

**Written Testimony of  
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**Before the House of Representatives Education and Workforce Committee  
Subcommittee on Higher Education and Workforce Training  
Tuesday, May 11, 2014**

Thank you Chairman Foxx, Ranking Member Hinojosa, and Members of the House of Representatives' Subcommittee on Higher Education and Workforce Training, for the opportunity to testify at this hearing. It is an honor to be here to underscore the great need to reauthorize the Older Americans Act (OAA).

I am president and CEO of the National Hispanic Council on Aging (NHCOA), the leading national organization working to improve the lives of Hispanic older adults, their families, and caregivers. NHCOA is a member of the Diverse Elders Coalition, a coalition of five organizations advocating for aging policies that improve the lives of racially and ethnically diverse Americans, including the American Indian, Asian American and LGBT communities. Though the particular needs of each community differ, maintaining health and economic security is something all seniors strive for, and the OAA helps them achieve this.

Enacted in 1965 as a partner to Medicare and Medicaid, the OAA provides services and programs that allow seniors to age independently in their communities. Specifically, the OAA provides home-delivered and senior center meals, transportation services, caregiver support, job training, long-term care protections, and a number of other services.

We know the OAA and its services work. Older adults experiencing the threat of hunger tell us that often times their only meal is through a local senior center. We also hear stories about selfless caregivers who have received training and respite as part of the National Family Caregiver Support Program. Across the nation, older adults are learning new skills and going back to work because of training received from the Senior Community Services Employment Program. The OAA also helps seniors receive the services and support they need to maintain their health and independence, as well as avoid more expensive forms of care.

Sequestration harms the OAA's ability to fulfill its mission. Every day, 10,000 people turn age 65.<sup>1</sup> Yet, OAA funding has not increased enough to meet this demand. On the contrary, some of its programs have been cut. This means that millions of meals aren't being delivered to senior centers or homes, hundreds of thousands of seniors are losing access to daily living assistance, and thousands of low-income older adults who are eager to learn new skills are turned away from job training.<sup>2</sup>

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<sup>1</sup> Cohn, D., Taylor, P. *Baby Boomers Approach 65 – Glumly*. Pew Research Social and Demographic Trends. December 20, 2010. Accessed from <http://www.pewsocialtrends.org/2010/12/20/baby-boomers-approach-65-glumly/>

<sup>2</sup> Leadership Council of Aging Organizations. *Issue Brief: NDD Sequestration Hurts Vulnerable Seniors*. October 2012. Accessed from <http://www.lcao.org/files/2013/02/LCAO-Sequestration-Issue-Brief-Oct2012.pdf>

Although the OAA has been successful, it is in need of an update because the demographics of the seniors it serves are changing. Currently, there are 3.3 million African American seniors, 2.9 million Hispanic seniors, 1.4 million Asian American seniors, 1.5 million openly lesbian, gay, bisexual, and transgender seniors, and 235 thousand American Indian and Native Alaskan seniors.<sup>3</sup> And these numbers will only increase as the general U.S. population ages. The OAA must respond to these demographic changes. In general, diverse older adults experience health inequities and disproportionate levels of economic insecurity. The American Community Survey estimates that around 5% of Hispanics over age 65 lack health insurance. In comparison, less than one percent of non-Hispanic seniors lack health insurance.<sup>4</sup> This makes the health community services offered through the OAA particularly important for Latino seniors. Similarly, the American Community Survey finds that 19% of American Indian older adults live in poverty.<sup>5</sup> African American seniors—currently the largest group of diverse seniors in the country—endure diabetes at disproportionately high rates.<sup>6</sup> We know that the OAA’s health education and nutrition programs can help reduce these inequities.

At NHCOA’s regional community forums, I hear from older adults struggling to access OAA services because of cultural and linguistic barriers. A Hispanic older adult in Los Angeles explained to us, “Many of the services do not have employees that have the capacity or the patience to help us. There is a huge lack of respect to seniors.” A report by Hispanics in Philanthropy, entitled *The Latino Age Wave*, found there is a lack of places Latino seniors can go to access aging services.<sup>7</sup> Cultural factors form a barrier to services for LGBT older adults as well. Many LGBT seniors have endured a lifetime of discrimination based on their sexual orientation and gender identity. As a result, many feel uncomfortable seeking out services from mainstream providers.<sup>8</sup>

Effectively reaching and serving diverse older adults requires cultural and linguistic competence. In practice, this entails more than merely translating. Rather, outreach materials should be adapted and targeted to the community they are intending to reach. Service providers should keep in mind that levels of education, English proficiency, and seniors’ past experiences differ and affects their ability to understand and receive services through the OAA.

NHCOA strongly supports the reauthorization of the OAA. And I know that we are currently in a challenging budgetary situation, but the OAA needs more funding. The cuts of sequestration are harming the ability of our country to care for our older adults. Additionally, in recognition of

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<sup>3</sup> Administration on Aging. *Minority Aging – Statistical Profiles*. Accessed from [http://www.aoa.gov/AoARoot/\(S\(2ch3qw55k1qylo45dbihar2u\)\)/Aging\\_Statistics/minority\\_aging/Index.aspx](http://www.aoa.gov/AoARoot/(S(2ch3qw55k1qylo45dbihar2u))/Aging_Statistics/minority_aging/Index.aspx) and Services and Advocacy for GLTB Elders. *General Facts*. Accessed from <http://www.sageusa.org/issues/general.cfm>

<sup>4</sup> National Hispanic Council on Aging calculations based on data from the 2010-2012 American Community Survey 3-Year Estimates.

<sup>5</sup> U.S. Census Bureau. “Poverty Status in the Past 12 Months by Sex by Age (American Indian and Alaskan Native Alone). 2008-2012 American Community Survey 5-Year Estimates.

<sup>6</sup> Administration on Aging. *Minority Aging – Statistical Profiles*. Accessed from [http://www.aoa.gov/AoARoot/\(S\(2ch3qw55k1qylo45dbihar2u\)\)/Aging\\_Statistics/minority\\_aging/Index.aspx](http://www.aoa.gov/AoARoot/(S(2ch3qw55k1qylo45dbihar2u))/Aging_Statistics/minority_aging/Index.aspx)

<sup>7</sup> Global Policy Solutions. *The Latino Age Wave*. Hispanics in Philanthropy. February 2011. Accessed from [http://www.hiponline.org/storage/documents/HIP\\_LatinoAgeWave\\_FullReport\\_Web.pdf](http://www.hiponline.org/storage/documents/HIP_LatinoAgeWave_FullReport_Web.pdf)

<sup>8</sup> Services and Advocacy for GLTB Elders, *LGBT Older Adults and the Reauthorization of the Older Americans Act: A Policy Brief*. March 2011. Accessed from: <http://www.sageusa.org/resources/publications.cfm?ID=15>

current demographic changes, the provision of services in a culturally and linguistically competent manner should be made a priority of the law. Additionally, LGBT older adults and people with HIV/AIDS should be identified as a population in greatest social need. Once again, thank you for the opportunity to testify. I am happy to answer any questions you may have.