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CUIDANDO A LOS NUESTROS: ELDER CARE IN THE CONTEMPORARY
LATINO FAMILY

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ABSTRACT

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The Latino population in the United States is rapidly growing. Census data reports that in 2010 Latinos reached a significant milestone of fifty million. Similarly, there has been a steady increase of elderly people living in the United States. At the beginning of the twentieth century, only 3.1 million persons were sixty-five years or older. A century later this count has increased more than ten-fold. By 2030 minority populations in the United States are projected to reach 25 percent of the elderly cohort with Latino elderly projected to increase by 238 percent (U.S. Census, 1998).

This study begins with an immigrant story. It is my personal narrative where I attempt to highlight my experiences in dealing with elderly family members. I chose to include the immigrant story because it resonates deeply with many people that I have encountered within my local and faith community. That is, children brought to the U.S. that are now facing the care of elderly parents within their immediate family circle.

The study provides a descriptive overview of the perception of two key terms, “elderly” and “Latino”, in relation to three principle areas of study which are demographic profile, health status, and family structure. The findings underline an

association to sub-topics which include economic status of Latino elderly and the importance placed on religion and spirituality in dealing with health and well-being.

CHAPTER I

INTRODUCTION

My original interest in the topic of Latino elder care arose from a series of personal experiences that I have witnessed throughout my life. As a five-year old living in small town in Durango, Mexico, I would accompany my mother in daily care visits to my maternal grandmother and her sister- both living in very close proximity to our home. I recall carrying food baskets to my *abuelita*'s house and once there I had plenty of opportunities to entertain the elderly women with my make-shift toys. Oftentimes I would accompany my oldest sister, Connie to check for mail at the nearby food market. If we were lucky to receive a letter from our dad we would run back to my abuelita's house with big smiles. It is in the collective experience of visiting these elderly women in their tiny adobe-walled home that has left me with indelible memories of growing up in a small town in Northern Mexico.

I recall with a certain level of melancholy the traditional foods that were prepared over open flame *comales* and the timeless *cuentos* (stories) about family members shared by my *abuelita* and her sister, Carlotta during our visits. Without a doubt the most vivid memories that have remained with me over the years is the steadfast religious practices that were very much part of the daily life of Francisca Rivera Betancourt, my maternal grandmother.

My *abuelita* had a good sense of humor. She was a petite woman that stood proud at four feet tall with long silver-colored hair that was always neatly braided and adorned with colored ribbons. Her religious convictions were squarely centered on Catholicism

and these were manifested throughout her life. In her younger years she had provided religious education through various children's ministries. This was her passion. In her later years she would transform her small living space into a form of sacred space. Her home altars were full of religious icons, relics of every kind and stacks of prayer postcards and devotional-type booklets. Always visible above the main altar was the large oval-shaped image of *La Virgen de Guadalupe*. The tiny home was permeated by the scent of votive candles that were kept lit for morning, noon and evening prayers.

My religious beliefs were essentially influenced by the daily visits to my grandmother's house and observing the various types of prayers that were recited daily either by praying rosary or festive gatherings during *Cuaresma* (Lent) or *Dia de Los Muertos* (Day of the Dead). Regardless of the occasion being observed, our daily visits consisted of praying the rosary. I learned from a young age to imitate the clutching of the rosary beads and pretending to follow along with the rosary booklets which showed vivid illustrations of Jesus being scourged at the pillar or carrying an enormous cross on his back. A softer illustration showed the angel appearing to a reverent woman. Of course I didn't understand any of the sequential prayers that would follow every illustration- the *Padre Nuestro*, the *Ave Maria* etc. The events that followed our prayers were predictable and those I learned quickly- that we would gather for a meal and my *abuelita* would begin with her timeless stories, her *cuentos*. I would sit patiently and would ask for stories about my dad.

I am the second oldest of six children born to Jose and Natalia Medina. I came to the United States in April of 1976. This is how it happened:

My father had previously migrated to the U.S. from Mexico during the 1960s. He came to the U.S. like so many of his contemporaries that left homes and families behind in search of work and a better life in the United States. My father's initial journey to the U.S. can be summed up as an emotional and economic challenge because he and my mother were newly married but there was no work that would pay enough to raise a family. Falicov (2000) writes extensively about the journeys of migration among Latinos and how the separation of parents means that the wife, who is usually the one who stays behind, has to reorganize into a one-parent unit. This role was extremely challenging for my mother because there was no extended family that she could count on for support. On the contrary, aside from the role of single-parent, she was also tasked with the care of her elderly mom and aunt. My father would send money to support the family, which met the economic needs, but not the emotional needs of our growing family.

My fathers' returns to Mexico were infrequent and mostly dictated by his employment status in the U.S. It was not until 1976, after several separations and reunions that my parents decided to uproot the family all together. By that time I was a few months away from my 6th birthday, my oldest sister, Connie, was going on 7. My younger siblings were Lorena at 4 years and Adrian about to turn 1 year old.

My memories of our departure from Mexico to the U.S. are vivid and somewhat emotional to recount. We were accompanied by our mother but only for the first leg of the trip that included a 26-hour bus ride from a rural region of Durango, Mexico to the border city of Tijuana. My mother did her best in keeping her composure and reminding us that the ultimate goal was to be re-united with our father as a family.

The long bus ride to Tijuana, Mexico would get the better of my mother both physically and emotionally. I have tried desperately to suppress this particular experience of my life because it makes me sad to recall particular details of our journey. For example, my mother's desperate attempts to hold her composure during this trip. When I have the occasional flash-backs they typically begin with my mother sitting inside the bus and looking out the window. She is holding Adrian, my one year old brother in her lap. Her eyes are red from crying and she's clutching rosary beads in one hand while trying to pacify her crying baby. Her temper is short and she's frequently ordering my siblings and me to be quite and sit still.

For many years I believed that my mother's emotional state was due to leaving our home in Mexico and perhaps the anxieties of coming to a new country was too much for her to handle at once. I was mistaken. My mother was actually fearful of handing me and my siblings over to the strangers that would cross us over into the U.S. that was causing her so much grief.

The turning point for my family came a few days after we arrived in Tijuana. We stayed in a run-down shanty hotel for a few days until we made contact with my father on the other side of the border. My parents were coordinating with a couple that would eventually cross us over the border. On the fourth night of our arrival in Tijuana, Mexico, I was walked down to a parking lot by my mother. I recall her quietly weeping and her hands were cold. I didn't know what was happening until she ordered me to go with the couple standing outside of an old van. I shook in fright and recall a warm sensation all over my legs. I cried until I could no longer see my mother in the parking lot. The next thing I recall was stop and go movement of the van as we approached the border line

inspection and more episodes of crying. The couple kept asking me to stop crying by telling me that everything was fine and that soon I would be with my father. I didn't understand what they were saying because this was the first time I had been separated from my mother and siblings.

The stop and go movement of the van finally ended. Next thing I remember was the whining sound of rubber on road. This sound was foreign to me because in my hometown no roads were paved and traveling in a vehicle meant that one would feel the dips and sound of tires threading on rocks. We had crossed the border and were in route to Los Angeles. My mother and siblings would make a similar journey at a later date. Recalling my journey 35 years later is still an emotional experience. It wasn't until I became a father approximately 9 years ago that this entire event was magnified 100-fold. I can't even begin to imagine the circumstances that I would be facing that would force me to let my children go with strangers. Secondly, recalling this experience has given me an overwhelming appreciation of the struggles and sacrifices that my parents have had to make for the collective benefit of our family.

Over the years I've made efforts to dialogue with my parents and siblings about our journey from Mexico to California, but conversations have been sporadic and mostly full of polite exchanges highlighting key issues of our experience. Nevertheless this is progress given that for many years my parents were mostly silent on this topic all together. Whenever this topic came up in family gatherings they would express their gratitude towards God for helping re-unite our family and nothing more. Insofar as discussing with my siblings, there's not much that can be said about my brother Adrian because he was only a year old. Lorena and Connie have different takes on this

experience. For example, Lorena recalls the hotel's unique stairwell that led to the parking lot where she was separated from our mother. Connie was seven years old and recalls more details. She was the last to be separated from our mother because being the oldest meant that she was also tasked with caring for our one-year old brother whenever our mother had to run out to get food or place phone calls to our father. In sum, Connie's experience was mostly similar to mine except that she was brought over along with Adrian. This was obviously a huge responsibility that our parents placed on my seven year old sister.

The years that followed were full of economic struggles for my family. My dad's wages were obviously not enough to support a growing family. My mother did the best that she could as a homemaker, but hard times meant that she took on various jobs to help my father make ends meet. There was the job at a curtain factory where she operated a steam iron that caused burns on her hands. Other seasonal employment involved assembly line work packaging electronics. Both jobs were labor intensive, high paced and low paying. Both jobs offered flexible hours which typically meant graveyard shift so that she could stay home with us during the day until my dad would come home from work. The family economics put a huge strain on my parents. There were several episodes where my father proposed having me and my siblings sent back to Mexico to live with our maternal grandmother, Francisca. This plan never developed mostly because my *abuelita* was not up to the physical challenge of raising four children.

In 1994 my maternal grandmother Francisca passed away. Months later marked the passing of her sister, Carlota. Their passing was a devastating blow to our family. My

mother became very depressed and many times faulted herself for not being in Mexico to provide the care that her elderly mother and aunt required.

The turning point came when my mother got involved with a family-themed ministry at our Catholic church. Known as a *grupo de oración*, the charismatic prayer group met regularly at the parish hall on Thursday evenings with a simple agenda that included Catholic worship and fellowship. This was the beginning of my mother's emotional healing. Members of the *grupo* would also congregate at various homes for the worship and fellowship that included all night prayer vigils, dinners and general gatherings in celebration of various events like *cuaresma* (lent) and *las posadas navideñas*. The latter is a popular re-enactment of Mary and Joseph's search for lodging in Bethlehem performed just before Christmas. These celebrations typically included traditional home cooked foods like *tamales*. For the children there was always *piñatas*, which are decorated animal figures that are filled with candy and toys and elevated at a certain height to be broken by children as part of the celebration.

Aside from the common celebratory community gatherings what became evident were my parents establishing themselves within a faith-based network of friends that eventually became a close-knit support system similar to an extended family. This faith support group proved to be invaluable when my parents were in their late 50s and were diagnosed with diabetes and hypertension. Through this network my parents were able to locate a variety of services at health clinics that often provided free wellness check-ups or medication on a sliding scale basis. This made a significant difference because my parents did not have adequate medical coverage.

By staying connected within their faith community my parents have had plenty of opportunities to offer support to elders facing similar chronic health issues.

A more poignant example of elder care is my present day experience related to my mother-in-law, Teresa, who is fully disabled and relies on family for care. She is 83 years old and over the years her medical condition has worsened to the extent of not being able to speak. My wife, Maria, is one of Teresa's four children responsible for providing care on a rotational basis- usually during the summer months. The arrangement that is in place has given me a first-hand look at the challenges of caring for an elderly parent. Moreover, I have come to understand the cultural expectation of home care instead of formal care regardless of cost or consequence. In this particular case, my brother-in-law, Gerry, is the primary caregiver. This has been a huge challenge for him because he has to balance pressing responsibilities with a full-time job while being available for planned and unexpected medical care.

Although Teresa's care has primarily revolved around family, recent declining health has spurred family discussions about the need to commit her to skilled nursing facility. The primary reason is family commitments amongst the siblings. They are what Coontz (1992) refers to as part of the "sandwich generation", a term used to define families and individuals who have elders and children dependent upon them at the same time. Coontz (1992) makes another interesting observation about the high costs to families attempting to organize their personal lives and work schedules.

Having witnessed similar elder care issues within my extended family and also within my surrounding community has really impressed upon me a strong desire to

research this topic further. It has become my motivation and interest. Additionally, I have become actively aware of my parents aging and the difficulties related to their declining health status for the past five years or so. My parents are in their late 60s and suffer from an array of chronic illnesses that have them dependent on daily medications to keep symptoms under control. While I am not in denial of the fact that they are nearing the end of their lives and the challenges they are facing are likely expected, I have become very interested in the role that I will play in their long term care. Moreover, how does a family begin to prepare for the eventuality of aging parents with chronic illnesses and limited economic resources?

I chose to begin this study with my personal narrative because I believe that there are many Latinos that can relate to my story. With that said, the goal of this project is to understand the existing literature on Latino elder care. Specifically, to identify if the research is providing insight as to the roles and challenges that contemporary Latino families living in the U.S. will undoubtedly be faced with in the future care of elderly family members. This is important to consider because given the current Latino demographics this study might also inform elder care programs, policies and initiatives geared towards assisting the family members who are currently, or will be caregivers in the near future make well informed decisions.

In the coming chapters I do a comprehensive review of the existing literature on Latino elder care. Then the conclusion chapter looks at the strengths and weaknesses of the existing literature and suggests areas of improvement and development. My goal is to create a comprehensive document that will serve other researchers as a roadmap to a greater understanding of the Latino community and their elder care needs.

CHAPTER II

LITERATURE REVIEW

This literature review includes five sections. The first section defines and discusses ‘elderly’ and ‘Latino’; two key terms that are presented throughout the following literature sections. The second section discusses and analyzes the current demographic profile of Latinos living in the United States with emphasis on the sixty-five and older age group. The third section discusses the most common health issues of Latino elderly with projected future trends. Moreover, this section of the study gives a comprehensive review of all research studies that look at this group’s health status specific to major chronic illnesses and leading causes of death. The fourth section discusses a historical account of Latinos living in the United States and analyses their socio-economic status and cultural factors that impact their health status and projected health care needs. The fifth section explores the ideational concept of the contemporary Latino family with mention of key terms such as *parentesco* (extended network of genetic kinship) and *comadrazco* (god-parentship). Additionally, this section also examines the influence of Latino elderly in the family and explores their religious spiritual beliefs and practices. Furthermore, how these beliefs and practices influence the elder’s interpretation of chronic diseases in relationship to seeking medical care. The conclusion analyzes and combines all of the relevant components which affect elder care in the contemporary Latino family.

I start by defining two key terms, *elder* and *Latino* in order to provide a contextual understanding of their significance as it relates to the sections that follow. While these terms may have a varying definition based on social, political and cultural influence, this

study is limited to their definition based on the context of literature reviewed. Before we can understand these influences, it is important that we first understand who Latino elderly are. Equally important is the need to understand their demographics and the characteristics that seem to define them.

The term *elderly* has traditionally been defined as a chronological age of 65 years and older. Moreover, those 65 to 74 are referred to as “early elderly” and those in the 75 years and over group are referred to as “late elderly.” While there is no evidence to support the definition of the former, it is said that it originally dates back over a century when Prince Bismarck, the chancellor of the German Empire, selected 65 as the age at which citizens would be eligible to participate in the national pension plan. The underlying expectation was that most people would die before reaching this age (Osiro, 2006).

Other attempts to define “elderly” have emerged over the years whereby the emphasis is placed on person’s quality of life. For example, Woodhouse et al. (1988) proposed to define elderly in two separate categories- those 65 years and over in either “fit” or “frail” health condition. Sanderson and Scherbov (2008) followed with a more complete analysis by presenting two ways of defining elderly. One is chronological age- the number of birthdays a person has already had (e.g., 65). The second is prospective age- based on the number of birthdays a person can expect to have (e.g., where remaining life expectancy is 15 or fewer years). Presently there is no general agreement on the age at which a person is considered elderly because advances in medical and health science have resulted in the increase of the average lifespan (Osiro, 2006; Sanderson and Scherbov, 2008). To complicate this argument further, defining a person as elderly when

he or she reach 65 years ignores not only the increase lifespan but fails to take into account that each country has its own historical interpretation of when people could be considered old based on gender differences, social and economic changes, advances in the public health sector and personal consumption choices (e.g., smoking, alcohol).

While the United Nations (UN) has no standard numerical criterion, the agreed upon cut-off to refer to the older population begins at age 60. However, according to the World Health Organization, most developed countries around the world have accepted the chronological age of 65 years as a definition of ‘elderly’. Again, this definition is arbitrary depending on such factors as nation, region and socio-political associations. In other words, it is typically associated with the westernized concept of the age in which a person may begin receiving pension benefits. Roebuck (1979) found that as far back as 1875, Britain enacted the definition of old age as ‘any age after 50’, yet pension structures used age 60 or 65 years for the purpose of eligibility.

Gorman (2000) argued that the aging process is of course a biological reality which has its own dynamic and largely beyond human control. However, it is subject to the constructions by which each society interprets old age. Furthermore, other socially created meanings of “elderly” are more significant when considering not only the roles that they are assigned but also the roles that are lost due to physical or mental decline. In contrast to the chronological milestones which serve to mark life stages, old age in most developing countries is seen as the point when active contribution is no longer possible (Gorman, 2000).

While the elderly may be looked upon through a negative lens from the perspective of society norms, we know that historically this has not been the case. For instance, in biblical terminology the aging person is generally associated with wisdom, health, or blessing. This study found that various terms for old age occur in nearly all of the thirty-nine books of the Old Testament (Bible, 1973). Similarly, Hays (2005) reported that the most common Hebrew term is *zaqen* (old or old man), derived from the term *zaqan* (beard). Additionally, the words *yases* and *yasis* which refer to the very late stages of life that is associated with decrepitude. Noteworthy is the elderly contrasted with various terms for younger people such as:

I have been young, and now am old (Psalm 37:25)

The young men and the old shall be merry (Jeremiah 31:13)

The authors of the Old Testament also used physical characteristics to refer to old age with common descriptions for hair as *seba* (gray hair) or being buried with good old age (Genesis 15:15). Another vivid illustration is found in the Aramaic of Daniel (7:9) describing the divine king, the “ancient of days,” which can be argued to refer to old age. Similarly, and as a final point, biblical Hebrew commonly characterizes the elderly simply in terms of their long tenure on earth. This is generally an image of blessing to lengthen one’s days, as when God tells Solomon, “If you will walk in my ways, then I will lengthen your life” (1 Kings 3:14).

There are several different terms referring to aging or elders in the Greek translation of the New Testament. The word *presbytes* refers to old man or old women (Luke 1:18; Titus 2:2-3). From *presbytes* comes the closely related term *presbyteros*

(elder) which is used to recognize community leaders in a synagogue (e.g., Matthew 21:23) or in a church (e.g., Acts 15:2). While Hays (2005) argues that this usage presupposes that leadership is linked to seniority in the community, other biblical associations of presbytero (elder) refer to older people without reference to any leadership role (e.g., Timothy 5:1-2). The noun *geron* (old age), where we get the English word gerontology, appears only once in the exchange between Nicodemus and Jesus (John 3:4). Related terms are *geras* (old age, Luke: 1:36) and the verb *gerasko* (grow old, John 21:18, Hebrews 8:13). This term refers to chronological age without carrying any connotations of dignity that are commonly attached to *presbytes* or *presbyteroi*.

Overall, the terminology used in biblical sources emphasizes a developmental, holistic life courses perspective on aging. Although references of frailty are included, greater references to positive images of growing old exist. Hays (2005) makes a compelling argument that the current trends in Western cultures towards obsession with a youthful appearance (e.g., using hair products to hide the gray hair); age segregation in housing and age discrimination in the workplace would have been largely unthinkable.

In conclusion, defining the term “elder” is relevant because we need to further understand how this term is interpreted in scholarly research in relationship to overall Latino population. More specifically, if the term is predominantly linked to a particular age group whose culture or country of origin is primarily Spanish-speaking.

The term ‘*Latino*’ is defined as a person who is of Mexican, Central America, South America, Cuban, Puerto Rico descent. While there are approximately twelve other

nationalities of Spanish speaking origin, it is important to note that mainstream American culture refers to the term “Latino” as a catchall label regardless of race (Census, 2010). These nationalities do not self-identify nor are considered “Latinos” in their respective countries of origin. The term Latino has particular meaning only in the U.S. where the context in which it was constructed and applied continues to evolve (Taylor, 2012, Rumbaut, 2006).

Attempting to define the term *Latino* may prove to be more of a challenge and an attempt to define the common identity of those grouped under the umbrella term of ‘Latina/o’ raises a series of critical issues. While this group is impacting many aspects of American life (Benitez, 2007; De La Torre, 2009), it is noteworthy to mention the historical implications of how this group of people came into being and how they have sought to seek their identity in order to become part of the United States and participate more fully in broader U.S. society.

Historically, the European conquest of what is present day Latin America set the stage for the formation of what Martinez (2009) describes as “new” people with a dual ancestry of conqueror and native. This is most commonly referred to as *mestizaje* which Garcia-Rivera (1995) further defines as the process of biological and cultural mixing that occurs after the violent and unequal encounter between cultures. Valentin (2009) goes a bit further and puts forth a brief historical review of the term *mestizaje* as it is used in contemporary platforms. For example, in literature the specific reference is the mixture of Spanish and American Indian ancestry with the arrival of Spanish colonizers in the Americas during the fifteenth century. Moreover, from a socio-political angle the idea of

mestizaje has taken on a wider meaning to contest racist Western notions of pure race and ethnic absolutism.

Additionally, Valentin (2009) argues that multiple twentieth century U.S. led political and economic interventions in Latin America have collectively served to create migratory labor patterns between the United States and Latin America which have resulted in changes to key immigration laws in 1965 and 1986.

One of these changes is the Immigration and Naturalization Act of 1965. Also known as the Hart-Celler Act it abolished an earlier quota system that was based on national origin and established a new immigration policy that was geared towards reuniting immigrant families and attracting skilled labor to the United States. According to content available via government websites such as USA.gov, this immigration law resulted in the demographic makeup of the American population to be greatly changed with the arrival of immigrants coming to the U.S. primarily from Asia, Africa and Latin America, as opposed to Europe.

A second major change to immigration came in 1986. Known as the Immigration and Reform and Control Act of 1966 (IRCA), this law passed in order to control and deter illegal immigration to the United States. Its major provisions stipulated the legalization of undocumented people who had been continuously and unlawfully present in the United States since 1982. Additional provisions included the legalization of certain agricultural workers and sanctions for employers who knowingly hired undocumented workers (USA.gov, 2015).

According to Martinez (2009) the changes in immigration laws have accelerated a globalized economy whereby the circle of people who are migrating either temporarily or permanently from Latin America to the United States is broadening. According to the Pew Charitable Trust (2014), the changing patterns in U.S. immigration and population are reportable by various U.S. Census Bureau projects showing that over the past 25 years the total immigrant population has increased and spread across the country. In 1990, the foreign-born population was approximately 19.7 million or just under 8% of the U.S. total. Of this amount approximately 3 out of 4 immigrants were living in California, Florida, Illinois, New Jersey, New York, or Texas. Furthermore, by 2010 approximately 40 million immigrants made up 13 percent of the overall population with the proportion of immigrants living in the six leading states dropping to 65%. During the same timeframe other states including Nevada, North Carolina, and Washington experienced a significant growth in their respective foreign-born population numbers.

So how does these population numbers relate to the Latina/o identity presently? If we were to explore the *mestizaje* concept from a purely political angle it may serve enough to move it from a negative connotation (previously synonymous with illegitimacy) towards an association of inclusion in all socio-political matters. The latter is raised by not only by Valentin (2009) but also present in the writings of contemporary U.S. Chicana/o and Latina/o scholars and cultural critics such as Daniel Cooper Alarcon, Norma Alarcon, Guillermo Gómez Peña, Cherie Moraga, Chon A. Noriega, Emma Perez, Chela Sandoval, and especially Gloria Anzaldúa. It is in the works of these writers and critics that the *mestizaje* idea has been expanded and its meaning complicated by pointing to its potential usefulness in the demystification of territorial boundaries and countering

the ethnic absolutism, among other things. In summary, the argument to reclaim identities and forge new and potentially affirmative multi-ethnic identities in the United States that are above and beyond the government- created definition of an umbrella term.

According to the Pew Research Center, the U.S. government uses the term Latino synonymously and furthermore uses a dual approach to define. Both are products of a 1976 act of Congress and the administrative regulations that have followed from it. One approach defines Latino as a member of an ethnic group that traces its roots to 20 Spanish-speaking nations from Latin America and Spain. The second definitional approach is “anyone who says they are and nobody that says they aren’t”. Interestingly, the U.S. Census Bureau using the latter definition approach in their impressive counting, reported that on July 1, 2008 there were 46, 943,613 Latinos in the United States. Furthermore, that this figure comprised 15.4% of the total national population. However, subsequent to the impressive Census counting is a long history of changing labels, shifting categories and revised questions and wording which coincide with the findings of Taylor (2012) and Rumbaut (2006) that reflect evolving cultural norms about what it means to be Latino.

Having recently become the largest minority group in the nation, Latinos are not only impacting but also restructuring the social, political and economic culture of the areas in which they settle (De La Torre, 2009). The sheer number of Latinos living in the United States is impacting U.S. discourse on various levels. Therefore, referring to this group as a minority is not appropriate because they represent the majority of the population in several of the largest cities within the United States. As De La Torre (2009) so aptly described:

A danger exists that this group of people we call Latinos are seen as some type of monolithic group. For many Euro-Americans, there exists little difference between Chicana/o, a Mexican American, a Central American or a Spanish Caribbean native. In reality, Latinos represent a very diverse population- some of whom are White, some indigenous, others Black, and most somewhere in between. They are a mestizaje (mixture) of cultures, races, and ethnicities. Some are heir to different indigenous cultures (such as Taíno, Mayan, Aztec, and Zapotec); others trace their roots to medieval Catholic Spain (influenced by Muslim and Jews), or Africa (specifically those who come from the Caribbean and Brazil), or even Asia. This mixture is further complicated by their continuous presence in the United States, which adds new dimensions to their ethnic backgrounds due to inter-ethnic marriages.

Therefore, we need to understand that not all Latinos are the same simply because they speak Spanish. In reality, their language may consist of a mixture of English and Spanish. Some may know very little Spanish and be more versed in one or several Mayan languages. Perhaps the biggest error we can make is to assume that all Latinos crossed the borders into the United States because some have ancestors that already lived on the lands that would eventually become the United States. This study does not examine the history of territorial boundaries or borders of the United States. However, for this particular study it is important to understand that the definition of Latinos must encompass a mixture of cultures that are composed of U.S. citizens, naturalized citizens, resident aliens and the undocumented. Some immigrant groups have been well received and have quickly integrated into the U.S. structure (e.g., Cubans) while others have faced decades of discrimination (e.g., Mexican). Therefore, it is erroneous to categorize all Latinos within the same socio-economic level. While the U.S. Latino identity is often times socially constructed, it is also often times misleading to outsiders who may consider all member of this group to look and sound alike when in reality all have a unique presence that does not always fit the mold of a disadvantaged category (De La Torre, 2009; Acuña, 2004).

Now that we have an understanding of terms “Latino” and “elder” in the context of this study we can move into the following areas and highlight three important sections. Section one offers a demographic profile of Latino elders living in the United States. Section two provides a comprehensive review of their health status with emphasis on major chronic illnesses and leading causes of death. We conclude with section three which addresses the issues of family theory specific to the contemporary Latino family structure. Here the emphasis is based on gender roles as they relate to family caregiving, religion and spirituality and socio-economic issues that are most often the deciding factors to the quality of care received by Latino elders.

Demographic Profile

The Latino population in the United States is rapidly growing (Ruiz, 2012). Similarly, there has been a rapid increase of elderly living in the United States. At the beginning of the twentieth century, only 3.1 million persons were sixty-five years or older. A century later this count has increased more than ten-fold (Palmore, 2005; U.S. Bureau of Census, 1994).

Palmore (2005) found another interesting demographic trend related to the increasing proportion of elders who are women. In the early 1900s, the number of men and women in the same age group was almost equal. However, by 2000 there were 45% more women than men (AARP, 2000). This proportion is much higher among those in the eighty-five and older age group. What this gender-based demographic trend represents is the continued stereotype that most old people are fragile old women. However, from a positive interpretation one can argue that there is a decrease in

disability—meaning an overall healthier profile for this particular age group (Manton, 2001).

Age stereotypes are generally assumed to cause discrimination against older persons. The studies conducted by Palmore (2005, 1999), found that the nine major stereotypes that often reflect a negative prejudice toward elders include illness, impotency, ugliness, mental decline, mental illness, uselessness, isolation, poverty and depression. Furthermore, Cook (2001) defined age stereotype as a simplified, undifferentiated portrayal of an age group that is often erroneous, unrepresentative of reality, and resistant to modification.

To stereotype is to believe unfairly that all people or things with a particular characteristic are the same (Webster, 2015). This means that by definition alone, any stereotype is erroneous because it is applied to all members of a category of people and dismissing the fact that there is always an exception to the rule.

This exception to the rule is particularly important in considering the population size and origin of Latino elders living in the United States. Latino elders are projected to top 13 million by 2050 (AARP, 2000). This group's origin is also important to consider because they descend from various parts of Latin American countries such as Mexico, Central and South America, Cuba and Puerto Rico (Chapa, 1993). According to Beyene (2002), Latino elderly represent a large and ethnically diverse part of the Latino population. Sub groups that are classified under the “Latino” label are Mexican Americans, Puerto Ricans, Cubans and Central and South Americans. Each of these

ethnic groups has a distinctive social and historical background, unique cultural norms and patterns of interaction and is concentrated in various regions of the United States.

Olson (2001) found that while ethnic subgroups tend to be scattered throughout the United States, some are concentrated in certain parts of the nation. For example, Mexican-Americans reside in the Southwest (e.g., California and Texas); Puerto Ricans mostly in New York City and central Florida with Cubans mostly concentrated in South Florida. Older ethnic groups are also more urbanized than the overall population with Latinos, Asians and African Americans at the top of the list. Angel (2014) reported a 2010 demographic profile showing nine of ten cities with the highest concentration of Latinos making up over 70% of the population to be in California and Texas. Popular arguments by various scholars refer to states that were once part of Mexico continue to have very high concentrations Mexican-origin people.

A socio-demographic profile by the U.S. Census Bureau (2010) shows Latinos as the fastest growing racial/ethnic minorities in the United States. It was in 2010 when Latinos in the United States reached a new Census milestone of fifty million people, or approximately 16% of the total population (NCLR, 2014, LA Times, 2011, Flores, 2013; Jordan, 2010; Angel and Whitfield, 2007; Torres-Gil, 2007). The alarming piece is the fact that this population is not only growing rapidly; it is also aging. By 2060, Latinos are expected to comprise 38% of the nation's 65-and older population, up from 24% in 2012 (NCLR, 2014, U.S. Census Bureau, 2012). Therefore, addressing chronic diseases among Latinos is imperative to improving the nation's health and maximizing its resources.

Chronic Diseases and Major Causes of Death for Latino Elderly

In this section I review the literature on chronic diseases and major causes of death for Latino elderly. However, it is important to first make mention of this group's life expectancy given that it raises concerns not only for the elder, but also their families and society at large. In the United States in 2010 the average life expectancy for the population at large was 79 years, compared to 70 years in 1970 (National Center for Health Statistics, 2013). By 2030 the average life expectancy is projected to climb to over 80 and to 83 by 2050 (U.S. Census Bureau, 2008). Angel & Angel (2015) raise some compelling arguments about technological progress and productivity gains credited for improving standards of living overall. Furthermore, that Latinos enjoy remarkably long lives is also noted by the National Center for Health Statistics (2013) with male life expectancy at birth was 79 in 2010 and 84 for females.

Despite a socio-economic profile that includes low levels of education, income and limited wealth, their life expectancy at birth and older ages is similar and perhaps superior to that of non-Latino Whites (Arias et al., 2010; Markides et al., 2005). This advantage is not as a result of regular access to health care; Latinos, particularly those of Mexican origin, are far less likely than non-Latino Whites to have health insurance or receive preventive care (Angel & Angel, 2015). This is in line with additional findings by Angel & Angel (2015) related to longer periods of poor health creating serious support and care needs which ultimately result in large financial burdens for everyone. Simply stated, facing serious illness may mean that an older person's assets are quickly depleted to the point that there is nothing to pass on to future generations. For the adult children that take on the responsibility of caring for an infirm parent, this means that they not only

shoulder the economic burden associated with providing long term care, but also that the economic burden will undermine their ability to educate their own children and prepare for their own retirements.

More broadly is the point raised by Angel & Angel (2015) about hospitals or emergency type clinics that provide uncompensated emergency care stand to face serious losses where in due time the economic burden is passed on to insured patients and taxpayers in general. This is an important economic assessment to consider in political platforms because indirectly we will all pick up the tab.

Despite their relatively long average lifespan, Latinos spend a large fraction of their lives past 65 years in poor health and plagued by functional limitations. While the Latino population growth in the U.S. is clearly evident (Krause & Bastida, 2009), the same holds true for the prevalence of chronic diseases that this group will face, such as heart disease, stroke, cancers and related complications (Center for Disease Control, 2009). The end result is a massive demographic shift that is expected to have serious consequences on U.S. society and government with particular implications to Medicare and the pay-as-you-go service known as Social Security. In sum, the Social Security benefit that individuals receive comes directly from workers. This means that less workers puts this particular benefit at risk.

Angel (2014) found that the ratio of workers to retirees has dropped dramatically. In 1960 there were 5.1 workers for each retiree; by 2010 the number of workers dropped to 2.9 and by 2050 it is expected that the ratio will be two workers for each retiree. Since

Latinos play a vital role in expanding the U.S. population and labor force, it is critical to discuss the trends in this group's health and well-being.

Chronic diseases such as heart disease, cancer, diabetes, asthma, obesity, hypertension, arthritis and liver disease are prevalent among Latinos (CDC, 2009, Murphy et al. 2013, Staveteig and Wigton, 2000). For some of these conditions, Latinos face significant health disparities. Despite being younger overall and having lower rates of age-adjusted mortality, Latinos are more likely to report being in poor health in comparison to their non-Latino counterparts (Angel & Angel, 2015; Staveteig and Wigton, 2000).

More attention has been placed in researching the health status of Mexican origin elders because they represent the largest segment of the Latino population (Markides, 1997). This is consistent with a study conducted by Dietz (1997) in which it confirmed that within the Latino elderly a greater health disparity exists within the Mexican-origin elderly. The study used a large national data-set to focus on Mexican elderly and their receipt of assistance. The results were alarming with 65% of respondents reporting at least one activity limitation such as dressing or bathing. Another result confirmed that Mexican-origin elderly have poorer health and are more likely to suffer from a variety of chronic illnesses.

In summary, bringing to the forefront the major chronic illnesses and leading causes of death for Latino elderly is important because ultimately the negative health profile create a greater dependency on family support. Equally important is the need to

address the chronic diseases in relationship to the overall life expectancy for this particular group.

As stated earlier, and confirmed by the CDC (2013, 2010, 2001), life expectancy in the United States has dramatically increased, and the principle causes of death have changed since the 1900s. According to statistical data published by the Center for Disease Control the 10 leading causes of death for Latinos in 2010 were cancer, heart disease, unintentional injuries/accidents, stroke, diabetes, liver disease, chronic respiratory disease, Alzheimer's, nephritis (kidney failure), and influenza/pneumonia. Adjusted by age group, the top three leading causes of death for Latinos age 65 years and over, both sexes, were reported as cancer, heart disease and diabetes (CDC/ National Vital Statistics Report, 2013).

In the following sections I will briefly explore each of these conditions individually in relationship to the chronic diseases that appear to be most prevalent among this Latinos. As noted previously, in the United States, heart disease, cancers, stroke, chronic lower respiratory disease and diabetes account for more than two-thirds of all deaths in the nation (Center for Disease Control, 2004). While chronic conditions affect all racial/ethnic groups, minimal work exists documenting the emergence of chronic disease patters for the Latino population (Echeveria and Diez-Roux, 2010). Specific to Latino elderly living in the United States, Census data (2012) reports show heart disease and cancer as the leading causes of death.

According to the Centers for Disease Control and Prevention (CDC, 2013) the number of Latino deaths in 2013 was 163,241 for all ages. For the 65 and over age group

it was approximately 97,140. Filtering this number further by gender showed females with a slightly higher mortality rate of 53% (51,171) compared to 47% (45,969). Life expectancy was 78.8 years. The top three leading causes for Latinos were reported as cancer, heart disease and accidental deaths.

Cancer

According to reports from the American Cancer Society (ACS, 2012-2014), cancer represents the second leading cause of death for Latinos. Cancer is defined as a group of diseases characterized by uncontrolled growth and spread of abnormal cells. Without early detection, the spread if not controlled can result in death. Cancer is caused by both external factors (such as tobacco, infectious organisms, poor nutrition, chemicals and certain types of radiation) and internal factors (inherited mutations, hormones, immune conditions, and mutations that occur from metabolism). These factors may act together or in a sequence to initiate or promote cancer development. The cancers that are associated with infectious agents are much more common among Latinos. The American Cancer Society found that one in six new cancers in Latin America, compared to one in 25 new cancers in North America, is attributable to infectious agents with ten or more years passing between exposure and detection. Cancer treatments vary. The most common consist of surgery, radiation, and chemotherapy.

The risk of developing cancer increases with age because cancers require many years to develop (ACS, 2012-2014). It is important to note that most cancers in the U.S. are reported for Latinos as an aggregate group, which masks important differences that exist between the various sub-populations according to country of origin. An example is a

study of Latino adults in Florida that found the age-adjusted cancer death rate in Cuban men to be 327.5 per 100,000. This ratio is twice that in Mexican men (163.4 per 100,000). (ACS, 2012-2014).

Additional estimates published by the American Cancer Society (ACS) reveal that about 1 in 2 Latino men and 1 in 3 Latina women will be diagnosed with cancer in their lifetime. The probability of dying from cancer is 1 in 5 for Latino men and 1 in 6 for Latina women. In 2012 the American Cancer Society also reported about 112, 800 new cancer cases for Latinos. Of this number, about 53,600 were new cancer cases in men and 59,200 cases in women. Prostate cancer was the most commonly diagnosed cancer in men and breast cancer the most common in women.

Extensive research from the National Cancer Institute (2002) confirms the incidence of breast cancer in Latina women. Specifically, their research findings show that older Latinas to be at higher risk of developing breast cancer and dying from the disease than their younger counterparts. Despite the use of mammography and clinical breast examinations as best practices for early detection of breast cancer, Latinas in the 50 years and over age cohort have been slow in adopting these forms of prevention. Additional research confirms that this older population of women is generally not aware that they are vulnerable to a greater risk of breast cancer or that detection practices are still needed even in the absence of symptoms. Moreover, knowledge about breast cancer and detection practices is lower in Latinas in comparison to their White and African American counterparts. Cancers of the colorectum and lung were second and third diagnosed cancers in Latino men and colorectum and thyroid for women.

Heart Disease / Stroke

According to research by the National Health Institute ([NHI, 2015](#)); heart disease which is commonly referred to as Coronary Heart Disease (CHD), begins with the damage to the lining and inner layers of the heart arteries. Several factors contribute to this damage such as smoking and second hand smoke, high amounts of certain fats and cholesterol in the blood, high blood pressure, and high amounts of sugar in the blood due to insulin resistance or diabetes and blood vessel inflammation. Plaque may begin to build at the areas where the arteries are damaged. Over time plaque can harden and narrow the heart arteries reducing the flow of oxygen rich blood cells to the heart. This can cause chest pain known as angina. When the plaque ruptures the blood cell fragments called platelets stick to the injury site and forms together to create blood clots. Blood clots have the potential to further narrow the arteries, worsen the angina and if large enough result in a heart attack. In sum, a heart attack clogs the heart of blood. A stroke does the same, but to the brain.

A stroke occurs when the flow of oxygen-rich blood to a portion of the brain is blocked. Without the necessary oxygen, the brain cells begin to die off within minutes. Sudden bleeding in the brain can also cause a stroke if it damages brain cells. Symptoms occur in the parts of the body that the particular brain cells control. Stroke symptoms may include sudden weakness, paralysis or numbness of the face, arms or legs, trouble speaking or understanding speech and difficulty seeing. A stroke requires emergency medical care because it can have lasting damage to the brain and long term disability or death (Thom et.al, 2006; Otiniano et.al, 2003).

Research data typically groups heart disease and stroke in the same cardio vascular diseases category. For example, a statistical fact sheet prepared by the American Heart Association (2013) provides further insight into the relationship between cardio vascular diseases and Latinos. Moreover, the prevalence of cardio-vascular disease (CVD) in Latinos age 20 and older is composed of 33.4% of men and 30.7% of women. Furthermore, in 2009 the American Heart Association reported CVD as the leading cause of death for this group with 27.4 % men and 29.6% females.

More in depth research shows that incidence of coronary heart disease (CHD) among Mexican Americans as young as 20 years and older age group is approximately 6.7% for men and 5.3% for women. Furthermore, within the same age range 3.6% of men and 1.7% of women have had a heart attack. Having angina is reported about the same in men (3.4%) and women (3.3%). The incidence of stroke in Latino adults is approximately 2.8%. Specific to Mexican-American adults, research shows approximately 2.3% for men and 1.4% for women. Overall, a higher rate of strokes is found in Mexican American men than in their non-Latino white counterparts.

Within the Latino group, research points to Mexican Americans as have higher cumulative incidence for stroke at younger ages as opposed older ages. Likewise, Mexican Americans have higher incidence of intracerebral hemorrhage as well as subarachnoid hemorrhage than non-Latino whites. Lastly, in 2009 the stroke death rate for Latino males was 30.9 and 28.0 for females. All of this information is relevant because heart disease is common in Latino elderly (AHA, 2013).

This information is relevant because according to extensive research and multiple publications from the American Heart Association, heart disease is the number one killer for all Americans and stroke is the fourth leading cause of death. Latinos, however, face greater risks when it comes to cardiovascular disease because of high blood pressure, obesity and diabetes. Sadly, Latinos face hurdles when it comes to making simple lifestyle changes that can eventually reduce the chances of getting these diseases. Specific to Latino elders, we must take into account the language barriers that can impact or delay medical treatment. Other barriers include the lack of health insurance and transportation. Together, these barriers can complicate early diagnosis and keeping up with treatment plans.

Diabetes

Diabetes is commonly referred to as diabetes mellitus to describe a group of metabolic diseases in which a person produces high blood sugar (glucose). The reasons for this over-production vary either because insulin production is inadequate or because the body's cells do not respond properly to insulin, or both. There are three types of diabetes- type 1, type 2 and gestational. For the purpose of this section I will explain only type 1 and 2 given the focus of the study is centered on elderly Latinos and gestational diabetes would not apply to this particular group.

Type 1 diabetes is commonly referred to as insulin-dependent diabetes, juvenile diabetes, or early onset diabetes. People usually develop type 1 diabetes before age 40, often in early adulthood or teen years. Patients with type 1 diabetes need to take insulin injections for the rest of their life. Additionally, they must ensure proper blood glucose

levels by carrying out regular blood tests and following a special diet. According to research from the Center for Disease Control and Prevention, between 2001 and 2009, the prevalence of type 1 diabetes among the less than 20 year old group in the U.S. rose 23%. Published reports from the American Diabetes Association (ADA) show that approximately 10% of all reported diabetes cases are Type 1 diabetes- nowhere near as common as type 2 diabetes.

Type 2 diabetes is a condition in which the pancreas does not create enough insulin. The insulin that your body makes does not work as well as it should. Additionally, the liver also makes too much sugar. When the sugar (glucose) builds up in the blood, over time it can lead to serious medical problem. The underlying goal of treating type 2 diabetes is to lower blood sugar enough to help prevent or delay complications such as heart problems, kidney problem, blindness and amputation. Diabetes has also been linked to cognitive function among older Latinos (Wu, 2003). Approximately 90% of all cases of diabetes worldwide are of this type (ADA, 2014). Type 2 is typically a progressive disease meaning that it gradually gets worse resulting in patients having to take tablet form insulin.

High risk factors include being overweight or obese because the body releases chemicals that can destabilize the body's cardiovascular and metabolic symptoms. Additional research also suggest that the risks are higher as we get older. Researchers hypothesize that as we age we tend to gain weight and become less physically active. Likewise, researchers have long known that people of Latino background are at higher risk for type 2 diabetes than non-Latino Caucasians. However, most research has looked

at this group as a whole, rather than as a number of different populations (American Diabetes Association, 2014).

Noteworthy is the mention of cultural myths about diabetes among Latinos. Brown (2007) found a genetic predisposition for type 2 diabetes in the Native American genetic admixture being linked to Mexican Americans based on the current estimates that approximately 30% of the Mexican American gene pool derives from Native American sources. Bamshad (2005) argued that the current diabetes epidemic is not due to genetics influences alone because genetic modification is an extremely slow process. Similarly, Jankowski et al. (1999) found the current diabetes crisis to be more likely due to environmental factors, many of which are modifiable, such as sedentary lifestyles, low socio-economic status, barriers to accessing health care, poor diet and lack of health education.

Brown (2007) calls our attention to other cultural concepts such as fatalism, gender roles and the acculturation and dietary practices of Latinos, primarily those of Mexican origin. The argument about fatalism centers on the idea that diabetes is a punishment for past shortcomings and can prevent individuals from assuming personal responsibility for their health. Moreover, little research has been conducted on health beliefs such as “fatalism” and the relationships to various health outcomes. The few studies that have been conducted on health beliefs in minority populations demonstrated that control and social support were particularly important (Fitzgerald et al. 2000).

Furthermore, Brown (2007) connects the concept of fatalism to gender roles based on traditional gender roles influencing health beliefs and ultimately, the effects of

lifestyle interventions. To further illustrate this connection we may consider that in traditional societies, women in the household are expected to prepare meals for their respective families and care for ill family members, sometimes disregarding their own dietary and health needs. Lastly, the relationship of acculturation and dietary practices is an important factor because often times it is seen as a setback with traditional diabetes intervention programs being provided in the wrong language based on incorrect and/or insensitive assumptions about cultural characteristics of the population. Brown, Garcia et.al. (2002) extend this argument further in their findings about minority populations frequently labeled as non-compliant and thus receiving inadequate, or inappropriate diabetes treatment.

Findings by Aloozer (2000) are consistent with the previous argument because in some instances, health care providers may have ill-advised Latino elderly by recommending that they discard cultural lifestyles related to food preferences in exchange for healthier Anglo lifestyle. While these recommendations are culturally wrong, they are also factually incorrect. Other studies such as those of Ebbesson (1999) speak to this ill-advisement in considering the Alaskan Natives, regarded as a population with a high rate of diabetes, being returned to their traditional cultural diet of fish and marine mammals significantly improved glucose intolerance and insulin resistance. In sum, what researchers agree on is diet being a cornerstone of diabetes treatment. For this particular reason it becomes imperative that dietary recommendations be accurate and be based upon recognition of cultural and social factors.

While the overall implication is that Latino elderly living in the U.S, particularly those from Mexican- origin experience a negative health profile; it brings into question

the primary causes. Magilvy (2000) argues this point further by comparison of dwelling location- urban vs. rural. In summary, health issues of rural dwelling Latino elders tend to be greater than their urban counterparts because of higher poverty rates and lower levels of education.

The inference that Latino elderly of Mexican-origin tend to experience greater health issues than other groups (i.e., Anglo elderly) should come as no surprise and likely independent from current dwelling location. However, if we are to understand the disparity between these two groups one must only go as far as considering the demographic transformation of the United States via mass immigration which accelerated since the 1970s mostly from the developing countries of Latin America.

The change in ethnic composition of the U.S. population had a direct implication to the U.S. labor market in the manual and low wage sectors which cater primarily to undocumented laborers (Rumbaut, 2010, Fix et.al, 2009). This is relevant because most Latino elders of Mexican-origin were immigrants that once arrived in the United States, spent decades toiling the farmlands or other labor-intensive jobs for low wages and no health insurance. This group's marginal education levels further explains their work histories in harsh labor and thereby increasing their health risk in the later years.

In the United States, race and ethnicity have historically served to measure the distribution of social benefits and economic outcomes. It is important to note that while the overall health of the older population has improved, Latino elderly continue to have disproportionately high prevalence rates for chronic and disabling conditions (Torres-Gil, 2007). Previous research shows access to healthcare services for the prevention and

treatment of these conditions varied by race and ethnicity (Wallace, 2004). Not surprisingly, the ability of the contemporary Latino family to care for its elders is critical and should be identified as a gap within overall in elder care.

Socio-Economic Factors

No doubt the Latino's current socio-demographic profile speaks volumes when we consider their social capital and health status. Wallace and Villa (2003) argue that Latino elders of Mexican-origin in the U.S. tend to be poorer, less educated, have a higher prevalence rate for chronic and incapacitating diseases, and consequently experience inequities in the accessibility and responsiveness of formal long-term home and community based services.

Similarly, Flores (2003) notes that this group has faced a number of structural barriers beginning with under-education prior to migration, high involvement in low skilled labor with limited health insurance coverage, limited access to health services and limited post-migration acculturation opportunities. For the Latino elder, the sum of these barriers suggests an increased risk of living in poverty, poor health and dependency on family support.

Further discussions about the health status of older Latinos and family support should include brief mention of the interchangeable terms "activity limitation" and "activities of daily living" which are commonly referred to as ADLs in the healthcare field. Exploring the multiple components of ADLs is a different study. However, this will briefly note that ADLs serve as a measurement of the elder's functional status within his/her home. Common activities such as bathing, dressing, eating, personal hygiene and

functional mobility would be included as a basic category. Other types of ADLs include housework, taking medication as prescribed, managing money and transportation. While the latter types are not critical for basic functioning, they do generally determine the elder's ability to live independently in a community as opposed to having a permanent caregiver (Bookman et al., 2007, Roley, DeLany and Barrows, 2008).

Latino family obligations to care for the elderly reveals a complex system of cultural beliefs and resilient values that are founded on Latino traditions (Angel & Angel, 2015; Santiago-Rivera, 2002). Several important factors that play a key role in caring for elder members are “familism”, the economic status of the elderly parent or relative, gender bias concerning primary caregivers, health issues and co-residence. However, the predominant factor is the culture’s deep roots in familism, which studies identify as a central influence in family members providing elder care within the family context regardless of personal cost or consequence (John et al., 1997).

While it is understandable for society to place the burden of care on the individual, the fact is many of today’s Latino elders simply can’t afford to pay for care in their later years. Davidson and colleagues (2007) summarize barriers to care from the standpoint of the Latino having difficulty integrating into the US health care system. Not having health insurance means a delay in seeking medical care and ultimately risking the development of complications that could be avoided with early detection. Additionally, a large proportion of the next decades’ elders are likely be poorly educated and with limited economic resources.

This prognosis is specifically attributed to elders of Mexican ancestry who make up about 60 percent of the elders among all Latinos because they have particular low levels of education and the highest rates of poverty (Angel and Angel, 1998; Angel, Lee and Markides, 1999). The situation for individuals of Mexican descent approaching retirement is particularly critical because many have spent a great deal of their lives south of the U.S. border working in harsh and dangerous conditions earning meager wages (Jasso and Rosenzvieg, 1990; Angel and Whitfield, 2007). In addition, some of the workers have been exposed to environmental health hazards working in maquiladora-style industries along the U.S. and Mexico border.

By all accounts it is the mixture of physically demanding work, low pay, lack of health insurance, unsafe work conditions and exposure to an array of pollutants which pose serious health risks and chronic health problems to this group in the later years. As much as we may try to ignore these issues, Palloni (2007) presents a simple yet convincing argument about income and educational levels being proportional to not only the length of one's life, but to the quality of that life.

However, independent from income and educational levels we must also acknowledge that language barriers, legal status, overt and covert discrimination are additional factors that typically impede career opportunities. I witnessed this first hand in my father's work life. His entire career was spent at a lumber company. When he retired he picked up the proverbial gold watch and a good-bye handshake from the owner. What seemed disappointing to me is no promotional opportunities came his way.

CHAPTER III

LATINO FAMILY

La familia es el corazón y espíritu de la cultura Latina (The family is the heart and soul of Latino culture (Santiago-Rivera, 2004).

Family plays a central role in the well-being of all Latinos, regardless of place of birth. Moreover, Latinos typically continue a close bond with their families of origin throughout their life span, which makes *la familia* a major source of growth, support, conflict, and problem solving (Falicov, 1998; Ho, 1987). In this chapter I explore the U.S. Latino family and touch on the economic causes that have led to the swell of the Latino population within the inner cities. I will then explore terms and aforementioned concepts that are unique to this group's family-centered values and systems.

While it is not the intent of this study to focus exclusively on any particular family unit, I believe there is value in mentioning that there has never been one single family form in America- but rather, many variations (Hawes, 2001; Baca Zinn, 1990; Coontz, 1992). Moreover, while the nuclear family consisting of father, mother and children living together in a household has often been seen as the ideal family "model", many families do not fit into this particular mold (Hawes, 2001; Baca Zinn, 1990). Coontz (1992) writes extensively on this topic and calls to our attention that ideas behind a "traditional family" simply evaporate upon further examination. For example, some of the ideas include extended families working together, grandparents as an integral part of family life, children learning responsibility and work ethic from their elders and clear lines of authority based on age. Still other ideas of "tradition family" include importance to the couple relationship and nuclear families with nurturing mothers sheltering children

from sex and financial worries. The notion that traditional families fostered intimacy and cooperation at various levels with the family is nothing more than an idea that combines attributes of a white, middle class family from the mid-19th century. Nuclear families, by contrast, took pride in the “modernity” of parent-child relation and reduced the authority of grandparents claiming the ideas of child-rearing were old-fashioned (Coontz, 1992).

Hawes (2001) further articulated the family structure by noting that most families in early America were nuclear, but their household often included non-related members, and they were dependent on extended kin networks for such things as conducting business, educating and marrying grown children, and offering the support needed for survival. Most importantly, those family connections often crossed ethnic, racial, and class lines.

Historians such as Joseph Hawes (2001) also provide us with some insights into how the variety of family patterns in America has changed over time. First, beginning in the 19th century, working-class families were larger, on the whole, in comparison to middle-class families, and their households sometimes included a number of unrelated adults. Secondly, newly arrived immigrant families began to crowd into the ghettos of American cities causing the family formation to be difficult. This caused immigrants to pool their respective resources in order to survive. Similarly, Latino families living in the Southwest cooperated in order to make the most of their limited resources while their men traveled north to work on the railroads or in the vegetation fields.

In sum, Baca-Zinn (1990) argues that some social scientist have been led to conclude that the variety of family patterns in America means that the “ideal” American

family does not exist. Families exist. These families are in various economic and marital situations that are large, small, wealthy or poor, and somewhere in between. Similarly, Hawes (2001) and Coontz (1992) conclude that there have always been a variety of family patterns in America. Although American families have aspired to this ideal, it is important to note that the family structure has changed.

This means that impact to the Latino family is two-fold. First, the racial and ethnic composition of the United States having undergone dramatic shifts has led to compelling changes to family sociology. One can argue that the contemporary Latino family is multi-dimensional based on the various defining terms. For example, *Latina/o* being the umbrella term to describe people of Latin America while *Chicana/o* can be argued as socio-political and self-affirming term to acknowledge ancestral heritage. *Hispano* is yet another umbrella term used mostly U.S. Census. *Boricua* is another self-affirming ethnic identity term used by Puerto Ricans while *Mexican* refers to the people of Mexican origin. Lastly, the term *Mestizo (mestizaje)* as previously noted refers to the fusion of different races (Ho & Rasheed, 2004).

Secondly, the national discussion about the erosion of Latino families has not been applied to our understanding of the family in general (Santiago-Rivera, 2002; Baca Zinn, 1990). To further complicate these arguments, Latino poverty, virtually ignored for nearly a quarter of a century is now capturing the attention of media and scholars alike. It is believed the economic patterns within this group have caused a significant swell of Latinos to urban America since the 1980s. There are some studies that suggest that the decline in manufacturing jobs has altered the cities' roles as opportunity ladders for the disadvantaged (Baca Zinn, 2001). Furthermore, since the time of World War II, good

paying blue-collar jobs in manufacturing have been a source of job security and mobility for Latinos. Equally important to note is the advancement into higher-level blue-collar jobs was an important component because it meant increased income potential. The current restructuring of industries has negatively impacted middle-class Latinos. Additionally, the transfer of jobs away from central cities to the suburbs has created a residential job-mismatch that ignores minorities and leaves them behind in the inner cities (Baca-Zinn, 2001). Ultimately what this means is the rise in Latino poverty rates particularly within the inner cities. Yet another critical implication for this group is their continued social and economic well-being specific to jobs, income, educational attainment, housing and health care.

In light of the afore-mentioned changes that affect the Latino family, considering identity and race, acculturation, family values (e.g., *familismo, respeto, personalismo, simpatia, compadrazgo*), elder care, gender socialization and religion and spirituality beliefs and practices contribute or influence family-centered values and systems within this particular group.

Specific to identity and race, Latinos are diverse in national origin and migration histories. Massey, Zambrana, and Alonzo-Bell (1994) wrote at length on this particular topic and found variations to be clearly evident in the generalization and legal status of Latinos:

They may be fifth generation American descended from Spanish colonists or new immigrants just stepping off the jetway; they may be native-born children of immigrant parents or naturalized citizens; they may be legal immigrants driving across the Rio Grande on a bridge or undocumented migrants swimming underneath. Depending on when and how they got to the United States, Latinos

may know a long history of discrimination and oppression, or they may perceive the United States as a land of opportunity where origins do not matter. (p.193)

The distinct migration histories is important to consider because they relate to the way in which Latinos self-identify. For example, Santiago-Rivera et al (2002) found that the term Hispano is used in places such as southwestern Colorado and northern parts of New Mexico this reflecting a Latino population that has been in the United States for centuries and claims its origins from Spain. Similarly, it is not uncommon for Latinos of Mexican origin living in the Southwest to identify as *Mexican, Chicana/o, and Mexican American*. Puerto Ricans on the other hand may identify as *Boricua*, which comes from the word *Borinquem*, the name given to the island of Puerto Rico by the Taíno Indians. To identify as *Boricua* means to have a strong connection with the island. This is different as the Puerto Ricans born in New York that may proudly pursue their bicultural identity by calling themselves Nuyorican.

Disciplines such as anthropology and sociology view acculturation to explain how individuals adapt to and change in new environments. The collective response is somewhat predictable in that acculturation is an ongoing process that is also dynamic in nature (Marin, 1992). Recent scholarly literature has examined acculturation and bicultural identity in the United States a bit further and from a broad spectrum within multiple ethnic groups. More specific to Latinos, such topics range from acculturation and health status among Latino elders, social development among Latino children and the relationship between advertising and Latino acculturation (Buscemi et.al, 2012; Padilla, 2006; Tsai, 2012).

The central theme in these sociocultural factors relates to the level of acculturation and family involvement. It is not surprising that scholars such as Santiago-Rivera (2002) as well as Angel & Angel (2015) argue that Latinos in the U.S. maintain ties and share common ground with their respective homelands. Furthermore, that Latinos have learned to navigate in what is essentially a multicultural environment in which various cultures coexist. Ultimately, it is by way of the Latino's acculturation into the U.S. culture that has become a benefit which is manifested in maintaining strong family ties.

Gerardo Marin (1992), considered a leading pioneer in the study of acculturation among Latinos, defined it as a process of attitudinal and behavioral change undergone by individuals who reside in multicultural societies (e.g., the United States, Israel, Canada, and Spain), or who come in contact with a new culture due to colonization, invasion, or other political changes (p.236).

According to Marin (1992), the process of acculturation depends on three key factors. First, the degree to which the individual identifies with the culture of origin. Secondly, the importance given to having contact with individuals from other cultures and lastly, the “numerical balance” between people who are part of the majority culture and those who are part of the Latino’s culture of origin (Santiago-Rivera, 2002).

The cultural meaning systems of *familismo* and *respeto* significantly shape the Latino family’s style of communication, conflict management, and emotional expression. Falicov (2000) refers to these as nuances of Latino communication styles. For Mexicans, *respeto* means a relationship involving a highly emotionalized dependence and

dutifulness within a fairly authoritarian framework. Moreover, *familismo* suggests collectivism or interdependence.

Many of the Latino family functions, such as caretaking, financial responsibility, companionship, emotional support, and problem solving are shared. The overall emphasis is on collective methods instead of individual ownership or obligation. According to Falicov (2000), nowhere is *familismo* better reflected, and reinforced, than in family rituals- a key component of Latino family life. The idea here is that Latino rituals are generally extended family celebrations that proclaim and reaffirm unity and connection. These rituals serve as place-markers for special events or occasions, while having a place in daily life.

As a Latino and the oldest son I have experienced *familismo* in every stage of my life. Some specific examples include collaborating with other members of my immediate family to find short and long term solutions whenever we were faced with economic challenges. The *familismo* concept also resonates with me because of the close connection that I continue to share with my family. Generally speaking I would refer to it as a sense of solidarity towards my family which gives me a sense of pride, belonging and to some extent, an obligation related consciousness towards my parents.

Along the same lines as *familismo* is the concept of *personalismo* which Falicov (2000) refers to as a high level of emotional resonance and personal involvement with family encounters. The term “familial self” may also explain how Latino individuals participate in life among many. Moreover, this term is useful in understanding Latinos’ dedication to children, parents, family unity, and family honor. Ortiz & Davis (2009)

expand on this definition by calling to our attention Latino father who often pride themselves on children who have developed trust and rapport with others. Furthermore, children who attain these cultural values of warm, friendly and personal relationships are considered to be *bien educados* (well educated). In a Latino family this translates to being a good provider and having a strong work ethic.

Simpatía is the ability to create smooth, friendly and pleasant relationships that avoid conflict (Falicov, 2000). This concept ties back to Latino parents teaching their children to have a “proper demeanor” and a considerate, helpful and warm approach towards others with the underlying objective that in due time the children will be praised and liked.

The Latino custom of *compadrazgo* (co-parenting) establishes two sets of extended family relationships: one between *padrinos y ahijados* (godparents and their god children); the other between the parents and the godparents who become *compadres* and *comadres* (coparents). Godparents are the equivalent to an additional set of parents who have acquired formal kinship through a religious ceremony. Most importantly, it is the compadres that perform different roles and functions at various life cycle transitions and rituals, such as baptism, communions, weddings and funerals (Falicov, 2000).

The various family-themed concepts presented are relevant and further explain the importance of elders in contemporary Latino culture. Specifically, the concept of *familismo* is directly linked to the roles that are prevalent in Latino culture in association with the care of an elder parent or family member.

CHAPTER IV

ELDER CARE

This section explores the Latino aged and the role of caregivers. Specific reference of familismo is made in order to further our understanding of the particular cultural values that play a role in the decision to care for elderly relatives. Additionally, I begin with providing a general introduction of socio-political issues that revolve around the aged, along with the mounting costs that have been attributed to this rapid growing segment of the population. Lastly, I review the literature on Mexican American elderly since they reflect the fastest growing segment of this ethnic population overall. All of these factors are critical in understanding elder care and the cultural implications that result in transition of elders living with adult children.

According to research by Olson (2001), the 1990s emerged as a period of politics and policies surrounding aging and long-term care issues in American society. The importance given to aging issues should come as no surprise since it is widely documented that older people are greater consumers when it comes to health care, social services, and related benefits of public programs (Binstock, 1999). Moreover, the number of elderly is growing rapidly. In another thirty years, they will make up 20 percent of the total U.S. population- this mainly due to the aging of 76 million baby boomers and the projected entrance of approximately 2 million new immigrants (Olson, 2001; Senate, 1998).

Among the aforementioned elderly population, Olson (2001) found that people eighty-five years and over are the fastest growing group. Additionally, this particular age

group has increased five-fold since the 1950 and is expected to grow from 4 million today to 8 million by 2030. This is noteworthy because prolonged life spans into this aged group means that there will be many frail individuals experiencing debilitating illnesses, chronic conditions and an array of functional impairments. These findings align with research from Abel (1991) where at least half of the people eighty-five and over require assistance in performing activities of daily living (e.g., bathing, dressing, grooming, toilet). In sum, the vast majority of these individuals will need ongoing care which translates to mounting costs.

The greatest cost comes in the form of nursing homes. Weiner and Stevenson (1998) found that in 1995, the federal government spent over \$51 billion annually on long term care. Of this amount, approximately \$30 billion was funded through Medicaid. Currently, Medicaid covers approximately one half of all nursing home expenses. However, stringent eligibility requirements mean that Medicaid is limited only to those who are impoverished including those that require at-home services.

In spite of the mounting costs and attention that elder care has received in past years, limited attention has been placed on the differences among the elderly population. Olson (2001) calls our attention to two important considerations. First, diversity in America continues to increase and although some may go through an acculturation process, many retain some distinct characteristics and face unique social, political, economic, and cultural problems. Secondly, the degree of incapacitation, vulnerability, and powerlessness created by the chronic conditions of old age is largely dependent on the social, cultural, economic, and political context in which the elder functions.

By 2030 minority populations are projected to reach 25 percent of the elderly cohort with Latino elderly projected to increase by 238 percent (U.S. Census, 1998). Since the Mexican American population is the largest minority ethnic group in the United States, the following review will be based on this particular group.

Although elder care places great demands on the Latino family members and caregivers express feelings of burden, research finds that familism places their burden on a greater cultural perspective whereby the caregiver is viewed as demonstrating the ultimate expression of family solidarity and fulfilling one of the fundamental Mexican American cultural values (John et al., 1997). Mexican-Americans believe that the needs of the collective family are more important than the needs of a single family member (Angel & Angel, 2015). This belief leads many to put their life on hold in order to care for the elderly parent(s). An illustration of familism is referenced in an exploratory study by *Jolicouer and Madden (2002)* of 39 highly acculturated and less acculturated English and Spanish speaking women acting as primary caregivers. The study explored the dynamics of informal care of elderly in Mexican-American families with specific emphasis on how acculturation affects the caregiving experience. Additionally, the study took into account the consequences of providing this informal care in terms of burden, stress, rewards and overall satisfaction. Interestingly, the less acculturated experienced greater levels of stress and burden as well as lower satisfaction overall. This is particularly interesting because the less acculturated appeared to be fulfilling the expected familism role. In a similar study John et al. (1997) explored elder care among Mexican-American primary caregivers in *Dallas and Fort Worth, Texas*. Their research found that caregiving is viewed as an affirmation and fulfillment of core Mexican-

American cultural values. Furthermore, the findings point to the family unit as being the primary source of support and identity in times of crisis and the desire to provide elderly care, regardless of cost or consequence, is therefore seen as a testimony of family solidarity. Additionally, Beyene et al. (2002) studied the perception of aging and well-being of 83 Latino elders. Their study showed that the perception of aging was highly influenced by quantity as well as quality of social support and fulfilled cultural expectations. Furthermore, they make reference to familism as playing a central role in Latino culture and values. Latino elderly typically occupy a highly respected role in most family support systems because of their ability to contribute knowledge and wisdom to their society (Falicov, 2000). It is common even in the contemporary Latino culture to seek out the advice of the elderly on many issues related to family relations (Beyene et al., 2002).

In all of these studies, it becomes apparent that familism, as an ethno cultural value, has a significant influence on the attitudes and behaviors of individuals that act as primary caregivers. Moreover, the Mexican American culture is defined as having strong value attached to the family unit whereby they are raised to think of themselves as important members of a family and agree to an endorsement of duty within the family with no hesitation (Angel & Angel, 2015; Santiago-Rivera, 2002). Therefore it is evident that most Latino families, for the above mentioned reasons, opt to personally care for their elderly at home instead of resorting to outside care facilities.

However, one must call into question the options of caring for elderly parents since this presents a serious challenge and difficult task for most Latino adults (Santiago-Rivera, 2002). Often times Latino families expect health care professionals to openly

discuss with them the elder's medical condition. This is in line with the Latino's collectivist view of decision making in medical care. Often times it is the elders who prefer to have their families make the decisions about life support and know the diagnosis rather than the patient. Ultimately, this expectation conflicts with the patient-physician practice that is focused on maintaining patient autonomy.

Economic Status

The low economic status of most Mexican American elderly is an additional factor attributed to family members providing informal caregiving. There is ample evidence to suggest that the overall economic security of older Mexican Americans is low. Angel et al. (1998) attribute the low socio-economic status to low levels of education, minimal English fluency and spending their working years in agricultural labor or other low paying jobs that provided little opportunity for upward mobility or an opportunity to save for retirement. Likewise, Jolicoeur et al. (2002) also identified Latino elders as more likely to be poor, with a minimal education and less likely to receive post-retirement pensions or Social Security benefits. The lack of income often results in the elderly having a greater dependency on family for support. In a related study, Iecovich et al. (2002) found that many elderly retirees experience a significant decrease in income and substantial reduction in their standard of living.. In 1997 the cost of informal care was estimated at \$196 billion.

Data from the various studies listed above reference various components leading to the low economic status of the Mexican American elderly. It is imperative to understand the underlying factor of minimal education as the primary reason that elderly tend to be at the mercy of their family for support once they can no longer work. In cases where there may be post-retirement pension involved, the reduction of income is substantial and a reduction in standard of living is inevitable. It is equally important to understand that there is an economic burden that is passed on to the family member. Many times the primary caregiver has faced with a decision to put a job or career on hold in order to care for an elderly parent. This too involves a loss of income that goes above and beyond the immediate loss of income suffered by the elderly person.

Co-Residence

The proportion of Mexican American elderly living with extended kin indicates the level of support within the family unit. Christenson et al. (1991) offers a comparative study of living arrangement differences by gender based on a survey of 5,585 Mexicans age 60 and older (2,703 men and 2,882 women). The study concludes that elderly Mexican females are substantially more likely than elderly males to live in extended family households. The breakdown in percentage points is 62% women and 47% of males. Additionally, the study finds that coresidence is a common form of family support and viewed by elderly as an insurance against future need even if health and economic status is good (Falicov, 2000).

Similarly, a study by Zsembik (1996) conducted a telephone survey of Latinos over the age of 65 using the data of the National Survey of Latino Elderly People, 1988. The results of this study found that older Latinos are less likely to be institutionalized or

live alone. In particular, the elderly value and maintain relationships with children in part through coresidence. The importance of maintaining this filial relationship ensures that as the parent becomes frailer, coresidence becomes a practical alternative to being institutionalized. Of the 2, 299 interviews conducted, the preference for coresidence by gender was much greater with women of Mexican origin (79.9%) as opposed to men of Mexican origin (20.1%). What this means is that elderly Latinas are more accepting of living with adult children and men are less favorable to this form of living arrangement.

A similar study by Johnson et al. (1997) performed a cross-sectional qualitative study of ten elderly Mexican Americans (6 males, 4 females) who regularly attended a recreational facility. The participants, with an average age of 76 years old, were asked to complete a brief demographic questionnaire which included questions about current residence type, age, gender and number of children. The study found that Latino elders in this study perceive nursing homes as places of last resort. The subjects in the study expressed a sense of fear that they would be misunderstood, discriminated against and overlooked because the majority of nursing home personnel are neither Latino nor Spanish speaking. Interestingly, some of the participants indicated that they would consider living in a nursing home only at the point in time that they would not be able to take care of themselves. For example, if they were unable to perform basic activities such as bathing or unable to communicate due to poor health. In these studies, coresidence is presented as a preference among most Mexican American elderly because it appears to be interpreted as having dual benefit. First, the co-residence is an alternative to being institutionalized in a nursing home. Second, co-residence can be seen as an opportunity

for elderly Latinos who have been in the United States for many years to retain important roles when they live with their adult children (Falicov, 2000).

Gender Socialization

Gender socialization is an important consideration in the field of elder care because it further explains the expectation of women in traditional Latino culture. It is women who shoulder the burden of being caregivers to their children while being mindful of the fact that they may ultimately be called upon to do the same for an elderly parent or family member (Clark, 1998).

Although Latinos have been portrayed as family oriented, evidence suggest that families are being affected by the same disruptive social forces that are affecting other groups. Angel (2015) found that migration, changing marriage and fertility patterns coupled with the increase of women in the labor force are changing Latino family life profoundly. Moreover, these changes have direct implications for the Latino elderly because nursing homes are avoided. Instead, Latinos remain in the community, either by choice or need (Espino et al., 2002; Angel, Diaz & Angel, 2012). There they are cared for by daughters or daughters-in-law (Angel, Rote, & Markides, 2013). Although men may also provide informal care to their elders there appears to be a gender difference in the type of care provided. Men typically perform informal activities of daily living such as grocery shopping or mowing a lawn while bathing and dressing are usually provided by women (Singleton, 2000).

Exposing gender as a fundamental category of social relations both within and outside the family is critical because there are specific gender role expectations within the

traditional Latino culture where the male is the provider and the female is the caregiver (Anderson, 1989). In the case of elder care, the primary caregivers are usually female. For instance, a study conducted by Jolicoeur et al. (2002) reported that women make the majority of the caregiver population. Further examples of this gender bias can be seen in a study conducted by Philips et al. (2002) where a comparison of 196 Mexican American and 165 non-Latino caregivers describes the differences in the caregiving structure and caregiving experience. The study found within the Mexican American sample, high cultural expectations for caregiving are typically placed on women more so than men. Perhaps this should come as no surprise to sociologist, since Xochilt Castañeda and Patricia Zavella (2007) have argued effectively that whether residing in Mexico or in Mexican communities in the United States, Mexican women are marginalized as gendered subjects and live in divided social worlds requiring frequent negotiations with their male counterparts.

In a manner suggested by the research of Jolicoeur et al. (2002), women play a critical role within the family unit so much that Mexican American elders demonstrated a strong gender bias in their preference for care choosing female non-kin over male blood relatives. In these studies, women have taken on the traditional role of primary caregivers not only for their nuclear family but at times also for their extended family. It is possible that this gender bias has continued based on the traditional roles that women held as primary caregivers to children as well as domestic work while men worked outside of the home to support the family.

During my childhood years I witnessed this gender bias first-hand when my paternal grandparents would visit our family during our summer breaks from school. For

the duration of their stay, which typically lasted anywhere from two to three weeks, my mother would become their caregiver while my father was out working. In many ways the caregiver role extended above and beyond typical family commitments such as cooking and cleaning. The caregiver role was specific to my grandmother who required assistance with activities of daily living (e.g., bathing, dressing and personal hygiene). My grandfather was still capable of caring for himself except for the occasional reminders to take his medication.

I realize that my personal experience in dealing with elder care is not unique. As such, I believe that others may share in the challenges that my family is undergoing. As previously shared, witnessing the care received by my eighty-three year old disabled mother-in-law by her oldest son, Gerardo is truly remarkable. No doubt that the role of a primary caregiver is both challenging and time consuming. When Teresa comes to stay with my family during the summer months, I typically run through a mental check-list that includes making sure she is fed and well-rested. Teresa suffers from incontinence and assistance with personal hygiene would be required at all times. Likewise, making sure required medical appointments and medication intake are kept current. Somewhere at the top of the list is also keeping Teresa engaged with family functions. This will typically require arranging transportation in order to attend mass or hosting family events at my home in order to avoid travel.

My experience in elder care is limited and mostly limited to observation. However, I realize that the impact that elder care has on my family is likely shared by many Latinos – perhaps on a greater scale. Understanding the elder’s health status and being aware of preventive programs including medication intake can help navigate

through the care process. Equally important is to consider the valuable resources available to families within the immediate household and or surrounding communities. For my family, help has come in various forms. Members of my immediate family will often visit or send cooked meals. Similar acts of kindness and generosity are also common from my faith community. At times, members of the community will join us in home prayers in thanksgiving for Teresa's life.

Religion and Spirituality

Pain and suffering are deeply rooted in the many facets of Latino culture, including religion and spirituality (Krause & Bastida, 2009). In particular, Leon (2004) and Rodriguez (1994) found themes of pain and suffering within the Mexican American culture pointing to the legacy of historical colonization followed by the ongoing effects of poverty and subsequent social ills. Therefore, it is quite common for older Latinos to turn to their faith in an effort to deal with the pain and suffering that they experience in their daily lives. While much of the current literature explores the relationship between religion and health in different racial and ethnic groups, virtually most research has focused primarily on older African Americans (Taylor, Chatters, & Levin, 2004). This is truly unfortunate because Latinos are the most rapidly growing ethnic group in the U.S. and are expected to surpass African Americans to become the second largest population group in the United States (Krause, 2009; Federal Interagency Forum on Aging Related Statistics, 2004).

It is important to note that assessing the relationship between religion and health in any ethnic group is challenging because researchers have continuously found that religion is a complex and multi-dimensional phenomenon (Krause & Bastida, 2009; Fetzer Institute / National Institute on Aging Working Group, 1999). Therefore, it is not the intent of this section to evaluate all the ways in which religion may impact the health of older Latinos. Instead, this section focuses on religion and spirituality with an attempt to identify the general beliefs and cultural practices followed by Latino elders in dealing with major life events such as the onset and longevity of chronic diseases or worse, death.

No doubt the growing U.S. Latino population is having a variety of effects on U.S. culture and institutions. According to a national survey conducted by The Pew Research Center (2013), the religious identity of Latinos living in the United States is shifting. Based on a standard survey of 5,103 Latino adults about religion, the survey found that one in four is a former Catholic. To expand on these numbers, the survey found that the following percentages were identified: percent of Latinos that identified as Catholic is 55%. The percent of Protestant is 22%, religiously unaffiliated 18% and 3% other Christian and 1% other.

The steady increase of the Latino population in the U.S. born of a combination of influences is what Garcia (2008) refers to as the “*Latinization*” of the U.S. that is subsequently being felt in religious circles and to some extent forcing the Catholic church to respond to the strong element of popular religiosity that is most commonly associated with Latinos. What is popular religiosity and what is the association with Latino culture? Garcia (2008) presents a two-fold definition of popular religiosity (*religiosidad popular*). First and foremost, an attribute of Latino popular Catholicism is that religious

expressions including public rituals and home practices are administered and controlled by the people instead of members of the clergy or officials of the church. Second, it is reflective of Latinos engaging in a variety of religious expressions and practices that scholars such as Virgilio Elizondo and Timothy Matovina refer to as “foundational faith expressions” and “popular spirituality”. The emphasis here is not so much about a detailed description of rites, but rather the role that *religiosidad* plays among contemporary Latinos- particularly elders.

With Latino population numbers climbing, the Catholic church in the U.S. is not only recognizing the Latino presence, but also welcoming this group of people who cherish so many of the values which are central to church and society . In particular, Empereur and Fernandez (2006) argue persuasively that Latinos hold close to a set of values that include respect and dignity for all people, reverence for family life including extended family and often demonstrate a celebrative sense of community. Garcia (2008) also found two crucial aspects of the role that *popular religiosity* plays in the lives of many U.S. Latinos. First, Latinos most often express their faith and their sense of the sacred collectively or in community through their religious beliefs and practices. Second, popular religiosity represents a form of ethnic defensiveness and affirmation particularly for immigrants or even U.S. born Latinos that might feel less secure in the U.S. An example of the latter would be a family praying the rosary at home because they are not familiar with the local faith communities or feel less attached to the institutional church. Moreover, popular religiosity attempts to act as a protector of one’s identity and providing a sense of community. For those who practice Latino popular religion it is difficult to separate Latino identity from religious identity (Elizondo, 1994).

Religious faith is typically associated with the Latino family. While institutionalized religion paired with active participation in faith communities such as prayer groups run by laypeople has for some been part of the Latino family experience, “*la familia*” is the primary place of religious nurture and formation (Irizarry, 2009). In particular, Diaz-Stevens (1993), Garcia (2008) and Isasi-Díaz (1993) call to our attention one of the most fundamental aspects of religiosity of the Latino family; its strong female centeredness. Occasionally referred to as “*abuelita theology*” or “matriarchal core”, this female centeredness is relevant because it places *abuelitas* (grandmothers) and mothers as the primary caretakers of Latino religiosity. In a Mexican or Latin American context where there is an absence of clergy, it is the women that serve as unofficial ministers, religious and spiritual guardians of Latino youth and of their families. Furthermore, Garcia’s reference about the “matriarchal core” being the primary distinguishing feature in Latino religion resonates with me on a personal level because I am often reminded of the significant roles that my *abuelita* Francisca as well as my mother Natalia played in the formation of my own spirituality. As I previously noted in my personal narrative, it was the daily visits to my *abuelita*’s home at a very young age that exposed me to an array of religious customs such as daily prayers, praying the rosary, and being reverent around my grandmother’s home altars to which they referred to as sacred space. Of course my understanding of “sacred space” was limited to not touching the altars that were always beautifully arranged with hand embroidered table covers and filled with statues of the Virgin, saints, and other ritual objects. The combination of fresh flowers and lit votive candles filled my *abuelita*’s home with a distinct aroma that I can still recall today. Throughout my childhood and adolescent years it was my mother who supplied

the moral and religious instruction at home either by prayers before meals, praying the rosary or encouraging my sibling and me to attend mass. It was my mother who tried just about everything to make prayer a central activity within our family life. This became a form of necessity given our economic status and the absence of my father due to long work hours.

Moreover, reinforcement of the religious beliefs and practices is not only by way of table prayers and moral instruction, but also in solid display of religious symbols and iconography usually found within Mexican Catholic households. Common representations include The Last Supper, Jesus' Crucifixion, the Sacred Heart, the Blessed Virgin in various iconic representations (e.g., Virgen de Guadalupe etc.) and the Holy Family (La Sagrada Familia), which is a depiction of Jesus, Joseph and Mary that stresses the religious commitment to family. For Latino families that do not subscribe to Catholicism, but identify as Protestant, their faith is usually represented by displaying a Bible or various décor inscribed with biblical verses (Irizarry, 2009).

Irizarry (2009) found that for most Latino families, their home represents a form of sacred space that is neither closed nor private. It is within the home that unexpected visits are accommodated, participation in the family experience is expected and free movement throughout the house is allowed. Additionally, counsel from extended members of the family on such topics as family management and child rearing are welcomed.

Religious sentiment is traditionally evident among Latinos in their day-to-day interactions. Latino elders will often convey wise words and strong messages about

culture and heritage by using *dichos* (proverbs) in daily conversation. Castro (2001) observed that the use of *dichos* as “verbal art” is likely limited to elders or recent immigrants who speak more Spanish than English because it becomes easier to incorporate into daily speech. A *dicho* is always in fixed form and becomes important and meaningful in the social context that it is used ranging from just about every possible occasion such as life, fortune, love and death. Examples include: “*No hay rosa sin espinas*” (every rose has thorns). “*Un buen gallo en cualquier gallinero canta*” (a good rooster will crow in any chicken coop).

Dichos are also used in a religious context. For example, children and younger adults ask for blessings (*la bendición*) from older relatives. The standard reply to this request is “*Dios te bendiga*” (May God bless you). Other common expressions that serve to demonstrate the religious faith within Latino families are *Gracias a Dios* (Thanks be to God). “*Si Dios y la Virgen lo permiten*” (If it is the will of God and the Virgin), “*Ave María Santísima*” (Holy Blessed Mary), “*Como Dios Manda*” (As God allows), “*Alabado sea Dios*” (Praise God) or blessing oneself before a journey in an automobile petitions divine protection. Moreover, the notion of divine protection and spiritual awareness extends beyond the verbal exchanges. Typical among Mexican Catholic families can be seen in the practice of home altar making. The creation of a home altar in a visible place in the home sacralizes the living space and offers divine protection to all who live in and visit the home (Medina, 2009).

No doubt that when religion is interwoven with Latino daily lives, it serves as a foundation of strength in coping with life challenges. As Campesino (2006) succinctly put it, Latinos describe their faith as intimate and consider their relationships with God,

family, and community as reciprocal and important in their health and well-being. Pargament (1998) and Strawbridge (1997) found that religion focuses on various behavioral measures such as the frequency of attending church, reading religious scripture, purification through religious actions and seeking support from priests or clergy. For Latinos who are religious it could be argued that religion is less about church attendance and more about the acknowledgement of God in their lives and the lives of their children (Garcia, 2008).

Religion and spirituality is also a way in which Latinos organize and celebrate certain milestones within family and community. With Latinos making up the largest Catholic percentage in the U.S, we see their celebrations in weddings, baptisms, and coming of age celebrations, or *quinceañeras*, for young girls at the age of 15.

A study conducted by Krause and Bastida (2009) of older Mexican-Americans found that their view of pain and suffering “*was simply necessary because it is a way to emulate the pain and suffering that Jesus experienced at crucifixion*”. Additionally, that pain and suffering serve to deepen one’s faith in four principle ways: (1) Suffering makes people more aware of their need for God; (2) suffering is a way to better understand the lessons in the New Testament; (3) suffering makes people more grateful to God for what He has done for them; and (4) suffering provides a form of social function by helping people who have sinned return to the teachings of the church. The popular ritual of Via Crucis, whereby the passion and crucifixion of Jesus is dramatized by Latino Catholic communities in the U.S. conveys the notion of suffering into a public event which some scholars summarize as collective grief healing the wounds of collective pain.

A notable example is found in the documentary *Soul of the City* by renowned scholars Elizondo and Matovina (*Soul of the City: Alma Del Pueblo*, 1996). The inspiring story about the San Fernando Cathedral located in downtown San Antonio, Texas is a valuable example of a contemporary urban congregation that celebrates life, death and rebirth performed in public rituals and worship. The documentary displays the way of the cross, crucifixion and burial in a mass public performance in the downtown streets of San Antonio. Without a doubt, during Holy Week and the Feast day of Our Lady of Guadalupe, the San Fernando Cathedral becomes the focal point of religion and ethnicity.

Attempting to make an assessment of the teaching of the church is a challenging task due to the denominational differences that exist within the Latino population today. Even though a large majority of older Latinos remain Catholic, a growing number are turning to Protestant denominations especially those that are more conservative and charismatic (Espinosa, Elizondo, & Miranda, 2003). While it is understandable that various differences exist within the teachings of particular religions (e.g., Catholic, Protestant, Jehovah Witness etc.) this section does not focus on drawing out comparisons because that's a different study all together. Although religion and spirituality have different meanings, they are inter-connected and generally have a positive impact on patients diagnosed with chronic diseases (Dima-Cozma, 2012). Therefore, this section attempts to highlight the inter-connectedness that allows patients to receive better resources provided by religious organizations and faith communities. This is important because participating in the various tightly knit social networks has health enhancing effects that must be considered in Latino elder care (Cohen, 2004).

My first experience of a social network was the *Grupo de Oracion* (prayer group) of Saint John Eudes Church in Chatsworth, CA. Aside from this being my family's home parish it was the tightly knit community consisting of approximately 12 families of the church that my parents, Jose and Natalia, turned to when they were faced with certain life events. When they were first diagnosed with diabetes and hypertension they went through a period of suffering in silence. Our family didn't know what was going on or the severity of their diagnosis. Many times I would find them sitting at home in the dark and clutching rosary beads and praying to every saint imaginable. However, through the years they have stepped up their participation in the prayer group. Today they are actively engaged in putting together social and religious retreats, attending biblical studies and serving in the Eucharist Ministry of the parish. Their active participation has not rendered them free of their chronic diseases, but rather has transformed the way they think of their condition. Moreover, their active participation in *Grupo de Oracion* has been a significant motivational factor in receiving regular medical care for their existing condition. Additionally, my parents also motivate other members within their faith community that are recently diagnosed or have loved ones with similar or worse conditions. My parents do not have a particular boundary when they are called upon as a prayer couple. They enjoy traveling. I am reminded of the countless instances when they rushed to hospitals and homes to offer prayers to people facing a particular need. Likewise, they're known to make house calls to families that have lost a loved one and often visit elders in hospice care.

Within my immediate family it is quite evident that my parent's embracing of religion and spirituality by way of active participation in *Grupo the Oracion* has been

very positive. As stated previously, their participation has kept them motivated in accepting the necessary treatments for their respective chronic conditions. Equally important, they find ways to motivate and influence members of their faith community undergoing similar health struggles. Closer to the immediate family, Jose and Natalia Medina have earned our love, respect and admiration. They are in every sense of the word the pillars of our family. Together they provide strong moral support in multiple facets of our daily lives. Within the immediate family their role extends above and beyond parent or grandparent. They are also counselors, mediators and religious advisors.

Religion occupies a central role in the lives of Latino elders and becomes increasingly important when individuals are confronted with health challenges such as illness or death (Lujan & Campbell, 2006; Franzini, 2002). It is vital that health care professionals become familiar with and acknowledge the role of religion and spirituality as it relates to the practices of Latinos so that their needs may be addressed through holistic care (Lujan & Campbell, 2006).

Catholic religious practice that extends beyond the parish is not surprising since Latinos are more likely than non-Latinos to participate in communities that focus on faith-sharing and community building activities. In general, participation in these small faith communities is associated with a stronger Catholic identity and practice. (D'Antonio, 2013). For example, elderly Latinas, commonly referred to as 'Abuelas' (grandmothers) play an important part in popular religious events such as *Dia de los Muertos* (Day of the Dead, or All Souls Day celebrated November 2). *Las abuelas* generally believe in spiritualism; thus, these types of celebrations maintain a spiritual bond with deceased relatives (Facio, 1993). It is worth noting that spiritualism is a

distinct practice outside of the realm of Catholicism (Medina, 2015). A quick glance through some contemporary literature defines spiritualism as more individualistic and self-determined, while religion typically involves connections to a community, with a shared belief system and practices (Reyes-Ortiz, Rodriguez and Markides, 2009).

In the past years I have made it a point to participate in various gatherings of small faith communities sponsored by local parishes but often taking place in private homes, parks and retreat facilities. Attending the various gatherings and group retreats has exposed me to a common theme that involves elders of the church praying over newcomers as well as existing members of the faith community. On many occasions it has been my parents that conduct the opening prayers and continue with either a themed discussion or group focus.

For the past fifteen years my parents have been hosting a prayer service out of their home. They simply refer to this event as *noche de oracion* (night of prayer) and it has taken place every Monday night starting at 7:00 p.m. Attendees are from various cultural backgrounds; Mexican, Guatemalan, Salvadoran, Nicaraguan, Peruvian as well as white Americans from Encino and Burbank. Their weekly gatherings are unique but at times can be interpreted as routine. The meetings always start with a series of opening prayers, followed by charismatic-type choir songs. Some of the more festive type of gatherings typically involves the burning of incense, votive candles and the images of La Virgen de Guadalupe and a large crucifix. Towards the front of the room are vases filled with fresh cut flowers and several statuettes of saints. There are rows of chairs facing an enormous desk that serves the altar-like space designed for a large bible that stays open at all times. In essence, a church like atmosphere within the home is created.

From these gatherings have emerged miracles sometimes highlighted with shouts of joy and uncontrolled weeping. Chronic illnesses of various elderly have been stabilized. Men have supposedly been cured of alcoholism and drug addictions. Marriages on the verge of a collapse have been restored. The run-away teen has returned home and on more than one occasion the healing touch of Jesus Christ and the presence of La Virgencita de Guadalupe have graciously appeared before the ill expectant mother to deliver healing comfort. For my immediate family, participating in the *Grupo de Oració* provided more than spiritual fulfillment. It is within the group that we have found a sense of community and belonging. Overall, a network of caring and compassionate people has become part of our extended family.

Perhaps the most common cures in the *Grupo de Oración* have been those that Angel (2015) classifies as culture-bound syndromes. For Latinos, these include *Ataque de Nervios* (nervousness, nervous attacks), *Mal de Ojo* (evil eye) and *Susto* (fright). The former is characterized by an out-of-consciousness state resulting from extreme emotional burdens. Symptoms typically include attacks of crying, trembling, uncontrollable shouting, physical or verbal aggression, and intense heat in the chest moving to the head. *Ataques* are most often associated with stressful events (e.g., death of a loved one, divorce or separation, or witnessing an accident including a family member). *Mal de Ojo* (evil eye), is when an individual experiences sustained unwanted gaze from another person and is manifested by medical problems, such as vomiting, fever, diarrhea, and mental problems such as anxiety and depression. This condition is common among infants and children but can also affect adults. *Susto* (fright) manifested by tiredness and weakness results from a severe frightening and startling experience.

These examples are meaningful in the context of pain and suffering that occurs in an ordinary life of a Latino elder. Norris (2009) found that it is the release of inflicted pain; physical or emotional, that achieves the particular spiritual or healing state. Furthermore, release within a communal supportive setting within a religious context is where pain and suffering are found to be valuable because the experiences can be used for spiritual transformation leading to improved health. In summary, religion and spirituality help us further understand how Latino elders come to rely on various spiritual practices in dealing with health issues as they face pain and suffering. The Latino Catholic elders I have studied create community faith based networks that support their healing process.

CONCLUSION

This thesis looks at the components related to elder care in the contemporary Latino family. The previous chapters do that by reviewing existing literature and identifying the voids in the research. Informed by my own experiences, a secondary goal was to understand the current socio-economic challenges that Latino families will be faced with in caring for elder relatives.

For starters, defining the term “elderly” is a complicated task for at least two reasons. First, there is no agreed upon definition of this particular term. Instead, this literature review found suggested terminology based on socio-economic interpretations. For example, defining “elderly” based upon a person’s inability to actively contribute to the workforce or meeting the age criteria to receive a pension and/or government-sponsored benefit such as Social Security. Gorman (2000) writes extensively on this particular topic and concludes that each society interprets old age based on physical and mental decline. This latter interpretation was previously proposed by Woodhouse et.al (1988) which included a two-tier category of a person’s health condition being either “fit” or “frail”. Secondly, research by Orimo (2006) and Sanderson & Scherbov (2008) complicate the “elderly” definition further due to advances in medical and health sciences which have resulted in an increase of average lifespan.

Another learning opportunity from this literature review is perhaps found in further exploring the definition of “Latino/a”. This term complicates further a series of assumptions about the population. For example, what does this particular term/label represent? How does this term/label continue to evolve in the United States? It goes without saying that attempting to define a common identity of people grouped under this

umbrella term “Latino/a” can raise some critical issues. For starters, scholars such as De La Torre (2009) and others call to our attention the historical implications related to this group of people that have sought their own identity in the United States in order to participate fully in broader U.S. society. Aside from the historical analysis, Latinos represent a diverse population of various cultures, races and ethnicities.

Another important consideration is the fact that the Latino’s demographic profile in the United States shows a significant increase in population numbers. According to data from U.S. Census Bureau, Latinos reached a significant milestone of fifty million people in 2010. Most critical is the projection that by the year 2060, Latinos will represent 38% of the nation’s sixty-five and over population. To place this projection into a meaningful perspective we need only to consider that in the 2012 it was reported at 24%. What this projection represents is the immediate call to address chronic diseases impacting Latino elderly. Equally important are the preventive-type programs that will be required to aid the elderly population in prevention and control of chronic diseases that are prevalent among this group. According to the Center for Disease Control (2009) these include heart disease, cancer, diabetes (type 1 and 2), obesity, hypertension and arthritis. An added component should address relevant programs and resources available to the Latino family that will likely absorb the cost related to the long-term care of an elderly parent or relative.

The concept of the Latino family is another important component that deserves further exploration. While this literature review included key terms such as *parentesco* (extended network of genetic kinship), and *compadrazco* (god-parentship) there are other culturally meaning systems with equal importance such as *familismo, respeto* and

simpatia. All are relevant in relationship to the care of Latino elders. Additional key topics that may be considered for further exploration are based on family patterns and the specific roles that Latino elders hold not only within their respective family but also within a broader community. Furthermore, exploring these roles within a greater context would likely expose the various faith-based social networks and support systems that Latino elders rely on for dealing with their chronic ailments.

Of particular importance is to further investigate the role that religion and spirituality plays in the daily life of Latino elders and their surrounding social and faith communities. What does this support system represent to Latino elders that are faced with not only health issues but also economic struggles? In my personal narrative I shared about my parent's involvement with a local faith-based *Grupo de Oración* (prayer group) that has become an integral part of their daily lives in dealing with their chronic illnesses. The support system that is offered by this prayer group has extended into our immediate family so much that some of the members are seen as extended family. Many are invited to our homes on a regular basis and have also participated in my family's significant milestones such as birthdays, weddings and baptisms. For several years now my parents have been hosting three Nicaraguan priests that visit our home parish during the months of June and July. Hosting the priests means that my parents have a unique opportunity to invite family, friends and surrounding community to their home to celebrate mass. I refer to this as a unique opportunity because my parents call on their prayer group friends to organize a full dinner for the priests and guests. The overall cost is shared and the opportunity to build community relations is limitless.

I believe that further exploring the role of faith-based community groups is important because it allows the Latino elder to reach out in times of need especially when the support of the immediate family is limited.

Another un-explored area involves the popularity of senior day care centers. There are at least three centers near my community, but neither caters to Latinos. Instead, these centers are catering to Asian and Middle Eastern groups when in fact my community is predominately Latino. Again, I believe this area deserves further review because senior day care centers for Latinos may prove to be an additional benefit and opportunity for social networking independent of any religious affiliation. In discussing this topic I am reminded of local donut shops in my community that serve as gathering spots for elder Latinos. It is here that they find a place for *platica* (conversation), play dominoes, cards or just gather to enjoy a cup of coffee. Most noticeable to me is the fact that it is men that commonly gather. So the obvious question is where are the women? And what type of social outlet are they pursuing? There are no fancy tea shops in my neighborhood so rules out a comparable location.

While this exploratory study has focused on multiple components relevant to Latino elders, further research is required to many un-answered questions. For example, future studies can explore the acculturation process of Latino elders living in the U.S. suffering from chronic illnesses. To that end, what are the proposed methods of assimilation into U.S. culture? What role does the Latino culture play in the assimilation process? What are language barriers and how do these impact a sense of well-being for the chronically ill Latino? If the language barrier is evident, how does the elder manage and cope with his or her respective illness? More detail-specific studies may help answer

questions about networks in general. Of particular interest would be a comparison of support networks and faith-based support networks. Likewise, a comparison between informal family assistance and formal family assistance would be especially useful in estimating an overall cost associated with elder care.

When my elderly and chronically ill mother-in-law was recently hospitalized she was transferred to a skilled nursing facility for recovery and observation. The cost was approximately \$4,000 per month. Would this cost be reasonable for the average Latino family to absorb? Moreover, what is the ultimate non-economic cost to the family when comparing formal versus informal care? Is there cultural guild or stress to the family when they are unable to care for the elder parent or family member? Additionally, how would the cost vary depending on family structure when the Latino elder is married, divorced or widowed?

On a personal level this exploratory study has motivated me to discuss future plans involving parental care within my immediate family. In my personal narrative I wrote about my parents being in their late sixties and chronically ill. I have engaged my siblings in discussing a potential road-map that may help us prepare for the un-expected. This includes a monetary reserve and ensuring that my parents maintain their active participation in church related activities and *Grupo de Oración*. Another discussion that I am having with my siblings is finding ways to keep our parents engaged with their twenty-two grandchildren. I believe there is cultural value in keeping “our kids” around my parents because it represents an opportunity to maintain the cultural traditions of our family. Moreover, sadly some of my nieces and nephews are losing their ability to speak

Spanish. Having my parents around, which they lovingly refer to as *Ama* (mom) and *Abuelo* (grandfather) is an opportunity for them to be bilingual.

More in-depth, this exploratory study has challenged me with questions about my personal plan for future care as well as the potential impact to my children. I am an optimist by nature and so it is normal for me to identify the positive in something that otherwise appears negative. Several years ago I was diagnosed with a medical condition that at times has rendered me physically unable to walk or even lift a gallon of milk out of the refrigerator to prepare my kid's breakfast. While these moments of physical incapacity have been truly frightening for me, I accept them as unique opportunities to take personal inventory of my various roles as a loving and dedicated father, husband, son, brother and friend. As a father to four children ages 8, 7 and 2, I am committed, with the help of my wife, to raising them as best as we can and within our means. Therefore, this study has also motivated me to make every possible effort to stay connected with our immediate family and faith community. The good news is that we have come to rely on their unwavering support during the challenging moments of my health condition which in turn has brought us closer together as a family.

Another positive outcome has been the support of our home parish which has allowed us the opportunity to continue working in the Children's Ministry teaching religious education to second year catechist students. An added benefit has been the opportunity to have our three boys ages 7 and 8, paired up with some of our students to learn and recite Catholic prayers. They have become our classroom helpers and have done quite well in this role. There is an abundance of ministry work in the parish and we have participated as much as possible in hopes that our children will also benefit.

On a more practical level this exploratory study encouraged me to establish a long term care insurance policy for myself and my wife, Maria, so that at the very least our children will not inherit a financial burden of caring for us in our later years.

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