, 2014 from www.revistaleadership.com/cladea/doctoral/coloquio_ll/ALVAREZCECILIA.pdf.

Alvarez, P., Rengifo, J., Emrani, T., & Gallagher-Thompson, D. (2014). Latino older adults and mental health: A review and commentary. *Clinical Gerontologist, 37*, 33–48.

American Psychiatric Association. (2014). Mental health disparities: Hispanics/Latinos. *APA Fact Sheet*. Retrieved October 25, 2014 from www.psychiatry.org/mental-health-dispatities/Fact-Sheet/Hispanic-Latino.pdf.

Archuleta, A. J. (2012). Hispanic acculturation index: Advancing measurement in acculturation. *Journal of Human Behavior in the Social Environment, 22*, 297–318.

Bazargan, M., & Galvan, F. (2012). Perceived discrimination and depression among low-income Latina male-to-female transgender women. *BMC Public Health, 12*, 663–670.

Bendixen & Amandi International. (2010). *Talking about LGBT equality with Latinos & Hispanics*. Retrieved September 29, 2014 from www.lgbtmap.org/file/talking-about-lgbt-equality-with-latinos-and-hispanics.pdf.

Berry, J. W. (2002). Conceptual approaches to acculturation. In K. Chun, P. Organista & G. Martin (Eds.), *Acculturation: Advances in theory, measurement, and applied research* (pp. 17–37). Washington, DC: American Psychological Association.

Bohorquez, L. (2009). Tapping in to the Hispanic senior segment. *DTC Perspective*, 51–53.

Bureau of Labor Statistics & U.S. Census Bureau. (2009). Table PINC-08. Source of income in 2008—People 15 years old and over, by income of specific type in 2008, age, race, Latino origin, and sex. *Current Population Survey, 2009 Annual Social and Economic Supplement*. Washington, DC: U.S. Census Bureau. Retrieved October 16, 2014 from http://www.census.gov/hhes/www/cpstables/032009/perinc/new08_004.htm.

Chiriboga, D. A., Black, S. A., Aranda, M., & Markides, K. (2002). Stress and depressive symptoms among Mexican American elders. *Journal of Gerontological Behavior, Psychological Science and Social Science, 57*, 559–568.

Cianciotto, J. (2005). *Hispanic and Latino same-sex couple households in the United States: A report from the 2000 census*. New York, NY: National Gay and Lesbian Task Force Policy Institute and the National Latino/a Coalition for Justice. Retrieved October 13, 2014 from http://www.lgbtracialequity.org/publications/HispanicsLatinoHouseholdsUS.pdf.

Cochran, S. D., Mays, V. M., Alegria, M., Ortega, A. N., & Takeuchi, D. (2007). Mental health and substance use disorders among Latino and Asian American lesbian, gay, and bisexual adults. *Journal of Consulting and Clinical Psychology, 75*, 785–794.

Constantine, M. G., Gloria, A. M., & Baron, A. (2006). Counseling Mexican American college students. In C. C. Lee (Ed.), *Multicultural issues in counseling* (3rd ed., pp. 207–222). Alexandria, VA: American Counseling Association.

Cummings, M. R., Hernandez, V. A., Rockeymoore, M., Shepard, M. M., & Sager, K. (2011, February). *The Latino age wave: What changing ethnic demographics mean for the future of aging in the United States*. New York, NY: Hispanics in Philanthropy. Retrieved October 16, 2014 from http://www.hiponline.org/storage/documents/HIP_LatinoAgeWave_FullReport_Web.pdf.

De Santis, J. P. (2009). HIV infection risk factors among male-to-female transgender persons: A review of the literature. *Journal of the Association of Nurses in AIDS Care, 20*(5), 362–372.

Desai, G. J., Ramar, C. N., & Kolo, G. P. (2010, August). Help for elderly Hispanic patients in managing diabetes mellitus: A practical approach. *AOA Health Watch*. Retrieved October 22, 2014 from www.cecity.com/aoa/healthwatch/aug_10/pront3.pdf.

Diaz, R., Bein, E., & Ayala, G. (2006). Homophobia, poverty, and racism: Triple oppression and mental health outcomes in Latino gay men. In A. Omoto & H. Kurtzman (Eds.), *Sexual orientation and mental health* (pp. 207–224). Washington, DC: American Psychological Association.

Dutwin, D. (2012). *LGBT acceptance and support: The Hispanic perspective*. Social Science Research Solution. Retrieved September 29, 2014 from www.ncir.org/images/uploads/publications/LGBTAS_HispanicPerspective.pdf.

Erving, C. (2007). *The health of the Hispanic elderly: Mortality, morbidity, and barriers to healthcare access*. Washington, DC: National Hispanic Council on Aging.

Flores, M. T. (2000). La familia Latina. In M. T. Flores & G. Carey (Eds.), *Family therapy with Hispanics: Toward appreciating diversity* (pp. 3–28). Boston: Allyn & Bacon.

Fredriksen-Goldsen, K. I., Kim, H., Emlet, C. A., Muraco, A., Erosheva, E. A., Hoy-Ellis, C. P., et al. (2011). *The aging and health report: Disparities and resilience among lesbian, gay, bisexual, and transgender older adults*. Seattle, WA: Institute for Multigenerational Health.

Funders for Lesbian and Gay Issues. (2004). *Aging in equity: LGBT elders in America*. New York, NY: Author.

Gonzales, H., Haan, M., & Hinton, L. (2001). Acculturation and the prevalence of depression in older Mexican Americans: Baseline results of the Sacramento Area Latino on Aging. *Journal of American Geriatric Society, 49*, 48–53.

Hakimzadeh, S., & Cohn, D. (2007, November). *English usage among Hispanics in the United States*. Washington, DC: Pew Hispanic Center. Retrieved September 29, 2014 from http://www.pewhispanic.org/files/reports/82.pdf.

Harper, G. W., Jernewall, N., & Zea, M. C. (2004). Giving voice to emerging science and theory for lesbian, gay, and bisexual people of color. *Culture of Diverse Ethnic Minority Psychology, 10*(3), 187–199.

Herbst, J. H., Jacobs, E. D., Finlayson, T. J., McKleroy, V. S., Neumann, M. S., & Crepaz, N. (2008). Estimating HIV prevalence and risk behaviors of transgender persons in the United States: A systematic review. *AIDS Behavior, 12*(1), 1–17.

Herek, G. M. (2002). Homosexuals' attitudes toward bisexual men and women in the United States. *Journal of Sex Research, 39*(4), 264−274.

Hernandez, R., Prohaska, T. R., Wang, P. C., & Sarkisian, C. A. (2013). The longitudinal relationship between depression and walking behavior in older Latinos: The "Caminemos!" study. *Journal of Aging and Health, 25*, 319–341.

Institute of Medicine. (2008). *Retooling for an aging America: Building the health care workforce*. Washington, DC: Institute of medicine of the National Academies. Retrieved October 19, 2014 from http://www.iom.edu/Reports/2008/Retooling-for-an-Aging-America-Building-the-Health-Care-Workforce.aspx.

Jang, Y., & Chiriboga, D. (2010). Living in a different world: Acculturative stress among Korean American elders. *Journal of Gerontology Series B: Psychology and the Social Sciences, 65B*(1), 14−21.

Jimenez, N., Dansie, E., Bushwald, D., & Goldberg, J. (2013). Pain among older Hispanics in the United States: Is acculturation associated with pain? *Pain Medicine, 14*(8), 1134−1139.

Kastanis, A., & Gates, G. J. (2010). *LGBT Latino/a individuals and Latino/a same-sex couples*. Los Angeles, CA: The Williams Institute. Retrieved September 29, 2014 from www.williamsinstitute.law.ucla.edu/wp-content/Census-2010-Latino-Final.pdf.

Kenagy, G. P. (2005). Transgender health: Findings from two needs assessment studies in Philadelphia. *Healing in Social Work, 30*(1), 19–26.

Kim, H. J., & Fredriksen-Goldsen, K. I. (2012). Hispanic lesbians and bisexual women at heightened risk or health disparities. *American Journal of Public Health, 102*(1), e9–e15.

Kochhar, R., Fry, R., & Taylor, P. (2011, July). *Twenty-to-one: Wealth gaps rise to record highs between Whites, Blacks, and Hispanics*. Washington,

DC: Pew Research Center. Retrieved June 19, 2014 from http://www.pewsocialtrends.org/files/2011/07/SDT-Wealth-Report_7-26-11_FINAL.pdf.

Koerner, S. S., Shirai, Y., & Pedroza, R. (2013). Role of religious/spiritual belief and practices among Latino family caregivers of Mexican descent. *Journal of Latina/o Psychology, 1*(2), 95–111.

Koken, J. A., Bimbi, D. S., & Parsons, J. T. (2009). Experiences of familial acceptance-rejection among transwomen of color. *Journal of Family Psychology, 23*(6), 853–860.

Krehely, J. (2009, December 21). How to close the LGBT health disparities gap: Disparities by race and ethnicity. *Center for American Progress*. Retrieved October 17, 2014 from http://www.amwericanprogress.org/issues/2009/12/pdf/lgbt_health_disparities_race.pdf.

Kuhns, L. M., Vazqiez, R., & Ramirez-Valles, J. (2008). Researching special populations: Retention of Latino gay and bisexual men and transgender persons in longitudinal health research. *Health Education Research, 23*, 814–825.

Kwag, K. H., Jang, Y., & Chiriboga, D. A. (2012). Acculturation and depressive symptoms in Hispanic older adults: Does perceived ethnic density moderate their relationship? *Journal of Immigrant Minority Health, 14*, 1107–1111.

Laea, M., Gamboa, C., Kahramanian, M. I., Morales, L. S., & Bautista, D. E. H. (2005). Acculturation and Latino health in the United States: A review of the literature and its sociopolitical context. *Annual Review of Public Health, 26*, 367–397.

Lehman, D., Fenza, P., & Hollinger-Smith, L. (2012). *Diversity & cultural competency in health care settings*. Retrieved October 22, 2014 from www.matherlifewaysinstituteonaging.com/wp-content/uploads/2012/03/Diversity-and-Cultural-Competency-in-Health-Care-Settings.pdf.

Lokpez, E. (2010). Reaching Hispanics: First segment by acculturation, then speak their language. *Real-World Education for Modern Marketers*. Retrieved October 24, 2014 from www.marketingproofs.com/articles/2010/3666/reaching-hispanics-first-segment-by-acculturation-then-speak-their-language.html.

Lopez-Baez, S. I. (2006). Counseling Latinas: Culturally responsive interventions. In C. C. Lee (Ed.), *Multicultural issues in counseling* (3rd ed., pp. 187–194). Alexandria, VA: American Counseling Association.

Masel, M. C., Rudkin, L. L., & Peek, M. K. (2006). Examining the role of acculturation in health behavior of older Mexican Americans. *American Journal of Health Behavior, 30*(6), 684–699.

McLean, K. (2008). Inside, outside, nowhere: Bisexual men and women in the gay and lesbian community. *Journal of Bisexuality, 8*(1–2), 63−80.

National Alliance for Caregiving and AARP. (2009, November). *Caregiving in the U.S. 2009*. Retrieved October 15, 2014 from www.caregiving.org/data/Caregiving_in_the_US_2009_full_report.pdf.

National Center for Health Statistics. (2013). Deaths: Final data for 2010. *National vital statistics report 61, no. 4*. Retrieved September 28, 2014 from www.cdc.gov/nchs/data/dvs/deaths_2010_release.pdf.

National Committee to Preserve Social Security and Medicare. (2008). *Why Social Security is important to Latino and Latino Americans*. Washington, DC: National Center for Education Statistics. Retrieved October 16, 2014 from www.ncpssm.org/news/archive/vp_hispanics/.

National Council of La Raza. (2005). *Critical disparities in Latino mental health: Transforming research into action*. Retrieved October 25, 2014 from www.napolitano.house.gov/mhcacus/reports/Critical_Disparities_in_Latino_Mental_Health.pdf.

National Healthcare Disparities Report. (2005). *Agency for healthcare research and quality*. Rockville, MD. Retrieved October 16, 2014 from http://www.ahrq.gov/qual/nhdr05/nhdr05.htm.

National Hispanic Council on Aging. (2008). Retrieved October 15, 2014 from http://www.nhcog.org/economic_security.php.

National Hispanic Council on Aging. (2013, December). *Hispanic LGBT older adult needs assessment*. Retrieved July 7, 2014 from www.gallup.com.poll/158066/special-report-adults-idemtity-lgbt.aspx.

Nemoto, T., Bodeker, B., & Iwarmoto, M. (2011). Social support, exposure to violence and transphobia, and correlates of depression among male-to-female transgender women with a history of sex work. *American Journal of Public Health, 101*(10), 1980–1988.

Osypuk, T., et al. (2009). Are immigrant enclaves healthy places to live? The multi-ethnic study of atherosclerosis. *Social Science and Medicine, 69*(1), 110–120.

Palloni, A., & Arias, E. (2004). Paradox lost: Explaining the adult Hispanic mortality advantage. *Demography, 41*(3), 385–415.

Park, Y. W., Zhu, S., Palaniappan, L., Heshka, S., Carnethon, M. R., & Heymsfield, S. B. (2003). The metabolic syndrome: Prevalence and associated risk factor findings in the U.S. population from the Third National Health and Nutrition Examination Survey, 1988–1994. *Archives of Internal Medicine, 163*(4), 427–436.

Pew Hispanic Center. (2007). *Changing faiths: Latinos and the transformation of American religion (2006 Hispanic Religion Survey)*. Retrieved October 15, 2014 from www.pewhispanic.org/2007/04/25/changing-faiths-latinos-and-the-transformation-of-american-religion-20.

Pew Hispanic Center. (2010). *Statistical portrait of Latinos in the United States, 2008. Table 37: Poverty, by age, race and ethnicity: 2008*. Washington, DC: Author. Retrieved October 16, 2014 from http://pewLatino.org/files/factsheets/Latinos2008?Table%2037.pdf.

Pew Hispanic Center Survey. (2012). *2012 National Survey of Latinos*. Available at http://www.pewhispanic.org/2014/04/12/2012-national-survey-of-latinos/

Pew Research Center. (2014, May 14). *The shifting of religious identity of Latinos in the United States*.

Retrieved October 15, 2014 from www.pewresearch.org/religion.

Rodriguez-Lopez, L., & Tirado, C. (2005, March). Challenges to providing mental health services for Hispanic non-English speakers. *Hispanic Federation Punto De Vista Policy Brief*. Washington, DC: Hispanic Federation.

Roger, V., Go, A., Lloyd-Jones, D., Adams, R., Berry, J., Brown, T., et al. (2011). Heart disease and stoke statistics—2011 update: A report from the American Heart Association. *Circulation, 123*(4), e18–e209.

Sue, D. W., & Sue, D. (2013). *Counseling the culturally diverse: Theory and practice* (6th ed.). Hoboken, NJ: Wiley.

Taylor, P., Lopez, M. H., Martinez, J. H., & Velasco, G. (2012, April 4). *When labels don't fit: Hispanics and their views and identity*. Washington, DC: Pew Hispanic Center. Retrieved October 1, 2014 from www.pewhispanic.org/files/2012/04PHC-Hispanic-identity.pdf.

Tienda, M., & Mitchell, F. (Eds.). (2006). The health status and health behaviors of Hispanics. *Hispanics and the future of America*. Washington, DC: National Academies Press. Retrieved October 20, 2014 from http://www.ncbi.nlm.nih.gov/books/NBK199905/.

Torres-Gil, F., Greenstein, R., & Kamin, D. (2005). *The importance of Social Security to the Hispanic community*. Washington, DC: Center for Budget and Policy Priorities. Retrieved October 16, 2014 from www.cbpp.org/6-28-05socsec3.htm.

U.S. Bureau of Labor Statistics. (2011, August). *Labor force characteristics by race and ethnicity, 2010*. Report 1032. Washington, DC: Author.

U.S. Census Bureau. (2010a). Median age of the resident population by race and Latino origin for the United States and states: July 1, 2009. *Population estimates: State—Characteristics: Median age by race and Latino origin*. Washington, DC: Author. Retrieved October 16, 2014 from http://www.census.gov/popest/states/asrh/SC-EST2009-06.html.

U.S. Census Bureau. (2010b). *America's families and living arrangements: 2010*. Retrieved October 1, 2014 from http://www.census.gov/population/www/socdemo/hh-fam/cps2010html.

Valdez, R. B., & Arce, C. (2000). A profile of Hispanic elders. *Horizons Project Nationwide Demographic Report*. San Antonio, TX: Cutting Edge Communications, Inc.

Valentine, S. R., Godkin, J., & Doughty, G. P. (2008). Hispanics' locus of control, acculturation, and wellness attitudes. *Social Work in Public Health, 23*(5), 73–92.

Wallace, S. P. (2006, December 14). *Analysis of the 2003 California Health Interview Survey*. Presentation at the Academy Health on improving the health and wellbeing of Hispanic elders, Washington, DC.

Yang, F. M., Cazorla-Lancaster, Y., & Jones, R. N. (2008). Within-group differences in depression among older Hispanics living in the United States. *The Journals of gerontology Series B: Psychological Sciences and Social Sciences, 63*(1), 27–32.

Zhang, Z., Hayward, M., & Lu, C. (2012). Is there a Hispanic epidemiological paradox in later life? A closer look at chronic morbidity. *Research on Aging, 34*(5), 548–571.