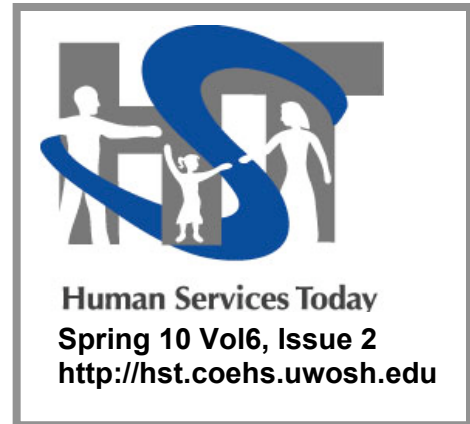


Challenges of Elderly Immigrants

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Abstract

The elderly population is growing at a faster rate than the overall U.S. population. In addition, the elderly immigrant population is also growing at a fast rate in the U.S. Both population groups face various challenges concerning their needs and in receiving assistance from healthcare and human services. As scant literature concerning meeting the needs of elderly immigrants exists, this paper examines Human Services' ability to provide adequate assistance and the efforts of multi-sectoral planning, while attempting to meet the needs of elderly immigrants in the U.S.

Introduction

According to the United States Census Bureau (2006), the aging elderly population is the fastest growing segment in the U.S. Additionally, the number of foreign-born individuals 65 years and older has almost doubled since 1990 from 2.7 million to 4.3 million people (Leach, 2008-2009). While both populations face obstacles in meeting their needs as they age, the needs of the elderly immigrant may not be met as readily, due to specific unaddressed barriers. This article addresses the challenges and concerns of the aging immigrant population in today's rapidly changing society. While very scant literature concerning the aging immigrant population exists, Human Services workers will be faced with the challenge of providing adequate assistance to this population in the future.

The term aged or elderly immigrant is defined as a person who is 65 years old or older and who was not born in the U.S. (Leach, 2008). This population has increased or fluctuated throughout the twentieth century as older immigrants presently account for approximately 11 percent of the foreign-born population in the U.S. (Leach, 2008). According to Treas and Batalova (2007), the older immigrant population is expected to quadruple in size and reach 16 million by 2050.

U.S. Census Bureau (2006) data reveal that the number of immigrants recently arriving in the U.S. has steadily increased since 1970 while the number of older immigrants has grown from 100,000 in 1970 to 450,000 in 2006. The median age of the aged immigrant is 72 years old (Ruggles, 2004).

Needs & Challenges of Elderly Immigrants

Elderly immigrants in the U.S. represent diverse populations consisting of several ethnic groups with Hispanic populations being the largest. According to Terrazas and Batalova (2009) and Borjas (2009), Hispanic immigrants represent approximately 47 percent of the total immigrant population in 2008, while the total of all elderly immigrants represent approximately 11 percent of the immigrant population. In the U.S., elderly immigrant populations often face challenges that are quite different from their American

counterparts, as elderly immigrants experience disadvantages in meeting their needs and in receiving assistance from health and human services due to various internal and external challenges.

These challenges include elderly immigrants' linguistic and cultural barriers (Trang, 2008) as well as housing, transportation and access to medical resources. Because a vast majority of elderly immigrants face limited English skills, their ability to communicate their health issues or concerns creates a certain amount of vulnerability to serious health issues and health disparities.

In most instances, the lack of cultural awareness impedes accessibility to services of elderly immigrants. Access to health and social services are likely the greatest social challenges facing U.S. society, particularly for both the American born elderly and the elderly immigrant. For the elderly immigrant, being uninsured or underinsured is commonplace and can strain an already burdened health care system. More than 43.6 million older immigrants are uninsured/underinsured (Cohen and Martinez, 2007) and many encounter access issues to healthcare services related to Medicare/Medicaid eligibility (U.S. Department of Human Services, 2008). The ineligibility of Medicare health services to elderly immigrants can have devastating results for this population. In turn, illnesses and unchecked diseases can create challenges for many Medicaid state and local programs.

Social interaction or acculturation and transportation in the U.S. present additional challenges for elderly immigrants. In most instances, language barriers impede acculturation or the social interaction process because of the immigrants' unfamiliarity with U. S. social values, cultures and mores (Kreps & Sparks, 2009; Trang, 2008-2009). In fact, according to Wilmoth (2004), the majority of elderly immigrants live with their children or family members in an effort to circumvent their unfamiliar surroundings. Due to the elderly immigrants' lack of English proficiency, it is also difficult for some elderly immigrants to navigate the public transportation system, thereby increasing their chances of isolation and marginalization.

Multi-Sectoral Planning for the Elderly Immigrant

Integrating a plan of services or multi-sectoral planning is typically put in place to deal with disparities, such as the disparities between the American born elderly population and the elderly immigrant population in the U.S. (Tang, Ramos, Farah and Uzma, 2003). In an effort to assist elderly immigrants, a multi-sectoral plan of action includes long and short-term cultural sensitivity and intervention planning; and it provides specific guidelines for human services and healthcare workers, while assisting elderly immigrants in overcoming critical barriers. Such an approach can also be used to build cultural bridges and social interaction; strengthen multi-ethnic alliances and also empower human services professionals with the ability to provide adequate services to the elderly through cultural awareness concepts.

Cultural awareness includes the application of cross-cultural communication; the ability to provide language translation services and the employment of human services workers who speak the immigrants' first language fluently. Translated health and educational material help elderly immigrants to understand their health conditions, as effective

communication is critical to the success of social support and healthcare systems for immigrants who have English speaking deficiencies. Therefore, providing elderly immigrants with health and human services information that is written in a fifth or sixth grade level can be beneficial in making certain that health and human services are accessible to immigrants (Trang, 2008-2009).

These measures of cultural awareness can be accomplished through community-based approaches that focus not only on language barriers, but also on the social and environmental context, as well as the long-term implications that concern social support systems. Future workers will need to identify with various support systems and partnerships within elderly immigrant communities and also foster relationships that benefit elderly immigrants.

Policies and strategies in assisting elderly immigrants in adapting to the complex healthcare and human services delivery systems are also very important and necessary to individual well-being. With the restrictions applied to Supplemental Security Income (SSI) and Medicaid benefits for elderly immigrants (Gorospe, 2006), reliance on other governmental, non-governmental and community programs that assist elderly immigrants and their families is necessary. The challenge for human services and healthcare professionals is to make these programs accessible to the elderly immigrant in light of the many challenges that they face.

Conclusion

In a nation with a growing aging population and an aging immigrant population as well, future workers in the healthcare and human services field will need to focus on the changing needs and the many challenges that place the elderly immigrant at a disadvantage in the U.S. The challenge to professionals on the local and state level will be the recognition and awareness of these needs and their ability to develop and implement policies and strategies that will be beneficial to elderly immigrants living in the U.S.

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This article was published in *Human Services Today*, Spring 2010 , Volume 6, Issue 2
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