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HEALTH RESOURCES AND
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Improving Hispanic Elders' Health: Community Partnerships for Evidence-Based Solutions

Project Overview

Purpose

Persistent and growing health disparities indicate that many elderly Hispanics are not receiving the level and type of health care and related social services they need to live healthy, productive lives. To address this problem, five federal agencies are collaborating to assist local communities in developing coordinated strategies for improving the health and wellbeing of elderly Hispanics. The purpose of this pilot project is to bring together teams of local leaders from communities with large numbers of Hispanic elders to review the latest research findings and examples of promising practices, and to provide assistance as the communities use this information to create and implement their own local plans for addressing one or more health disparities. The project will emphasize the importance of working across organizational boundaries to link aging services providers, medical care providers, Hispanic community organizations, and public agencies to promote the use of the new Medicare benefits, low-cost evidence-based prevention programs, and other initiatives that can reduce health disparities among Hispanic elders.

Phase I of the project will feature an in-person workshop for up to seven teams from major metropolitan areas selected on a competitive basis. Each team will consist of approximately six people representing local Hispanic community organizations, aging services providers, health care providers, local public health agencies, and the Area Agency on Aging. Applications will be due July 24, 2007 and the workshop will be held October 23-25, 2007 at a facility to be determined. Phase II will facilitate the sharing of ideas and information across these seven teams through a national "learning network" for approximately one year. Within the first few months of their participation in the network, each local team will be asked to articulate its plan for addressing one or more health disparities in their community. No grants will be made through this project, but technical assistance will be available to teams, as well as travel support for team members who otherwise would not be able to participate in the Phase I workshop. The following project overview provides more detail about the problem of health disparities among Hispanic elders, the need for more collaboration across agencies, and how local communities can apply to participate in the project.

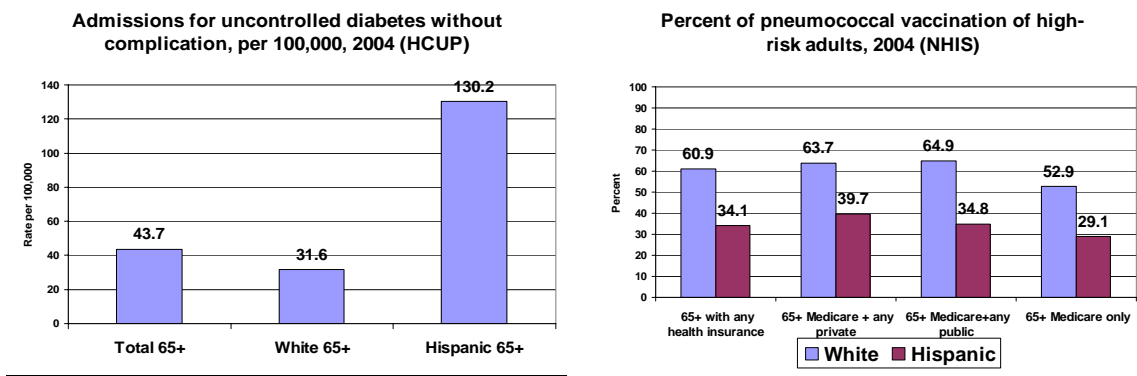
The initiative has been organized by the Administration on Aging (AoA), the Agency for Healthcare Research and Quality (AHRQ), the Centers for Disease Control and Prevention (CDC), the Centers for Medicare and Medicaid Services (CMS), and the Health Resources and Services Administration (HRSA), all part of the United States Department of Health and Human Services (DHHS).

Prevalence of Health Disparities

According to the National Healthcare Disparities Report (NHDR),ⁱ an annual report to the Congress prepared by AHRQ, significant health disparities exist for Hispanic elders compared to the majority, non-Hispanic white, elderly population, ranging from poorer access to health care to poorer diabetes control. The measures listed below highlight prominent disparities experienced by Hispanic elders.

- 1) Less likely to achieve diabetes control (e.g., more likely to be hospitalized for diabetes).
- 2) Less likely to receive vaccinations for pneumonia or influenza.
- 3) Less likely to receive recommended hospital care for pneumonia.
- 4) Less likely to receive cancer screening services (e.g., mammography, colorectal cancer screening).
- 5) Less likely to have an ongoing source of care.
- 6) More likely to fall multiple times in one year.ⁱⁱ
- 7) Less likely to receive counseling to increase physical activity, if overweight.

Elderly Hispanics face many obstacles to health care, including language and cultural barriers that, if not addressed, will continue to exacerbate the growing health disparities among this population. These disparities, according to the data, continue to grow, and for some measures, are worse than for any other minority group.



Growth and Diversity of the Elderly Hispanic Populationⁱⁱⁱ

Hispanics comprise the most populous minority group in the United States and, while the number of older Hispanics is currently small, the population is growing rapidly. According to the 2005 U.S. census, Hispanics are the largest ethnic or race minority at 42.7 million (14 percent of the population), yet the population is generally quite young (median age is 27.2) and accounts for less than 2 million (about 6 percent) of all persons aged 65 and over. By 2050, however, Hispanics will be the fastest growing population in the 65 and over age cohort, reaching 15 million, and will likely double that figure for those aged 50 and over.^{iv}

The U.S. Hispanic community is also quite diverse, representing numerous countries of origin. Nationwide, about 66.9 percent of Hispanics are of Mexican descent, 14.3 percent are from Central and South American nations, 8.6 percent are Puerto Rican, 3.7 percent are Cuban, and 6.5 percent are from other Hispanic nations.^v At the local level, this distribution can vary significantly. Cubans,

for example, are the largest subgroup in the south Florida area, while Puerto Ricans and other Caribbean Islanders are prominent in the greater New York City area.

The urban areas with the largest numbers of elderly Hispanics are greater Los Angeles, greater New York City, and greater Miami, according to the 2000 U.S. census. Several other metropolitan areas with major concentrations include the areas in and around Chicago, San Diego, and Texas cities of San Antonio, El Paso, Houston, as well as the lower Rio Grande River valley (McAllen, Edinburg, and Mission, Texas).

The Need for Partnerships

The initiative seeks to foster partnerships at multiple levels in order to overcome barriers that impede wider use of appropriate services by elderly Hispanics, especially those with chronic health conditions and fewer resources. These partnerships will build upon the existing levels of support within the Hispanic community. Hispanic elders are typically surrounded by family, friends, and neighbors who care deeply for them and represent the front line of care givers and advocates. In addition, Hispanic community organizations of varying sizes and strengths form the next layer of support and help link Hispanic individuals and families to broader civic, economic, and social structures, including city, county, state, and federal governments.

Hispanic elders often look to the leaders and staff of these community groups for direct services and referrals to social and health services. For example, CMS has found Hispanic community organizations to be effective in helping to inform Hispanic Medicare beneficiaries about the Part D drug benefit. Similarly, this new initiative will seek to involve such organizations in partnership with other medical care and social services agencies to overcome social, educational, and language barriers and help optimize service delivery for Hispanic elders.

Historically, there have been a number of legal, financial, and organizational “silos” or barriers that have separated clinical services providers, public health agencies, and aging services organizations.^{vi} While great efforts are being made to bridge these divides, the sponsoring agencies realize that this can be difficult and therefore want to assure that representatives from all three are part of the local teams that will participate in this initiative.

Culturally and linguistically appropriate services for elderly Hispanics are not always available across the country. Hispanic community organizations may provide medical care, counseling, nutrition programs, exercise classes, or other programs, but very few have sufficient resources or expertise to meet the needs of the growing elderly population, especially those who are frail. Health and social services organizations that have traditionally served English-speaking populations may not employ bilingual staff or translators in sufficient supply.

To overcome these obstacles this initiative is designed to initiate partnerships and/or foster existing partnerships and connections among the various organizations that in some way are already serving elderly Hispanics or otherwise seek to serve them more effectively. At the national level, the five DHHS agencies have asked national Hispanic organizations for assistance in planning the initiative, including the National Hispanic Council on Aging, the National Hispanic Medical Association, and the National Alliance for Hispanic Health. Stakeholders from select communities will be invited to

form local teams consisting of leaders from the aging services, public health, and medical care sectors and to involve researchers in order to help promote use of existing evidence, available data, and sound evaluation methods. Participating teams will be asked to share their experiences with each other and—in the long run—their lessons will be shared with stakeholders in other communities across the country.

Data and Evidence-Based Resources for Addressing Disparities and Improving Services

The project seeks to help local decision-makers find and use the latest research-based information and methods in developing their strategies for addressing health disparities. Together, the five participating federal agencies have a wealth of data resources, reports, planning methods, guidelines, on-going projects, and expertise that can be tapped to assist participating teams.

Examples of the kinds of resources that may be used include:

- AHRQ's 2006 National Healthcare Disparities Report, National Healthcare Quality Report, and materials related to cultural competency and health literacy;
- Lessons from AoA's Evidence-Based Disease Prevention Grants Program and the Center for Healthy Aging resources created to serve and support those program grantees;
- CDC's Behavioral Risk Factor Surveillance System (BRFSS) and Racial and Ethnic Approaches to Community Health across the U.S. program (REACH US);
- AoA, CMS, and HRSA's partnership to educate Spanish-speaking Medicare beneficiaries and their caregivers about Medicare's benefits and prevention services, including a newly released "Bienvenido a Medicare Telenovela" ("Welcome to Medicare") DVD;
- Stanford University's Chronic Disease Self-Management Program, including materials that have been used by Hispanic elderly in community settings such as senior centers, churches, libraries, and hospitals to address chronic health conditions;
- The Expanded Chronic Care Model (Barr, Robinson, Marin-Link, Underhill, Dotts, Ravensdale, & Salivaras, 2003), based on the Chronic Care Model developed by Ed Wagner, MD, MPH; and
- Prevention tools and resources for community and clinical programs from CDC and AHRQ.

The Workshop

The kickoff event for the initiative will be a national workshop lasting about two and a half days on October 23-25, 2007, at a site to be determined. The primary meeting objectives will be to:

1. Present a summary of research findings and promising practices related to health disparities and evidence-based disability and disease prevention programs for the elderly;
2. Provide an opportunity for local teams to meet and discuss the needs of elderly Hispanics in their local communities, their current approaches to serving them, gaps in service, new efforts that may be needed, and possible opportunities for working together; and
3. Meet colleagues from other communities who are facing similar challenges and begin sharing experiences and lessons.

The specific workshop agenda has yet to be finalized, but is likely to include sessions on the following topics: health disparities, Medicare participation among Hispanic elders, chronic disease self management, clinical preventive services, falls prevention, physical activity programs, and resources for cultural competency training.

The Learning Network

Following the workshop, those delegations that appear most ready to continue working together will be invited to form a national learning network. The learning network is a mechanism for local team members to stay in contact with each other as well as with peers and stakeholders from other teams and cities across the county, as well as with leading researchers and experts familiar with evidence-based disability and disease prevention programs. Members will be connected through an e-mail listserve, and periodic phone- and Web-based conferences. A limited amount of technical assistance will also be available for teams as they complete, and begin to implement their intervention plans. Such a learning network can be a powerful mechanism for discerning the relevance of the latest evidence, capturing tacit knowledge of colleagues, generating new ideas, and forming problem-solving partnerships.

It is expected that the learning network members will share their experiences with other network members, including lessons learned and innovative ideas, as well as their progress toward implementing their projects, achieving their goals, and translating the research into action.

Composition of Local Teams and Application Process

To participate in the workshop, local community and agency leaders must form a team or delegation of approximately six individuals representing critical stakeholder organizations. These individuals should be experienced in their field, understand the needs of local consumers, and hold significant responsibilities within their organizations (e.g., executive directors, senior managers, clinicians, board members). The following types of organizations should be represented within the team:

- Area Agency on Aging,
- Hispanic community organization,
- Local public health agency,
- Aging services provider organization,
- Medical care provider organization (e.g., community health center, federally qualified health center, hospital, private medical group), or health plan, preferably registered as a Medicare provider; and
- Health services research organization (e.g., university, consulting group).

While any of the partner organizations may take the lead in organizing a delegation, the local Area Agency on Aging (AAA) must submit the application on behalf of the team and include a cover letter from the executive director with the application. Area Agencies on Aging are the federally designated entities responsible for area-wide planning and coordination on matters that affect the elderly population. That letter should designate a Team Coordinator who will serve as the point person for communications between the local project team and the sponsoring federal agencies (e.g., soliciting input for the workshop agenda, sharing background materials, making travel arrangements). The team is encouraged to meet at least once, in person, in the process of preparing the application.

The workshop will be a highly interactive meeting. Travel scholarships will be available for up to six persons per team who otherwise would not be able to participate in the meeting; this may cover transportation, lodging, and meals, as needed.

The pilot project is intended for teams from selected metropolitan areas with large numbers of elderly Hispanics. For the purpose of this initiative, the boundaries for these target communities correspond to the boundaries of the planning and service area of the AAA serving the major city in each of those areas. The executive directors of the nine (9) AAAs listed below are invited to submit applications by July 24, 2007; see Appendix A for their contact information.

Table 1. Target communities and Area Agencies on Aging that may submit an application

Nine Target Communities by State (city and related county jurisdictions, where applicable)	Corresponding Area Agency on Aging
Los Angeles, California	City of Los Angeles Department of Aging
San Diego, California (including San Diego County)	Aging and Independent Services
Miami, Florida (including counties of Dade and Monroe)	Alliance for Aging, Inc.
Chicago, Illinois	Chicago Department on Aging
New York City, New York	New York City Department for the Aging
San Antonio, Texas (including Bexar County)	Bexar County AAA
El Paso , Texas (including counties of El Paso, Hudspeth, Culberson, Jeff Davis, Presidio, and Brewster)	Rio Grande Council of Governments AAA
Houston, Texas (including Harris County)	Harris County AAA
McAllen, Texas (including counties of Hidalgo, Willacy, and Cameron)	Lower Rio Grande Valley AAA

The team’s application should be a written narrative addressing the five questions listed below. The entire narrative should be no more than five pages single-spaced, plus an attachment listing the names, titles, and contact information for the proposed team members.

1. Who is included in your proposed community team and why? (Note: Teams participating in the workshop are expected to include five to seven individuals. Travel scholarships would be available for no more than six individuals.)
2. What, if any, joint-programs or projects related to elderly Hispanics have these individuals and/or their organizations worked on together over the past three years?
3. What specific issue(s) or challenge(s) related to health disparities might the team chose to work on during the course of this workshop and learning network experience?
4. What kinds of measures might you use to assess your progress, and to what extent would the data be available for evaluating your efforts?
5. How do you think your team would benefit from participation in the workshop and learning network? In particular, how might you use the research discussed and ideas generated through this project to address your priority issue(s)?

Complete applications should be submitted to AcademyHealth, the contractor for this project,^{vii} and must arrive no later than 5:00 p.m. Eastern time on Tuesday, July 24, 2007. Applications may be

submitted via email to Elders@academyhealth.org, or by sending ten (10) hard copies to AcademyHealth, Attn. Hispanic Elders Project, 1801 K Street, N.W., Suite 701-L, Washington, DC 20006;

An application review committee consisting of representatives of the sponsoring federal agencies will discuss the applications and select up to seven teams to participate in the workshop. All applicants will be notified about the disposition of their submission by the end of August, and are asked to hold the workshop dates of October 23-25, 2007 on their calendar until that time.

This overview and other related information will be available at www.academyhealth.org/ahrq/elders. If you have questions, please contact Daniel Campion, project manager, at Daniel.Campion@academyhealth.org, or call 202.292.6700 ext. 727.

ⁱ National Healthcare Disparities Report, 2005. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/qual/nhdr05/nhdr05.htm>

ⁱⁱ This measure of falls is not from the NHDR, but from an analysis of the 2003 California Health Interview Survey, presented by Steven P. Wallace presented at a meeting titled, "Improving the Health and Wellbeing of Hispanic Elders," conducted by AcademyHealth on December 14, 2006 in Washington, DC.

ⁱⁱⁱ "Nation's Population One-Third Minority" released on May 10, 2006. <http://www.census.gov/Press-Release/www/releases/archives/population/006808.html>; Accessed March 17, 2007.

^{iv} Older Americans Update 2006: Key Indicators of Well-Being. Federal Interagency Forum on Aging-Related Statistics (Forum); Accessed March 17, 2007 http://www.agingstats.gov/update2006/OA_2006.ppt#1

^v U.S. Census Bureau, Annual Demographic Supplement to the March 2002 Current Population Survey.

^{vi} Chronic Disease Directors and National Association of State Units on Aging. *The Aging States Project: Promoting Opportunities for Collaboration Between the Public Health and Aging Services Networks*. A Report to the Centers for Disease Control and Prevention & Administration on Aging, United States Department of Health and Human Services, January 2003. The report is available at: http://www.chronicdisease.org/files/public/aging_states_project.pdf

^{vii} AcademyHealth is providing substantive and logistical support for this project under the AHRQ Knowledge Transfer and Applications Support Contract #290-04-0001.

APPENDIX A. Contact Information for Target Community AAA Leaders

TARGET COMMUNITY (by state)	CORRESPONDING AAA	LEAD CONTACT	ADDRESS
Los Angeles, CA	City of Los Angeles Dept. of Aging www.lacity.org/doa	Laura Trejo, General Manager laura.trejo@lacity.org 213-252-4000 (P) 213-252-4020 (F)	3580 Wilshire Blvd., Suite 300 Los Angeles, CA 90010
San Diego County, CA	Aging & Independent Service www.ais-sd.org	Pamela B. Smith, Director pam.smith@sdcounty.ca.gov 858-495-5885 (P) 858-495-5080 (F)	9335 Hazard Way San Diego, CA 92123-1222
Miami, FL	Alliance for Aging, Inc.	Max B. Rothman President/CEO rothmanm@elderaffairs.org 305-670-6500 ext.224 (P) 305-670-7721 (F) Additional contact: Vanessa Rodriguez, rodriguezv@elderaffairs.org	9500 S. Dadeland Blvd., Suite 400 Miami, FL 33156
Chicago, IL	Chicago Department on Aging www.cityofchicago.org/aging	Joyce Gallagher, Commissioner aging@cityofchicago.org 312-744-5770 (P) 312-742-0699 (F) Additional contact: Dorcas Austin, dorcasAustin@cityofchicago.org	30 N. LaSalle St. Suite 2320 Chicago, IL 60602
New York City, NY	New York City Department for the Aging www.nyc.gov/aging	Edwin Méndez-Santiago, LCSW Commissioner emendez@aging.nyc.gov 212-442-1100 (P) 212-442-1095 (F)	2 Lafayette St. 7th Floor New York, NY 10007-1392
El Paso, TX	Rio Grande Council of Governments AAA	Adan Dominguez, Director adand@riocog.org 915-533-0998 (P) 915-544-5402 (F)	1100 N. Stanton, Suite 610, El Paso, TX 79902
Houston, TX	Harris County AAA www.houstontx.gov/health/index.html	Charlene Hunter James, Director charlene.james@cityofhouston.net 713-794-9001 (P) 713-794-9238 (F) Additional contact: Patsy Cano, patsy.cano@cityofhouston.net	8000 N. Stadium Dr. Houston, TX 77054

San Antonio, TX	Bexar AAA www.bexaraging.org	Carol Zernial, Director czernial@aacog.com 210-362-5200 (P) 210-225-5937 (F)	8700 Tesoro Dr. Suite 700 San Antonio, TX78217
McAllen, TX	Lower Rio Grande Valley AAA www.lrgvdc.org	Jose L. Gonzalez, Director jgonzalez@lrgvdc.org 956-682-3481 (P) 956-682-8852 (F)	311 N. 15th St. McAllen, TX 78501-4705