

BARRIERS TO SUCCESSFUL AGING FOR
OLDER HISPANIC IMMIGRANTS

A Thesis Presented to the Faculty
of
California State University, Stanislaus

In Partial Fulfillment
of the Requirements for the Degree
of Master of Social Work

By
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May 2019

CERTIFICATION OF APPROVAL

BARRIERS TO SUCCESSFUL AGING FOR
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DEDICATION

I want to give praise to God for making this dream happen and showing me that nothing is impossible. To my daughter, who has been my driving force and inspiration, I want to say thank you for being on this long journey with me and for believing that I could do this. To my family, I want to say thank you for all the support and encouragement you have given me. This work is dedicated to you!

ACKNOWLEDGEMENTS

I would like to thank all the participants in this study who took the time to share their experiences with me. Thank you Dr. Brodie for your guidance and encouragement, I couldn't have done this without you. I would like to say thank you to Dr. Leyva and Dr. Garcia for their valuable input. Thank you to the entire Social Work department for making this experience truly remarkable.

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ABSTRACT

The Hispanic population is one of the fastest growing and rapidly aging populations in the United States. The purpose of this qualitative exploratory study is to analyze and develop an understanding of the challenges experienced by older Hispanic immigrants living in the United States. This study explores the impact of immigration and acculturation processes on older Hispanic immigrants. Additionally, this study examines the protective factors derived from membership to the Hispanic culture against marginalization and inequality experienced. Ten self-identified Hispanic immigrants over the age of sixty from various areas throughout California were interviewed for this study. The findings in this study indicate that participants have experienced significant inequalities and difficulties due to language barriers, lack of workplace retirement plans, chronic illness, morbidity, and disability, and anti-immigrant sentiments. Furthermore, the results show that family unity, family responsibility, and sense of community belonging are important factors of the Hispanic culture. Thus, this study can assist practitioners develop and implement appropriate programs that will lead to the social and economic incorporation of immigrants into society and foster positive health outcomes.

CHAPTER I

INTRODUCTION

Statement of the Problem

The aging population in the United States is rapidly growing. By 2050, the demographic make-up of society is expected to change as the older adult population, those 65 and older, is projected to grow to 83.7 million (Thorson-Oleson, 2018). Between 2010 and 2014, the population of Baby Boomers, those born between 1946 and 1964, increased seven times faster than the national population growth average; and the 85 and older population increased by four times compared to the national population growth average (Johnson & Parnell, 2017). An aging Baby Boomer generation, advances in healthcare, and individual lifestyle choices, are contributing factors for increased longevity (Barnett & Quenzel, 2017).

The increase in adults 65 and older could prove challenging, as with increased age comes a greater dependency on others (Thorson-Oleson, 2018), and added need for support, and care giving options (Johnston & Terp, 2018). As the elder population grows, many will experience economic, social, and physical problems. Low-income older adults are more likely to live in poverty, have higher propensity for chronic diseases, cognitive impairment, and mobility problems (Ailshire & Garcia, 2018). According to the U.S. Census Bureau (2017), poverty rates among individuals 65 and older increased considerably compared to other population fragments, with an additional 367,000 living in poverty in 2016.

According to Quinn and Cahill (2016), “gender, race, marital and household status, and age” (p. 323) are factors associated with increased poverty among older Americans. Women are prone to financial disadvantage in retirement age, and women over 65 experience greater poverty than men (Price & Nesteruk, 2015; Quinn & Cahill, 2016). Single persons are at greater risk of poverty than married couples and older racial minorities experience greater widespread poverty (Quinn & Cahill, 2016). Older Hispanic adults are a fast growing population, expected to reach 21.5 million by 2060, encompassing 22% of the elder U.S. population (National Hispanic Council on Aging, 2017). According to Johnson et al. (2017), many Hispanic seniors face economic insecurities and have far less wealth than older non-Hispanic white households. In 2013, the poverty rate for older Hispanics was 19% compared to 7% for older non-Hispanic whites, and 18% for non-Hispanic Blacks (Johnson et al., 2017). Lifelong income disparities, low-paying jobs, low educational achievement, and lack of resources contribute to a greater risk of poverty for Hispanic seniors (Angel & Angel, 2018). Other issues associated with low income include poor health outcomes, lack of retirement savings, and greater reliance on Social Security, Medicare, and Medicaid to meet income and health needs (Angel & Angel, 2018; Rowland, 2015; Ruiz, Sbarra, & Steffen, 2018).

In spite of the socioeconomic disadvantages, Hispanics have longer life expectancy than non-Hispanics. And foreign-born Hispanics have a significantly greater life expectancy than U.S.-born Hispanics and whites (Hummer & Hayward, 2015). This phenomenon, referred to as the Hispanic Health Paradox, is attributed to

benefits derived from close relationships with family, friends, community, and culture, as well as healthier diets, and lower-levels of cigarette smoking (Cruz-Saco & López-Anuarbe, 2017; Hummer & Hayward, 2015). These protective factors are believed to be responsible for good health, well-being, and resiliency in Hispanics (Ai, Aisenberg, Weiss, & Salazar, 2014).

As a collectivist culture, Hispanics place the well-being of family above individual needs, and one's identity and sense of belonging is connected to the group's cultural identity (Ai, Aisenberg, Weiss, & Salazar, 2014). One of the principal values of Hispanic culture is *Familismo* or *Familism*, the belief that children are responsible for taking care of their aging parents and older family members (Miyawaki, 2016). Socioeconomic factors and strong cultural ties contribute to lower utilization of nursing home care services and nursing home admission rates for Hispanic families (Thomeer, Mudrazija, & Angel, 2015). Parents are cared for at home and caregiving responsibilities are assumed by family members (Apeoa-Varano, Tang-Feldman, Reinhard, Choula, & Young, 2015).

In spite of lower or similar mortality rates as those of non-Hispanic whites, Hispanics experience higher rates of morbidity and lifetime disability compared to other groups (Cantu, Hayward, Hummer, & Chiu, 2013; Markides & Rote, 2014). According to the National Hispanic Council on Aging (2017), "while most older adults suffer from at least one chronic condition, older adult Hispanics suffer from the following most frequently occurring conditions: hypertension, diagnosed arthritis, all types of heart disease, diagnosed diabetes, and cancer" (p. 6). Though older Hispanics

tend to have longer life spans, they experience longer periods of physical disability and greater dependence on others for help with daily activities in middle and late life (Hummer & Hayward, 2015; Markides & Rote, 2014).

Hispanic immigrants are more likely to reach old age with fewer economic resources, and higher rates of morbidity and disability, compared to U.S.-born Hispanics and non-Hispanic whites (Calvo, Carr, & Matz-Costa, 2017). As Calvo, Carr, and Matz-Costa (2017) point out, many Hispanic immigrants are disenfranchised by “the processes of immigration and acculturation, lack of educational and occupational opportunities, inadequate access to health care, and exposure to discrimination” (p. 4). Hispanic immigrants are disproportionately employed in low-paying jobs (Flippen, 2016), employed in physically demanding jobs such as construction and agriculture, that can result in physical difficulties and disability in older age (Hummer & Hayward, 2015).

According to Hummer and Hayward (2015), 11 million undocumented immigrants are estimated to live in the United States; 8 million being of Hispanic ethnicity. As a result of their inconspicuous existence in society, not much data are available to accurately depict health and longevity outcomes for undocumented immigrants (Hummer & Hayward, 2015). Based on available data, Hummer and Hayward (2015) report negative health and longevity outcomes are projected in older age, due to significantly lower incomes; challenging working environments; “high levels of stress and fear, and lack of access to healthcare and social services” (p. 24). “Undocumented immigrants are legally excluded from participating in Social

Security as well as other federally funded public benefits such as Medicare, Medicaid, and Patient Protection and Affordable Care Act (ACA) subsidies” (Angel & Berlinger, 2018, p. 304).

Current immigration policies aimed at combating illegal immigration have given way to an anti-immigrant, anti-Hispanic sentiment felt throughout the United States (Vargas, Sanchez, & Juárez, 2017). As a result, native and foreign-born Hispanics, documented and undocumented, are being grouped together (Anderson & Finch, 2017), affecting the entire Hispanic community (Hummer & Hayward, 2015). According to Becerra, Androff, Cimino, Wagaman, and Blanchard (2013):

Raids by immigration and local law enforcement agencies, greater scrutiny of legal status for employment and access to government services and programs, and increased apprehensions, detentions, and deportations, have led to an increase in perceived discrimination among Latinos and have negatively impacted Latinos in the United States. (p. 65)

Anti-immigrant, anti-Hispanic policies, create a hostile and discriminatory environment that increases the likelihood of developing health and mental health problems (Vargas, Sanchez, & Juárez, 2017), and threatens the social and economic well-being of Hispanic immigrants and their families (Gurrola & Ayon, 2018). Healthcare use is often affected by immigration policies as medical care is not sought for fear that personal information disclosed will be used to determine citizenship status (Pedraza, Nichols, & LeBrón, 2017). Children, who have an undocumented parent, contend with the fear of being separated from their loved one, as immigration

raids conducted at homes and job sites threaten to separate them from their parents (Becerra, Androff, Cimino, Wagaman, & Blanchard, 2013). According to Becerra, Androff, Cimino, Wagaman, and Blanchard (2013), destabilization of family “creates psychological trauma for the children involved” (p. 66), and has long-term effects which are not only felt by the child and the families, but also by community members. Actions taken to control illegal immigration; detainment and deportation, (Fleming, Villa, Taboada, Richards, & Barrington, 2017) destroy the very fiber of Hispanic culture, the family unit and community support (Ai, Aisenberg, Weiss, & Salazar, 2014).

Statement of Purpose

The older Hispanic population is projected to grow considerably by 2060, accounting for 22% of older adults in the United States (National Hispanic Council on Aging, 2017). With increased poverty rates, lack of available resources, and increased rates of morbidity and disability, Hispanic seniors face many vulnerabilities and obstacles in older age. The purpose of this study was to examine the challenges experienced by older Hispanic immigrants living in the United States. This study explored the barriers to successful aging, resulting from the processes of immigration and acculturation. Furthermore, the study looked at the benefits obtained from membership to the Hispanic culture that serve as a buffer against marginalization. The research questions that guided this study are:

Q1. What are the lived experiences of older Hispanic immigrants in the United States?

Q2. What health outcomes are most often reported by older Hispanic immigrants?

Q3. What is the significant role of family, community, and culture in the lives of older Hispanic immigrants?

Q4. How has the current anti-immigrant social environment affected the lives of older Hispanic immigrants?

Significance of the Study

Hispanics are the fastest growing minority group in the country. As the United States becomes progressively more diverse, social workers must be able to work with different populations. This study allows social workers the opportunity to understand the complexities older Hispanic immigrants deal with in this country. Furthermore, it highlights the obstacles experienced and unique needs of this population. Older Hispanic immigrants face daunting challenges resulting from immigration, discrimination, lower socio-economic status, and health disparities. This study also seeks to shed light on the issues frequently experienced by undocumented immigrants; discrimination, persistent fear and anxiety; immigration raids, separation from family, detainment and deportation. These negative experiences can lead to distrust of health and social service providers, including social workers. Older Hispanic immigrants may not be inclined to seek out social services or ask social workers for help. It is imperative that social workers try to establish trusting relationships with this population. To better serve the Hispanic population, and provide the necessary resources, social workers must be able to engage in culturally

competent practices. This may be achieved, through culturally respectful communication; understanding and honoring the cultural beliefs and values of older Hispanic immigrants; and recognizing their underprivileged status. In addition, this study hopes to address the importance of family, culture, and community in the Hispanic population. This information is of particular importance for social workers, as family support plays an important role in determining the resources available to the client. A strong social support system can lead to greater available resources for clients and less need for social services. In contrast, clients with poor social support systems will likely have a greater need for social services. The information obtained through this study is intended to apprise social service providers of the various challenges linked to immigration status and how it all affects the health, wealth, and social support systems of the clients they serve.

CHAPTER II

LITERATURE REVIEW

The purpose of this chapter is to discuss and explore the current data related to the complexities of being an older Hispanic immigrant living in the United States and how the processes of immigration and acculturation affect successful aging. The literature review is structured around four areas: (a) the Hispanic population in the United States, (b) the Hispanic/Latino presence in U.S. history, (c) Latino health outcomes, and (d) theories guiding the conceptualization of the study.

The Hispanic Population in the United States

The U.S. Office of Management and Budget (OMB) defines “Hispanic or Latino” as “a person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin regardless of race” (U.S. Census Bureau, 2018). The use of the terms Hispanic and Latino can be used interchangeably and deciding which term to use depends on which term each member of this group prefers to use (Tienda & Fuentes, n.d). The U.S. Latino/Hispanic population is comprised of subgroups from various countries with different “immigration histories, socioeconomic conditions, and acculturation experiences” (Chartier et al., 2015, p. 74). According to Torres and Wallace (2013), the voluntary or involuntary reasons for migrating to the United States are as diverse as the Hispanic subgroups themselves. For example, migrating reasons for Cubans and many Central and South Americans, might be due to political reasons or a combination of political and

economic factors. However, for Puerto Ricans (who are U.S. citizens) or Mexicans, migration might be motivated by economic conditions or family obligations (Torres & Wallace, 2013).

The Latino population in the United States has transformed over the last four decades, from 9.6 million in 1970 to 50.5 million in 2010 (Massey & Pren, 2012). This population increase has led to a demographic change, increased diversity, and the geographic distribution of Latinos across the country; altering the landscape of the nation (Johnson & Lichter, 2016). According to Blendon et al. (2014), the largest portions of the Latino population in the United States are those of Mexican descent (64.3 percent), and “nearly half of Latinos live in California (27 percent) or Texas (19 percent)” (p. 6). Latinos of Central American heritage comprise 9 percent of the population; South American heritage 5.9 percent of the population; Puerto Rican heritage 9.4 percent of the population; with the majority residing in the northeast part of the country (Blendon et al., 2014). Those of Cuban ancestry make up 3.7 percent of the population, and “two-thirds (67 percent)” are situated in Florida (Blendon et al., 2014, p. 6). Latinos of Dominican heritage encompass 3.1 percent of the population; and “nearly half (46 percent) of Latinos of Dominican Heritage live in New York State” (Blendon et al., 2014, p. 7).

Over the last 30 years, there has been a shift in traditional settlement areas for minority populations in the US, expanding from heavily concentrated urban centers to suburban and rural areas (Johnson & Lichter, 2016). A rise in the demand for labor in the construction and food industries, affordable housing, and safer communities has

led to the geographical redistribution of native and foreign-born Hispanics to new destinations (Tienda & Fuentes, n.d). The expansion of Hispanics to rural communities and small towns across the heartland has increased ethnic diversity, revitalized dwindling population numbers among non-Hispanics, and increased economic development through job growth in dairy farming, meat packing, and the service industry (Johnson & Lichter, 2016; Tienda & Fuentes, n.d).

The Hispanic/Latino Presence in U.S. History

The United States is home to immigrants from all over the world; however, not all are treated alike. The presence of some immigrants is more noticeable and unfavorably characterized than others, and thus plagued by rudimentary suspicion (Maldonado, Licona, & Hendricks, 2016). The physical characteristics of some Latinos, easily distinguished by natives, such as darker skin; or other physical traits and cultural and language differences, has led to frequent racialization and perpetration of racial microaggressions against them (Anderson & Finch, 2017). Immigration in the United States is commonly regarded as a Latin concern and fears of a Latin menace are deeply-rooted, resulting in a strong anti-Latin, anti-immigrant environment (Maldonado, Licona, & Hendricks, 2016).

According to Massey, Pren, and Durand (2016), between the 1970s and 1990s, the “Latino threat narrative” created by the U.S. media generated fear and contempt towards Latino immigration. Newspapers described Latino immigration as a crisis, an invasion, and classified illegal aliens as a threatening out-group; further driving public opinion towards an anti-immigrant direction. And as Massey and Pren

(2012) point out, political and bureaucratic tycoons created a “Latino threat narrative” to demonize Hispanic immigration to obtain political support and agency resources, instead of dealing with the problem in an effective manner. Presently, mainstream mass media continues to influence public opinion’s view on immigrants and immigration by the narratives they present of them, either as heroic characters searching for a better life, or perpetrators and illegal fugitives (Quinsaas, 2014).

After the terrorist attacks of September 11, 2001, “illegal aliens” were no longer just criminalized for unauthorized border crossing, but they were also regarded as a threat to national security as immigration and terrorism were framed as inseparable issues (Romero & Zarrugh, 2018). Following the events of 9/11, Congress approved the USA PATRIOT ACT, allowing for “the arrest, imprisonment, and deportation of non-citizens without judicial review” (Massey & Pren, 2012, p. 14). In 2003, the Department of Homeland Security (DHS) was created, consisting of the Bureau of Immigration and Customs Enforcement (ICE). ICE was responsible for enforcing immigration laws, including the apprehension and deportation of immigrants (Rodriguez et al., 2017). Under the powers of DHS, undocumented immigrants can be deported without an immigration hearing if they have been convicted of any crime, including minor crimes. Between 2000 and 2013 more than 4.2 million people have been deported, with 94 percent of them being from Latin America, and 3 million from Mexico (Price & Breese, 2016). The policing and deportation practice by ICE has resulted in families being divided and “instilled fear and tension in immigrant communities throughout the country” (Rodriguez et al.,

2017, p. 990). In addition, “punitive immigration and immigrant laws have led to the perception of being hunted by Immigration and Customs Enforcement (ICE), consequently producing intense feelings of anxiety, fear, and depression” (Vargas, Sanchez, & Juárez, 2017, p. 462).

The 9/11 attacks, prompted states and localities across the country to enact immigration-related regulation as the U.S. Department of Justice ruled it was no longer just a federal matter, and state and local officials had a natural authority to enforce federal immigration law (Matos, Sybblis, & Centeno, 2017). Without comprehensive immigration reform, state and local governments have gradually implemented policies and resolutions, including “unwelcoming policies directed at denying immigrants access to public resources and making it difficult for unauthorized migrants to set down roots” (Huo, Dovidio, Jiménez, & Schildkraut, 2018, p. 945). In 2010, the state of Arizona passed the Support our Law Enforcement and Safe Neighborhood Act (S.B. 1070), referred to as the “breathing while Latino law” (Vargas, Sanchez, & Juarez, 2017, p. 460). SB 1070 gave law enforcement the power to detain a person if “reasonable suspicion” exists of unauthorized status (Vargas, Sanchez, & Juárez, 2017) and made it a state misdemeanor not to possess appropriate immigration documentation in the state (Quinsaas, 2014). Since the enactment of SB 1070, Alabama, Georgia, Indiana, South Carolina, and Utah have followed suit in implementing punitive laws, affecting immigrants throughout the United States (Ayón, 2017).

Latino Health Outcomes

Studies reveal that “levels of disability at older ages and trends over time are strongly associated with race and ethnicity and these associations are related to differences in socioeconomic status, behavioral factors, and stressors encountered throughout life” (Gu, Gomez-Redondo, & Dupre, 2015, p. 31). Therefore, exposure to detrimental conditions early in life is associated with harmful health and disability outcomes in older age (Gu, Gomez-Redondo, & Dupre, 2015). According to the Pan American Health Organization and World Health Organization (2018), poverty, unfair labor practices, and the inability to obtain health and social services, greatly increases the possibility of negative health consequences for migrants.

The utilization of health care among Latinos is negatively affected by restraining immigration policies and fear of immigration status policing (Pedraza, Nichols, & LeBrón, 2017). Thus, the Hispanic population has some of the highest uninsured numbers of any ethnic group; 15.5 million, according to 2012 U.S. Census estimates (Hummer & Hayward, 2015). “Immigration policy is health care policy...because nativity and citizenship criteria determine program eligibility” (Pedraza, Nichols, & LeBrón, 2017, p. 926). Undocumented immigrants are disqualified from buying insurance through the Patient Protection and Affordable Care Act (ACA), and restrictive qualifying guidelines for Medicaid hinder legal immigrants and U.S.-born Hispanics from obtaining Medicaid coverage (Hummer & Hayward, 2015).

Latinos are frequently exposed to discrimination, microaggressions, and threats of detainment and deportation, which can have detrimental effects on health and mental health outcomes (Ai, Aisenberg, Weiss, & Salazar, 2014; Anderson & Finch, 2017; Gurrola & Ayón, 2018) such as; major depression, general anxiety, panic, substance use disorders, suicidality, and posttraumatic stress disorder (Ai, Aisenberg, Weiss, & Salazar, 2014).

Immigrants are disproportionately employed in “low-paying, potentially hazardous occupations such as construction, manufacturing, agriculture, restaurants, moving and cleaning” (Gany, Novo, Dobslaw, & Leng, 2014, p. 846). These occupations may entail arduous labor, working with dangerous chemicals, doing repetitive movements, and extensive hours; which can wear down their bodies and increase injury and death (Fleming, Villa, Taboada, Richards, & Barrington, 2017; Gany, Novo, Dobslaw, & Leng, 2014). Undocumented immigrants seldom pursue medical treatment, “and when they do, they are at greater risk of presenting more advanced and complicated health problems and developing functional limitations and disabilities downstream” (Hummer & Hayward, 2015, p. 25).

Health outcomes for older Latinos vary from those of non-Hispanic whites (Goldman, 2016) and elderly immigrants describe “poorer physical and mental health outcomes than non-immigrant elderly” (Rodriguez et al., 2017, p. 993). According to Angel and Berlinger (2018), “behavioral factors can contribute to higher rates of diabetes” (p. 306), such as a high-fat diet, lack of exercise, and unfavorable everyday stressors. Chronic stressors may result in mental and physical health declines for

immigrants over time especially for undocumented immigrants (Goldman, 2016). When compared to non-Hispanic whites, Latinos 65 years and older experience a greater incidence of diabetes morbidity and mortality; high blood pressure; cholesterol; and higher rates of disability (Cantu, Hayward, Hummer, & Chiu, 2013; Goldman, 2016). Subsequently, “older Latinos may be at higher risk for cognitive impairment than older non-Latino whites due to poorer health status, including increased rates of diabetes, metabolic syndrome, and depression, which are related to increased rates of cognitive decline” (Halloway, Wilbur, Schoeny, & Barnes, 2017, p. 538).

Immigration status, old age, and lack of resources are some of the factors that may be linked to increased rates of depressive symptoms in older age (Monserud & Markides, 2018). Furthermore, studies show that older less acculturated Hispanic immigrants are prone to increased depression rates compared to more acculturated older immigrants (Rodriguez et al., 2017). And according to Marquine et al. (2014), “large population-based studies have shown that older Hispanics have higher 12-month rates of depressive disorder, and similar lifetime prevalence rates of depressive, anxiety, and substance use disorders compared to non-Hispanic whites” (p. 979).

“The Hispanic population aged sixty-five and over-the most socioeconomically disadvantaged subset of America’s elderly-is projected to quintuple between 2012 and 2050” (Hummer & Hayward, 2015, p. 20). The disparities experienced in life will undoubtedly affect the health outcomes of

immigrants in old age and affect their quality of life (Calvo, Carr, & Matz-Costa, 2017). Without a doubt, as Hummer and Hayward (2015) point out, the circumstances affecting unauthorized immigrants today; low-wages, strenuous working environments, increased levels of stress and fear, and lack of access to health care and social services will certainly lead to negative health outcomes in the future for this portion of the U.S. population as the “older-aged Hispanic population of tomorrow is the working-aged Hispanic population of today” (p. 25).

Theories Guiding Conceptualization of the Study

The theories guiding this study are the Ecological Theory and Empowerment Theory. The ecological theory describes the interchange between people and their environment; the transactional processes between persons, families, cultures, communities, and policies (Schrivier, 2015). In the context of this study, the ecological framework proposes that the social climate and environment that immigrants encounter in the United States shapes their experiences and how they acclimate. The process of immigration often leads to a new unwanted identity, such as, that of an “outsider,” a threat, a “criminal,” and a “societal burden” (Esposito, Ornelas, & Arcidiacono, 2015; Liang, 2018). This imposed identity placed upon immigrants affects their social status, self-image, and excludes them from social connections and resources (Esposito, Ornelas, & Arcidiacono, 2015). The impact of these imposed characteristics, can, consequently, threaten the quality of life and wellness of immigrants.

Immigration is a social determinant of health and well-being, as many immigrants are exposed to hazardous working conditions and injury prone-jobs (Fleming, Villa, Taboada, Richards, & Barrington, 2017). The welfare of Latino families is exacerbated by substandard living conditions, acculturation, limited English skills and low-income status (Schminkey, Liu, Annan, & Sawin, 2019). Additionally, stringent immigration policies, anti-immigrant sentiments, discrimination, microaggressions, and threats of detainment and deportation, can have detrimental effects on health and mental health outcomes. These factors, many times, lead to increased fear and stress, and restrict access to health resources for immigrant populations (Castañeda et al., 2015).

Empowerment Theory

“Empowerment is the process through which people gain the power and resources necessary to shape their worlds and reach their full human potential” (Schriver, 2015, p. 64). People are empowered when they have access to necessary resources and when their voices and visions are recognized. Empowerment focuses on facilitating representation for groups suffering from discrimination through socio-economic attainment, political participation, sense of belonging and self-assurance. As Quinsaat (2014) points out, present-day immigrants continue to hold an uncertain position in American society; existing both inside and outside of the country. Racial and ethnic discrimination continues to be a present obstacle for immigrants and minority group members (Flippen & Parrado, 2015). The experiences of Hispanic immigrants and Hispanic immigrant families are intricately tied to race, power,

oppression, and unequal distribution of resources. Thus, social workers and service providers need to understand the dynamics of the difficult life situations that Hispanic immigrants experience, and recognize the need for personal support and structural changes. Furthermore, it is crucial for social workers and community health practitioners to help clients obtain access to resources and promote health in culturally appropriate ways.

“The size and diversity of the Hispanic population in the United States has dramatically increased” (Aragones, Hayes, Chen, González, & Gany, 2014, p. 429). To better serve this population, social workers, social service providers, and policy makers need to have a better understanding of how environmental challenges create barriers to healthcare utilization and to work towards improving health equity for Hispanic immigrants. Social workers should advocate for clients who may not feel comfortable speaking for themselves, due to limited English skills and risk of undocumented immigration status. One of the hopes of this study is for the older Hispanic immigrant population to thrive and become empowered as they fight against an oppressive, anti-immigrant environment, which hinders immigrants and mixed-status families from obtaining health and social services (Vargas, Sanchez, & Juárez, 2017). Additionally, through the implementation of collaborating partnerships and commitment to empowering the lives of Hispanic immigrants and their families, social workers and service providers can help enact change. As people become empowered, they can obtain the necessary resources to enhance their lives and assert their sense of belonging.

CHAPTER III
METHODOLOGY

Overview

Hispanic immigrants face many obstacles to successful aging. A lifetime of socio-economic disadvantage, low-wages, inadequate health coverage, and immigration status are likely to influence future health and longevity patterns (Hummer & Hayward, 2015). The purpose of this study was to examine the challenges experienced by older Hispanic immigrants, who are living in the United States. The study explored the barriers to successful aging, while examining immigration and acculturation. Furthermore, this study looked at the benefits obtained from membership to the Hispanic culture, which serve as a buffer against marginalization. This exploratory study used a qualitative design to explore the barriers to successful aging, immigration status, and the benefits of being a part of the Hispanic culture. The research questions that guided this study are:

- Q1. What are the lived experiences of older Hispanic immigrants in the United States?
- Q2. What health outcomes are most often reported by older Hispanic immigrants?
- Q3. What is the significant role of family, community, and culture in the lives of older Hispanic immigrants?
- Q4. How has the current anti-immigrant social environment affected the lives of older Hispanic immigrants?

Research Design

A qualitative study, utilizing phenomenology, was employed to explore the lived experiences of the participants. A phenomenological design allowed for a deeper understanding of the challenges experienced from immigration and acculturation, and the significance of Hispanic culture, from the perspective of the participants. The instrumentation used to obtain the necessary data for the study included in-depth interviews.

Sample

A purposive, non-probability sampling method was used in this study. A snowball sampling technique was the mode for recruiting participants. A snowball sampling technique consists of identifying a participant and then asking the participant to identify other participants that meet the criteria. The researcher identified initial participants through a network of contacts, such as, professional colleagues and acquaintances. The sample size for this study was kept between 7 and 10 participants, due to qualitative nature of the research design.

The researcher did not limit the study to a specific geographical area in California. Participants from various regions across California were eligible for an interview. The criteria for participating in the study included: 1) being of Hispanic ethnicity; 2) being immigrant; and 3) being 60 years of age or older.

Data Collection and Instrumentation

Once potential participants were identified, they were contacted to schedule the interview date, time, and location. The agreed upon meeting interview location was in a public place. The researcher traveled to conduct interviews with participants that lived within a two hundred mile radius of the Stanislaus State University campus. Details of the study were presented including confidentiality and participant rights. Once they agree to participate, a written informed consent form was obtained. Consent forms were printed in English and Spanish to accommodate language preference (See Appendices A and B). The interviews were audio-recorded unless otherwise instructed by the participants. Audio-recording allowed the researcher to fully engage in conversation and focus on the information being presented, instead of writing things down. An interview schedule, consisting of open-ended questions in Spanish and English (See Appendices C and D) was utilized to obtain a better understanding of the issue or topic of discussion. Open-ended questions allowed participants freedom to answer the questions with greater detail, insight, and clarity. This researcher is bilingual and asked the questions in English or in Spanish, depending on the participant's preference. Data were collected between January 2019 and February 2019.

Data Analysis

To obtain meaning from the data collected, the researcher utilized Neuman's five-step framework to analyze the qualitative data (Neuman, 2003). The steps include: Sorting and Classifying, Open Coding, Axial Coding, Selective Coding, and

Interpreting and Elaborating. The first step was to sort and classify the data collected around the research questions or interview questions. The second step involved identifying key terms or events derived through the data. The third step involved building a theory; to reduce codes as much as possible, define the codes to concepts, and connect the concepts. The fourth step required looking at the data and identifying direct quotes to support the themes. In the fifth step, major themes and categories were compared and contrasted with the findings from existing data.

Protection of Human Subjects

The researcher collected data after obtaining approval from the IRB. During initial contact with potential participants, the researcher provided information about the purpose of the study, the benefits and risks of participating in the study, consent procedures, and their rights. They were notified that participation was voluntary and they could decline to answer any of the questions asked, or withdraw from the study at any point without any penalty. The researcher informed participants that the interviews would be audio-recorded, if they allowed, and the estimated length of time for the interviews was provided. Once participation was agreed upon, participants were provided with a consent form either in English or Spanish, depending on language preference (See Appendices A and B).

To protect the well-being of the participants, the study was conducted with the utmost professionalism, transparency, and confidentiality. The identity of each participant was kept confidential and no descriptive information was listed on the data collected. The data collected was only viewed by the researcher and thesis advisors

and the information was kept under lock and key. Participants were informed that all audio-recordings and notes would be destroyed at the completion of the thesis.

CHAPTER IV

RESULTS

This chapter examines the results of data collected from ten qualitative interviews. The information gathered was designed to explore the challenges experienced by older Hispanic immigrants living in the United States and the barriers to successful aging, resulting from the processes of immigration and acculturation. The research was guided by four questions: 1) What are the lived experiences of older Hispanic immigrants in the United States? 2) What health outcomes are most often reported by older Hispanic immigrants? 3) What is the significant role of family, community, and culture in the lives of older Hispanic immigrants? and, 4) How has the current anti-immigrant social environment affected the lives of older Hispanic immigrants? The following chapter discusses the demographics of the participants and common themes. Major themes identified in this study include language barriers, lack of workplace retirement plans, chronic disease and disability, family unity, sense of community belonging, and disapproval of current immigration policies.

The Sample

A total of ten participants, three males and seven females, from various areas across California were interviewed for this study. The participants self-identified as being Hispanic immigrants over the age of sixty (between 63-78 years of age). They reported living in the United States from a range of 11 years to 50 years. Five of the participants identified as being Mexican immigrants and five identified as being

Salvadoran immigrants. Nine of the participants were Naturalized U.S. citizens and one was a Permanent Resident. Seven of the participants were married, two participants were single, and one participant was widowed. Seven of the participants had limited English skills and three were proficient in the English language. The primary language of all the participants was Spanish; therefore, the interviews were conducted in Spanish. The following information details the answers given by the participants to the research questions asked.

Older Hispanic Immigrants in the U.S.

The first research question focused on how participants described their life experiences in the United States as older Hispanic immigrants. The two themes that arose from the participants' responses were *language barriers* and *lack of workplace retirement plans*.

Language Barriers

Out of the ten participants interviewed, seven stated they had experienced difficulties due to limited English comprehension. The participants expressed that every area of their lives is affected when they are not able to communicate with the people they interact with, and simple interactions become overwhelming tasks when their English skills are limited. One participant mentioned, "The only difficulty I can say that I have experienced in the United States has been the language, because I understand very little English." Four participants felt that Hispanics were often singled out and marginalized for not speaking English. Another participant added, "The problem with the language is the discrimination against Hispanics, having to

work much harder than everyone else to prove themselves. “An additional participant replied, “Sometimes because you are Hispanic and don’t understand the language you are discriminated against...that is the biggest problem.” Another participant responded:

I have experienced discrimination, especially because of the language. My mom doesn’t speak English, and sometimes I’ll be talking to her at the store or some other place and they have told me that, here, we need to speak English.

Other participants reported that language barriers created difficulties when it came to understanding complex situations such as medical and legal matters. Therefore, the participants were not able to communicate effectively with healthcare providers, which posed significant challenges for them with receiving effective and quality healthcare. One participant shared:

I think my biggest difficulty is not speaking English and the difficulties with medical issues for immigrants. When you go somewhere and no one speaks English and you have to communicate with the little you know, it’s difficult. It’s more difficult when you go to the doctor because even if you understand a little, the medical parts you don’t really understand...that’s been my biggest difficulty.

Another participant:

First of all the language is a problem, when I have needed orientation regarding my treatment [kidney disease], sometimes I haven’t received

information like I wish I had. I don't get complete information." Another participant mentioned that their limited English prevented them from being able to carry out important matters without translator assistance, "My English is not good, but I try. When it comes to serious responsibilities I look for bilingual people, like when you have to sign papers, I want to make sure of what I am signing."

Lack of Workplace Retirement Plans

The second theme that emerged with regard to the difficulties experienced by older Hispanic immigrants living in the United States was the absence of workplace retirement plans. Out of the ten participants interviewed, nine reported being retired. Of the nine who were retired, six reported that their previous employers did not offer a retirement plan and their main source of income came from Social Security. Two of the participants reported that they were still working, even though, they said they were retired, and a few mentioned receiving small amounts of Social Security benefits. This theme is demonstrated in the participants responses found in Table 1.

Table 1

Participants' Direct Quotes

Participant	Statement
Participant 1	I have worked as a maid, in a packaging warehouse, and did factory work— Now I am retired and I receive Social Security, I don't get a pension.
Participant 2	I always had to work two jobs to get ahead in this country. I have worked in a convalescent home as a nursing assistant and now I am retired, but I am still working. My past employers did not offer a retirement pension and all I get is Social Security.
Participant 3	I used to work in canneries and at a convalescent home. I don't have a retirement plan, just receive Social Security, but it's a small amount.
Participant 4	I have done agricultural and ranch work in the past...I am retired, because I am passed the retirement age. I receive Social Security, I am working...and I don't have a retirement plan from my previous employers.
Participant 5	I have always been a maid. I have always worked... I am retired now, I don't get a pension from prior employers and I don't receive social security, because I did not work enough...all I get is supplemental social security, it's not much.
Participant 6	I worked cleaning houses, in a nursery, a tomato plant, and then in a factory making boxes...I am retired now and I don't receive a pension. I worked very little so I receive my husband's social security.

Health Outcomes for Older Hispanic Immigrants

Chronic Disease

The second research question focused on the health outcomes of Hispanic seniors in the United States. All of the participants reported having medical insurance; nine had Medicare, four had both Medicare and private insurance, and one Medi-Cal insurance. Despite having medical coverage, a major theme that emerged was the high rates of chronic illness and co-morbidity. Out of the ten participants interviewed, eight reported suffering from at least one chronic health condition: kidney disease, diabetes, high blood pressure, high cholesterol, asthma, and arthritis. One participant shared, “I have diabetes, I was diagnosed eight years ago.” Another stated, “I am a diabetic, insulin dependent, since I was 24 years old.” The majority of the respondents, however, reported suffering from multiple chronic conditions. For example, one participant reported, “Yes, I have many chronic conditions. I have kidney disease and diabetes; I have had it for 44 years, and I also have uncontrolled high blood pressure.” Another participant shared, “I have diabetes, high blood pressure, high cholesterol, I have everything! I have had diabetes for 17 years and a lot of years with high blood pressure and cholesterol.” Others reported, “I have osteoarthritis on both knees, for about seven years and high blood pressure for about ten or eleven years.” And, “I have had asthma for about a year and I have arthritis.”

Disability

The second theme that emerged with regard to the health outcomes of Hispanic seniors was the debilitating effects they suffer as a result of their chronic illnesses. One participant reported, “The serious problems I have had due to my diabetes, have been to my eyesight. I had glaucoma and retinopathy and due to that, I lost a lot of my vision on my left eye.” A participant suffering from kidney disease stated, “My life has been affected because now I have to live with the help of a machine, I am on dialysis.” Other participants reported that their medical conditions affect their mobility and prevents them from performing every day activities. For example, one participant expressed:

What affects me the most is the arthritis of the knees, because it prevents me from walking much. I can get around the house, but I don't walk much, because it hurts to walk and the pain is strong if I try to walk longer distances.

Other participants reported:

They [sugar levels] affect you, because you are not well. When you're not feeling one thing, it's another thing. Sometimes your [sugar] levels are low and sometimes they are high, but you know that you have that disease [diabetes] and you know you're going to die from it. I have difficulty in doing my activities of daily living...my daughter-in-law helps me out and even my sons help out.

I have someone that helps me out with my activities of daily living...the person helps me and takes me to my doctors'

appointments. I have had problems with my kidney for many years...and I was no longer able to perform my duties. I have diabetes, I have had it for 44 years and I have uncontrolled high blood pressure. I don't have anyone that can help me, just the person that comes and helps me.

The Significance of Family, Community, and Culture

The third research question focused on how participants perceived family, community, and the Hispanic culture. The two major themes that emerged were: *the importance of the Latino culture* *the importance of community belonging*.

Hispanic Culture

Five of the ten participants interviewed explained that family unity was the most important element of the Hispanic culture. Three of the participants interviewed were not able to comment on the significance of family and culture, because they were unable to contextualize the meaning of “familial responsibilities,” “cultural belonging,” and “cultural beliefs.” Though, the researcher repeated the question multiple times, the participants were unable to provide an answer due to the phrasing of the questions. The remaining two participants who did not view family unity as most important, shared statements such as, “I don't see any benefit of being Hispanic” and “There are no differences between the Hispanic culture and native culture.” The five participants who agreed that family unity was the most important aspect of the Hispanic culture shared, “There is more family unity in the Hispanic

culture. We help our children in every way possible. We work hard so that our children can have a better future and we encourage them to succeed.”

Another important element that participants felt was unique to the Hispanic culture was the sense of family obligation. The desire for children to care for their parents in old age was cited as one of the most notable aspects associated with being Hispanic. One participant stated, “We are very family oriented, family is the most important thing for Latinos.” Another participant mentioned, “I am widowed and I live with my son and his family. In our culture the children take care of their parents.”

Other quotes included:

In the Hispanic culture we believe in taking care of our parents. My wife takes care of her elderly mother and I think our kids will also take care of me and my spouse when we are no longer able to care for ourselves.

We are more family oriented; there is more family unity. We are happier and our children live with us longer, not like the culture here in the United States where the children leave home as soon as they turn eighteen. I feel that in our Hispanic culture our children stay longer with their parents.

Community Belonging

Nine out of the ten participants interviewed expressed their views on what makes them feel part of their community. For some it involved interacting with community members and being aware of community resources. For others, the most important aspect of community belonging was being aware of the issues that affect

their communities. One participant mentioned, “Community involvement is important; engaging with people is one of the most important factors of community.” Another participant stated, “It’s important to be part of the community. It’s important to have friendships with people, to speak with people...to know your neighbors.” And a third explained, “It’s important to be part of the community. The community can offer many opportunities.” Other participants shared:

Going to church makes me feel part of the community because I like to speak to people and I talk to everyone there. In English or in Spanish, I get to interact with all sorts of people and I think it’s important.

I think it’s important to feel part of the community...for example, being able to participate in community programs. The most important factors of community are recreation and being able to interact with other people. I feel it’s important to interact with other people so life can be easier. I see there are a lot of programs for the elderly; they go on trips, do different activities and that is important; people live less depressed... they get distracted, and that is important.

For other participants, being aware of the issues that affect their communities was the most important factor of community belonging. For example, one participant explained, “It’s very important for me to be part of the community. I think we need to be good citizens and know what is happening in the community in which we live.” Another participant expressed, “Of course, it’s important to communicate and be aware of the issues and difficulties happening in the community. We need to be aware

of what goes on around us.” A third respondent mentioned, “Community involvement is necessary to ensure that things in the community are going good and that there is order.”

Lastly, a participant added:

The most important factor of community is being able to know what things are happening. As an elder, I like to be informed and know everything that goes on around me. Staying informed makes me feel connected to the community.

Anti-Immigrant Environment

The last research question asked participants to describe the impact the current anti-immigrant sentiment has had on their lives. The major theme that emerged from the study was *an unfavorable view of immigration policies*.

Immigration Policies

Out of the ten participants interviewed, three expressed not having an opinion about the current immigration policies. And one participant said they agreed with the current immigration policies and also with the political position many immigrants represent:

I have not been minimally affected by the current immigration policies, because I support the U.S. and also the immigrants that come here. I look at both sides and I see the U.S. stance on immigration and the immigrants’ stance. The U.S. is right and the immigrants are right as well. So I am not affected.

Six of the participants expressed their disapproval of current immigration policies and believed policies unfairly target Latinos. As one participant stated, “I don’t like the path the country is taking with the laws and the discrimination against Latinos. It is stronger now, stronger than I have ever seen it.” Out of the six participants who are not proponents of the current U.S. immigration policies, only one reported being personally affected by the current immigration policies. The participant shared that their son had been deported to Mexico after living in the United States for most of his life; separating him from his family and removing him from the country he called home:

The persecution that has been going on has personally affected me, my son was deported. That happened because of the persecution that has been going on. I am against the persecution. I think it is cruel because they [immigrants] do not deserve it, our people do not deserve it, and it’s unjust. The persecution that is going on today is horrible.

Though most of the participants denied being directly impacted by the current immigration policies, they all expressed being emotionally affected by the policies. As one participant stated, “I feel for what my people are going through, because they are my people and for anyone else that’s immigrating to the United States.” Another participant noted, “I feel bad and I wish things were different. For people to have the same opportunities that I had, that is very hard for immigrants to have today.” Other participants shared:

It does affect you, because it hurts to see the suffering of many mothers who have had their children taken away. It really does affect you to see what other people are going through. To see the suffering of other people affects you.

It makes us very sad to see what is happening with these people [immigrants]. The current government is behaving in a terrible way. I wish things weren't so difficult for them. Just like we had the opportunity, I wish they could too. I know that they can't accept everyone, but I wish that things were not so difficult for these people.

In spite of all the anti-immigrant sentiments experienced in the United States, all of the participants reported that immigrating to the United States has provided them and their families opportunities they would not have been able to have in their own countries. For example, educational opportunities for their children, financial security, home ownership, and a sense of safety. As one participant shared, "It has given us peace. We have lived very happy, we are very happy. We have been able to raise our kids, our family. We have our home." A second participant stated, "We have been provided many opportunities, to bring my kids. My kids were able to get an education and my children and I are well." Others shared:

Due to the situation in our country now, I don't think we would have been able to get ahead like we have done so here. We were able to provide and education for our children they are all well with good jobs, economically stable and that is a great satisfaction for us.

Immigrating to the United States has provided all of the opportunities in the world. Sometimes I think of all the people that come here, that would give up their lives to be in this country and for me, it's the best thing that could have happened to me, immigrating to this country, making a life in this country, having a family in this country.

A lot of good opportunities [from immigrating]. It's something that I am always thankful to God for, because coming to this country gave my children better opportunities than they would have had back in my country. They have been able to get an education, get ahead and become professionals.

Summary

Through the data collected, participants were able to share their experiences as older Hispanic immigrants living in the United States. The information gathered provided insight into the adversities faced by older Hispanic immigrants. The adversities are often related to immigration status, language barriers and discrimination, poor health outcomes, and financial insecurity in older age. Additionally, participants were able to describe the importance of family, community, and culture, which, helps promote greater well-being in spite of a lifetime of disparities. Through their shared experiences, participants were able to provide crucial information that will help identify and further understand the barriers to successful aging encountered by older Hispanic immigrants.

CHAPTER V

DISCUSSION

The purpose of this study was to examine the challenges experienced by older Hispanic immigrants, living in the United States. This study explored the barriers to successful aging, resulting from the processes of immigration and acculturation. Furthermore, the study examined the benefits obtained from membership to the Hispanic culture that serve as a buffer against marginalization. The research was guided by four questions: 1) What are the lived experiences of older Hispanic immigrants in the United States? 2) What health outcomes are most often reported by older Hispanic immigrants? 3) What is the significant role of family, community, and culture in the lives of older Hispanic immigrants? and, 4) How has the current anti-immigrant social environment affected the lives of older Hispanic immigrants?

This chapter summarizes the major findings of the study, as well as the strengths and limitations of the study. Connections between the findings of this study and the extant literature will also be discussed. The chapter ends with the implications for social work practice and policy, and future research recommendations.

Major Findings

Discrimination

The first research question examined how older Hispanic immigrants describe their life experiences in the United States. The first major finding of this study was the language barriers experienced by the participants. Some participants felt that

Hispanics are often singled out and discriminated against for having limited English skills. According to Lippard and Spann (2014), the more immigrants assimilate to the native culture, the less discrimination they experience; therefore, immigrants who acquire English skills are less likely to experience discrimination than those that are less-assimilated. Other participants expressed that language barriers hindered their ability to understand sensitive information. This was especially challenging for them when it came to seeking healthcare services. This major finding is consistent with the literature, as Terui (2017) explains, language barriers increase health inequalities and restrict access to quality healthcare, and limited English proficiency leads to unfavorable health outcomes (Aragones, Hayes, Chen, González, & Gany, 2013).

Additionally, this study revealed that participants had a work history of low-wage employment that did not provide retirement benefits. All of the participants interviewed reported working in low-wage jobs at one time or another and, for some, this was a lifelong occurrence. Hispanics face increased poverty in retirement age due to disparities of low-wage employment that lack retirement benefits or retirement savings plans (Blanco, Aguila, Gongora, & Duru, 2017). In this researcher's study, the majority of the participants' source of income came from Social Security benefits, which, some reported to be significantly low, and others continued to work, even though, they stated they were retired. Older Latinos face disproportionate challenges during retirement; they have lower incomes than non-Latino white elders, and have a greater dependence on Social Security benefits and Medicare (Blanco, Aguila, Gongora, & Duru, 2017; Wallace, Padilla-Frausto, & Smith, 2013).

Health Outcomes

The second research question examined the health outcomes of older Hispanic immigrants. The second major finding that emerged was a high incidence of chronic disease in older Hispanic immigrants. Eight of the participants disclosed suffering from at least one chronic condition: kidney disease, diabetes, high blood pressure, high cholesterol, asthma, and arthritis. And some reported being diagnosed with multiple chronic illnesses. With diabetes and high blood pressure being the most commonly reported chronic illnesses among participants. The findings of this research support prior studies that indicate Hispanics have a greater propensity of morbidity and lifetime disability compared to other ethnic groups. As Calvo, Carr, and Matz-Costa (2017) point out, in older age, Hispanic immigrants tend to have fewer economic resources and greater rates of chronic disease and disability. Additionally, a majority of the participants reported being diagnosed with one or more chronic condition for an extended period of time, with some reporting having a chronic condition for more than 40 years.

In this study, the poor health outcomes of Hispanic seniors were exacerbated by the debilitating effects suffered as a result of their chronic illnesses and limited English skills. As Hummer and Hayward (2015) and Markides and Rote (2014) point out, older Hispanics tend to have longer life spans, but they experience longer periods of physical disability and greater dependence on others for help with daily activities in middle and late life. Some of the participants reported that their illness had affected their physical mobility, caused vision loss, and for one participant, the need for

dialysis. Other participants reported an increased dependence on family members and caregivers to help them out with activities of daily living such as cooking, cleaning, running errands, and getting to and from appointments. In addition, limited English skills contribute to “reduced effectiveness in the use of health information, multiple barriers during navigation of the health service system, and the need for interpretation services for communication with non-Spanish-speaking health providers” (Hernandez et al., 2016 p. 459). As one participant stated, language barriers have prevented them from receiving and understanding information about their disease. Additionally, they have not always been able to obtain the information they need regarding their treatment.

The third research question studied the significance of family, community, and culture for older Hispanic adults. The third major finding that emerged was the importance of family unity in the Hispanic culture. Participants expressed that there is unity among Hispanic families and a strong sense of responsibility to care for family members. As Ai, Aisenberg, Weiss, and Salazar (2014) report, the well-being of family is placed above one’s needs in the Hispanic culture. And one of the most notable factors of the Hispanic culture described by participants was the sense of responsibility children have to care for their parents in older age. As a collectivist culture, Hispanics have a strong sense of *Familismo* or *Familism*, and the duty to care for their aging parents and older family members (Miyawaki, 2016).

Additionally, the participants shared the importance of community belonging. For some of the participants, interacting with others in the community, getting to

know their neighbors and available community resources were the most important factors of community. As a close-knit community, Hispanics place great emphasis on family relationships and social networks as well as religious practices (Cruz-Saco, & López-Anuarbe, 2017). Thus, participants enjoyed attending church events and participating in community recreation programs for the elderly, while for others, staying informed of the issues affecting their community was the most important factor.

Immigration Policies

The final research question examined how the current anti-immigrant social environment affects the lives of older Hispanic immigrants. The fourth and final major finding that arose was an unfavorable view of the current immigration policies. Participants denounced the increased discrimination against Hispanics in the United States, the persecution against them, and the family separations taking place. According to Vargas, Sanchez, and Juárez (2017), the measures used to regulate illegal immigration affect native and foreign-born Hispanics, documented and undocumented (Anderson & Finch, 2017). As the majority of participants stated, though they had not been personally affected by anti-immigrant sentiments, they have been emotionally impacted by what is happening to other Hispanic immigrants.

Strengths and Limitations

Three main strengths are found in this study. The first strength is an increase in knowledge about how the processes of immigration and acculturation affect the successful aging of Hispanic immigrants. The second strength was that participants were able to share their personal experiences using their own words, which allowed for a deeper understanding of the challenges they face. The third strength of the study was that it provided various perspectives, unique experiences and similarities from Mexican and Salvadoran immigrant Hispanic subgroups.

The study contained three primary limitations. The first being, that the study was established from the experiences of a limited sample, ten older Hispanic immigrants living in the state of California. Due to time constraints, the number of participants could not be expanded and the amount of data that were collected was limited. Furthermore, the data obtained only reflects the experiences of documented immigrants and does not include the perceptions and lived experiences of undocumented immigrants. The third limitation of this study was that participants had a hard time understanding some of the questions due to the wording of the interview questions. The words that all participants had a hard time understanding included, “cultural belonging,” “cultural differences,” and “cultural beliefs.” As a result, most of the participants were not able to answer the questions, and those who did, seemed to struggle with their answers.

Implications for Social Work Practice and Policy

This qualitative study explored the barriers to successful aging for older Hispanic immigrants living in the United States. The information obtained through this study can assist social workers who work with Hispanic immigrants and their families. The study revealed that Hispanic immigrants experience a lifetime of disparities as a result of being immigrants. These immigrants experienced language barriers, discrimination, low-wage jobs, poor health outcomes, and decreased financial resources in older age. As the Hispanic population continues to grow, it is important for the social work profession to implement culturally competent practices. The findings support the importance of having bilingual personnel in the social work field, and those who can understand the beliefs and values of the Hispanic culture. By understanding the complexities older Hispanic immigrants face, and respecting their points of view, social workers can develop respectful and trusting relationships that will help them better serve their clients.

Current immigration policies pose a significant dilemma for social workers, as they are often required to follow state laws that restrict and deny social services to undocumented immigrants, while advocating social justice. This political quagmire further marginalizes a population which already faces significant barriers. Social workers are at the forefront, working with immigrant clients on a daily basis. Thus, more social workers should collaborate with immigrant communities that are proponents of fair and impartial immigration policies. By way of this strategy, basic human rights and social work values are elevated. The social work profession should

be front and center of this movement, guiding the conversation, advocating, and influencing policy. This study can assist practitioners to develop and implement appropriate programs that will lead to the social and economic incorporation of immigrants into society and foster positive health outcomes. A strong sense of family responsibility and community belonging for Hispanic immigrants was found to be a major theme of this study. Social workers can work together with immigrant populations to construct communities they can feel connected to, that are welcoming, and foster a sense of belonging and acceptance for them and their families.

Implications for Research

Older Hispanic immigrants are a fast growing population, expected to reach 21.5 million by 2060, encompassing 22% of the elder U.S. population (National Hispanic Council on Aging, 2017). With the United States becoming progressively more diverse, social workers must be able to engage with various populations. As findings in this study suggest, older Hispanic immigrants face many vulnerabilities, increased poverty rates, and increased rates of morbidity and disability. Thus, it is important for future researchers to be aware of the challenges this population faces.

It is necessary to understand that disclosing personal information may not be easy for immigrants. Disclosing details of their personal lives, including immigration status may cause fear and anxiety. Hence, the first step for future researchers should be building trusting relationships with participants. Secondly, asking participants to meet in public places to discuss personal matters with researchers may be uncomfortable for some participants. The participants should be able to decide

whether or not a face-to-face interview is the best option for them or if a phone interview is more fitting. Participants may be more inclined to participate and answer candidly if there is greater anonymity. Giving participants greater decision making in the research process allows them to be collaborators as opposed to being only observers (e.g. participatory action research). Lastly, future researchers need to be mindful of the terminology they use in their interview questions. Complex terminology may prevent participants from understanding the questions and being able to give an answer. Researchers should use language that is not discipline-specific so that participants can more easily identify terms and concepts with full comprehension.

As the number of older Hispanic immigrants continues to grow, it will be important for social service practitioners to engage in culturally competent practices. In addition, it is important to understand that these vulnerabilities are due to the processes of immigration and acculturation. Furthermore, it is important to gain a better understanding of the cultural practices and beliefs that Hispanic immigrants hold on to and how they serve as protective factors against the marginalization they experience.

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APPENDICES

APPENDIX A
INFORMED CONSENT

Dear Participant:

You are being asked to participate in a research project that is being done to fulfill requirements for a Master's degree in Social Work at CSU, Stanislaus. We hope to learn and gain a better understanding of the barriers to successful aging experienced by older Hispanic immigrants living in the United States. The study will address how immigration and acculturation affect these experiences. If you decide to volunteer, you will be asked to participate in an approximately, hour-long interview, where you will be asked a series of questions related to the study to obtain your perspective. The results of the study will aid social workers understand the needs of this population and provide culturally competent services.

There are no foreseen risks to you for participating in this study. You may decline to answer any question(s) you may find uncomfortable. You may also withdraw your consent to participate in the study at any time without fear of penalty. If you experience any negative feelings resulting from your participation in the study you may contact your local county mental health agency.

It is possible that you will not benefit directly by participating in this study. The information collected will be protected from all inappropriate disclosure under the law. If you give consent, the interview will be audio-recorded. All data will be kept in a secure location. Your identity will be kept confidential and no identifying information will be listed on the data gathered. The data collected will be stored in a locked cabinet and will only be available to the researcher and thesis advisors. All data collected will be destroyed at the completion of the thesis.

There is no cost to you beyond the time and effort required to complete the procedure(s) described above. Your participation is voluntary. You may withdraw at any time without penalty or loss of benefits.

If you agree to participate, please indicate this decision by signing below. If you have any questions about this research project please contact me, Ivania Aleman, at (209) 349-1918 or my faculty sponsor, Dr. Kilolo Brodie at 209-667-3091. If you have any questions regarding your rights and participation as a research subject, please contact the IRB Administrator by phone (209) 667-3493 or email IRBAdmin@csustan.edu.

Sincerely,
Ivania Aleman
Master of Social Work Student

I have read and understand the information provided above. All of my questions, if any, have been answered to my satisfaction. I consent to take part in this study. I have been given a copy of this form.

(Participant's signature)

Signature _____ Date _____

Name (printed) _____

Signature of person obtaining consent

Signature _____ Date _____

Printed name of person obtaining consent _____

(As needed)

In addition to agreeing to participate, I also consent to having the interview video/audiotape-recorded.

Signature _____ Date _____

Name (printed) _____

APPENDIX B

CONSENTIMIENTO INFORMADO

Querido Participante:

Se le ha pedido participar en un proyecto de investigación que se está realizando para cumplir con los requisitos para obtener una Maestría en Trabajo Social en la Universidad Estatal de California, Stanislaus. Esperamos aprender y comprender mejor las barreras para el envejecimiento exitoso que experimentan los inmigrantes Hispánicos mayores que viven en los Estados Unidos. El estudio abordará cómo la inmigración y la aculturación afectan estas experiencias. Si decide ser voluntario, se le pedirá que participe en una entrevista de aproximadamente una hora de duración, en la que se le harán una serie de preguntas relacionadas con el estudio para obtener su perspectiva. Los resultados del estudio ayudarán a los trabajadores sociales a comprender las necesidades de esta población y brindar servicios culturalmente competentes.

No hay riesgos previstos para usted por participar en este estudio. Puede negarse a responder cualquier pregunta que le resulte incomodo/a. También puede retirar su consentimiento para participar en el estudio en cualquier momento sin temor a una sanción. Si experimenta sentimientos negativos como resultado de su participación en el estudio, puede comunicarse con la agencia de servicios mentales de su condado.

Es posible que no se beneficie directamente al participar en este estudio. La información recopilada estará protegida de toda divulgación inapropiada conforme a la ley. Si da su consentimiento, la entrevista se grabará en audio. Todos los datos se mantendrán en un lugar seguro. Su identidad se mantendrá confidencial y no se incluirá información de identificación en los datos recopilados. Los datos recopilados se almacenarán en un gabinete cerrado con llave y solo estarán disponibles para el investigador y los asesores de tesis. Todos los datos recopilados serán destruidos al finalizar la tesis.

No hay costo para usted más allá del tiempo y el esfuerzo requeridos para completar los procedimientos descritos anteriormente. Su participación es voluntaria. Puede retirarse en cualquier momento sin penalización o pérdida de beneficios.

Si acepta participar, indique esta decisión firmando a continuación. Si tiene alguna pregunta sobre este proyecto de investigación, comuníquese conmigo, Ivania Aleman, al (209) 349-1918 o con el patrocinador de mi facultad, la Dr. Kilolo Brodie al 209-667-3091. Si tiene alguna pregunta sobre sus derechos y su participación como sujeto

de investigación, comuníquese con el Administrador de IRB por teléfono (209) 667-3493 o envíe un correo electrónico a IRBAdmin@csustan.edu.

Sinceramente,

Ivania Aleman

Estudiante de Maestría en Trabajo Social

He leído y entiendo la información proporcionada anteriormente. Todas mis preguntas, si las hay, han sido respondidas satisfactoriamente. Doy mi consentimiento para participar en este estudio. Me han entregado una copia de este formulario.

(Firma del participante)

Firma _____ Fecha _____

Nombre (impreso) _____

Firma de la persona que obtiene el consentimiento

Firma _____ Fecha _____

Nombre impreso de la persona que obtiene el consentimiento _____

(Según sea necesario)

Además de aceptar participar, también consiento que se grabe el *video/la grabación de la entrevista*.

Firma _____ Fecha _____

Nombre (impreso) _____

APPENDIX C

INTERVIEW SCHEDULE

1. **What are the lived experiences of older Hispanic immigrants living in the United States?**
 - a. How long have you lived in the United States? What is your country of origin?
 - b. What are some of the reasons you immigrated? Did you immigrate alone or with your family?
 - c. What is your immigration status?
 - d. Describe some of the difficulties you have experienced living in the United States as an older Hispanic immigrant?
 - e. What types of jobs or professions have you had while living in the United States?
 - f. Are you currently employed or are you retired? If you are still employed, does your employer offer a retirement plan? If you are retired, do you receive a pension from your previous employer or Social Security benefits? If you don't, where does your primary source of income come from?
2. **What health outcomes are most often reported by older Hispanic immigrants?**
 - a. Do you suffer from any illness or chronic condition? How long have you had the illness or condition?

- b. In what ways has the condition or illness affected your quality of life? Are you able to perform activities of daily living? If not, do you have someone who helps you out?
 - c. What are some of the barriers you have experienced in receiving medical care? Do you have health insurance through your employer, private insurance, or government/state? If not, how do you obtain medical care?
3. **What is the significant role of family, community, and culture in the lives of older Hispanic adults?**
 - a. What are some of the cultural differences you have experienced living in this country regarding familial responsibilities and how do they differ from your cultural beliefs?
 - b. What benefits does belonging to the Hispanic culture provide for you?
 - c. Is a sense of community belongingness important to you? What are the most important factors of community for you?
 - d. Who will provide care for you when you are no longer able to care for yourself? Do you anticipate living with family, friends, or other arrangement?
4. **How has the current anti-immigrant social environment affected the lives of older Hispanic immigrants?**
 - a. In what ways has the current anti-immigrant sentiment in this country affected you or your family?

- b. Have you personally experienced or know of someone who has been deported, or been the subject of an immigration raid, or experienced family separation due to immigration policies?
- c. Have you experienced any acts of discrimination or rejection due to your ethnicity or immigration status?
- d. What opportunities has immigrating to the United States provided for you and your family?

APPENDIX D

FORMULARIO DE LA ENTREVISTA

1. **¿Cuáles son las experiencias vividas de los inmigrantes hispanos mayores que viven en los Estados Unidos?**
 - a. ¿Cuánto tiempo tiene viviendo en Estados Unidos? ¿De qué país es originario?
 - b. ¿Cuáles son algunas de las razones por las que usted inmigro? ¿Inmigro solo o con su familia?
 - c. ¿Cuál es su status migratorio?
 - d. ¿Describa algunas de las dificultades que ha experimentado viviendo en los Estados Unidos como un inmigrante Hispano mayor?
 - e. ¿Qué tipo de trabajos o profesiones ha tenido durante el tiempo que ha vivido en los Estados Unidos?
 - f. ¿En la actualidad usted está jubilado? Si aún está empleado, ¿su empleador ofrece un plan de jubilación? Si está jubilado, ¿recibe una pensión de su empleador anterior o beneficios de Seguro Social? Si no lo hace, ¿de dónde proviene su principal fuente de ingresos?
2. **¿Qué resultados de salud son reportados con mayor frecuencia por los inmigrantes hispanos mayores?**
 - a. ¿Sufre de alguna enfermedad o condición crónica? ¿Cuánto tiempo ha tenido la enfermedad o condición?

- b. ¿De qué manera la condición o enfermedad han afectado su calidad de vida? ¿Eres capaz de realizar actividades de la vida diaria? Si no, ¿tiene a alguien que le ayude?
 - c. ¿Cuáles son algunas de las barreras que ha experimentado al recibir atención médica? ¿Tiene seguro de salud a través de su empleador, seguro privado, o de gobierno/estado? Si no, ¿cómo obtiene atención medica?
3. **¿Cuál es el rol significativo de la familia, la comunidad y la cultura en las vidas de los adultos mayores hispanos?**
- a. ¿Cuáles son algunas de las diferencias culturales que ha experimentado al vivir en este país con respecto a las responsabilidades familiares y en qué se diferencian de sus creencias culturales?
 - b. ¿Qué beneficios aporta la pertenencia a la cultura hispana?
 - c. ¿Es importante para ti el sentido de pertenencia a la comunidad? ¿Cuáles son los factores más importantes de la comunidad para usted?
 - d. ¿Quién lo atenderá cuando ya no pueda cuidarse usted mismo? ¿Anticipa vivir con familiares, amigos u otros arreglos?
4. **¿Cómo ha afectado el ambiente social anti-inmigrante actual las vidas de los inmigrantes hispanos mayores?**
- a. ¿De qué manera el sentimiento anti inmigrante actual en este país lo afecto a usted o a su familia?

- b. ¿Ha experimentado personalmente o ha conocido a alguien que ha sido deportado, ha sido objeto de una redada de inmigración o ha sufrido una separación familiar debido a las políticas de inmigración?
- c. ¿Ha experimentado actos de discriminación o rechazo debido a su origen étnico o estatus migratorio?
- d. ¿Qué oportunidades ha brindado emigrar a los Estados Unidos para usted y su familia?