Chapter 23
The Evolving Nexus of Policy, Longevity and Diversity: Agenda Setting for Latino Health and Aging

Fernando Torres-Gil and Diana Lam

Introduction

This chapter highlights the imperative of agenda setting for Latino health and aging. This approach is based on the premise that the issues raised in this book are too important to remain unattended. The rising numbers of Latinos and their increased longevity have major implications for the United States and Mexico in that the health and well being of older persons in both countries require that they be placed higher on the national agenda. To date, issues of Latino health and aging have remained within the confines of academia and Hispanic advocates but, as the United States grapples with larger concerns of finances, entitlement reform and the pending aging of its baby boomer cohort, the needs of Hispanic elderly and families may be neglected. Mexico faces its own challenges and may not yet have incorporated into its national agenda the reality that its baby boomers also are getting older, while the youth population decreases. Thus, this chapter utilizes the Kingdon model of "agenda setting" to suggest ways in which the lessons and analyses of this book might be entered into broader policy and political discussions. The chapter uses as a case example the passage of a major public, long-term care insurance plan – the Community Living Assistance Services and Supports (CLASS) Act – to recommend coalition building and policy advocacy. In time, as the United States reaches its demographic destiny of growing diversity amid an aging society, Latino health and aging may assume its rightful place as both an important policy agenda and a set of opportunities.

F. Torres-Gil (✉)
University of California, Los Angeles, CA, USA
e-mail: torres@spa.ucla.edu

D. Lam
MPH Candidate, Institute for Health Policy and Management,
Dartmouth College, NH, USA

Health Policy Challenges for Aging Latinos

This book has sought to identify the myriad issues facing Latinos as they age in the United States, with ancillary references to aging in Mexico. The complexity of these topics is underscored throughout the book and demonstrates specific concerns for Latinos while giving important clues about the salience of these issues to broader concerns of U.S. public policy. For example, the reality of living longer than blacks and whites places Latinos at greater risk of the vicissitudes of aging, including chronic conditions, disability, dementia and Alzheimer's disease. This, in turn, gives greater priority to the topical areas of long-term care, utilization of nursing homes and caregiving, and aging-in-place – issues that have been overshadowed by concerns of a youthful Latino population (e.g., education, civil rights, jobs, immigration). Mexico and its bilateral relationships with the United States emerge from this increased longevity. Extending Medicare benefits to Mexican-born beneficiaries returning to Mexico, elevating Mexican health to an issue of human and national security, and the trans-migration of Mexicans to the United States and United States retirees to Mexico illustrate the increasing interdependence of Latino health and aging to both sides of the border.

All of these issues and more raise fundamental questions about the extent to which Latino health and aging are important concerns for United States and Mexican policy makers. To what extent have these issues gone beyond the interest of academics and Hispanic advocates? This book emanated out of annual scientific conferences that brought together leading health professionals, scientists and scholars dedicated to serving the Latino community. Yet, with few exceptions, the conferences were not able to draw in those individuals with larger policy and political influence on the national agenda. While these scientific meetings attracted highly respected scholars and policy analysts from diverse disciplines (e.g. medicine, sociology, public health, economics) and from leading United States and Mexican universities and government agencies, few were actual policy makers or opinion leaders. Thus, it behooves us to ask: Why should the larger society and national policy makers take an interest in these issues? Why should Latino health and aging matter to the public, the Congress and opinion makers? We would answer succinctly: Because the future demographic destiny of the United States and, to a lesser extent, Mexico, depends on how Latinos in general, and Latino elderly in particular, are integrated into macro concerns of public policy.

The Perfect Storm: Demographics and the Evolving Nature of U.S. and Mexican Challenges

The United States is in the midst of serious challenges that may determine, over the next 10–30 years, what type of social, financial and retirement security it can give its elderly. Debates about budget deficits and entitlement reform are causing serious

concerns about the sustainability of current benefits and programs for older persons and future elderly. Mexico, in turn, is facing serious economic challenges about its ability to address poverty, drug violence and corruption. Up to this point, the issues of Latino aging and health were viewed separately from, and secondarily to, these concerns. Yet the demographic trends facing the United States and Mexico may force a growing connection and nexus among United States policy concerns, Mexico's social challenges, and Latino aging.

The United States is about to enter a perfect storm of demographic trends that will, in turn, alter its fundamental social, economic and ethnic profile. Between 2010 and 2050, these trends will combine to increase the importance of Latinos and other racial and immigrant groups to the political and policy priorities of the United States. The Stanford Center on Longevity (Hayutin et al. 2010) has compiled the key trends that will comprise the "New Realities of an Older America." By 2050, the age structure will shift from a pyramid to a cube, with a youthful population being supplanted by a middle-aged and older cohort; and by 2030, there will be more old people than children. The population aged 65-plus will double over the next 30 years and will increase from 40 million to approximately 80 million by 2050. From 1950 to 2010, life expectancy at birth increased by 10 years, and longevity is projected to continue. These and other demographic trends point to an older America with older persons accounting for a predominate proportion of the United Small population. This is not necessarily a revelation; the public and policy makers are well aware of the aging of the United States and the pending aging of the baby boomer cohort. Nor is this necessarily a burden, if we view older persons as an untapped resource.

What has not been factored into this mix, and what makes the future demographics of the United States so profoundly different than previous eras, is the dramatic increase in diversity, with immigrants, minorities and ethnic groups moving toward majority status. Between 2010 and 2050, the white, non-Hispanic population is projected to decline from 65% to 45%, and it will fall below 50% in 2042 (Hayutin et al. 2010). During this time, blacks will grow in numbers but remain 12%, while Asians will double in number and grow to 7.6% (Hayutin et al. 2010). What will be particularly striking about the growing diversity of the United States is that the Hispanic population will increase so rapidly that it will account for 30% of the United States population in 2050 and become the nation's largest minority group (Hayutin et al. 2010). Moreover, recent data from the U.S. Census Bureau show that Hispanics continue to have higher replacement levels than whites, blacks or Asians, and that most of the net United States population growth in the coming years will flow from the natural increase of births in this group. For example, Mexican immigrant women have 2.5 children compared with 1.8 for non-Hispanic white women and 2 for black women (Jordan 2011).

The fact that diversity and immigration is occurring is not necessarily new. The United States has an illustrious history of immigration, with a regular flow of new ethnic and racial groups altering its make-up. From the arrival of the Dutch, French and English settlers to this new world to the influx of Eastern Europeans, Germans and Irish to the arrival of Chinese, Filipinos and Japanese and eventually the influx

of Mexicans and later arrivals of Asians and Pacific Islanders, the diverse elements of immigration have remained constant. But there are two new critical factors:

1. This growing diversity is occurring simultaneously with that of aging.
2. Future growth of the young and the workforce will be primarily from Hispanic groups.

These factors create tensions as well as opportunities. Brownstein (2010) refers to "The Generational Mismatch," where we are witnessing contrasting priorities between a largely white population of elderly retirees and a growing youth population of Hispanics and other immigrants and minorities. For example, non-whites account for 44% of the under-18 population, while four out of five seniors are white and non-Hispanic (Brownstein 2010). This mismatch is evident in places like Arizona, where communities of retirees (e.g., Phoenix, Tucson) have largely white and older retirees settling among a local population of young Hispanics. This lends itself to a compliant and low-wage workforce that services retirees; but it also means that the voting power of the elderly largely determines city and county priorities of low taxes, public safety and protecting property values, while the concerns of young Hispanics for investments in public schools, employment, training and health care are secondary. This generational and ethnic mismatch increasingly plays out in growing numbers of local communities throughout the nation.

Yet opportunities are juxtaposed with these potential tensions. The immigration history of the United States demonstrates that eventually, this country will benefit from the culture, energy and entrepreneurship of its immigrants – a pattern that gives the United States a vitality and creativity that the world has long envied. This constant diversity is not without its problems, of course. Discrimination, exploitation and racism have long bedeviled our adjustment to change, but eventually, diversity has led to a new amalgamation of acculturation and economic and social prosperity. Thus, we can hope – and expect – that, in time, Hispanics and other immigrants will lend their energy and creativity to the betterment of the United States, and that the United States will recognize the value of this diversity. However, a major new ingredient has been added to the 300-year history of immigration and diversity in the United States: the parallel aging of the United States.

The Role of Aging and Longevity in the New America

If Hispanics and other immigrants and minorities are slated to be the new majority, and if white non-Hispanics become the new minority, then it raises the intriguing complexity of a nexus of diversity and aging. This nexus leads to a new set of trends:

(a) While the nation gets older (with largely white non-Hispanics accounting for the old-age cohort), Latinos are experiencing greater longevity than whites or blacks.
(b) Hispanics will grow old and, at some point, also experience the vicissitudes of aging and all that goes with being older and seeking a comfortable retirement in old age.

(c) Meanwhile, the nation's future workforce and its ability to maintain a productive and healthy economy will be largely dependent on young Latinos and other immigrants.

This last feature may be the immediate concern for older persons, and therein lays the immediate connection of aging, longevity and diversity. Put simply, older persons today, and aging baby boomers who will cause a doubling of the older population within 20 years, have a major stake in ensuring that the future workforce has the education, training, health care and capabilities to work productively and will pay the taxes to sustain the public benefits that will inexorably be demanded by the next generation of elders.

Today's debates about the nation's ability to pay for Medicare and Medicaid (programs facing fiscal insolvency), as well as Social Security benefits (the Social Security trust fund will be exhausted within 20 years, and payroll taxes will then cover only 75% of expected benefits), are all about whether or not we will have a large enough workforce to pay the taxes that support those benefits. By the time all baby boomers are 65 years and over (2029), for example, there may be only two taxpayers paying into Social Security for every beneficiary (down from three for every one beneficiary today and from 15 to 1 in the early years). Therefore, it becomes quite clear that much depends on how much we invest in the needs of the only group that continues to have a replacement level higher than the 2.1 needed to equal births and deaths – and that be Latinos. This does not negate the imperative that Latinos, especially the Latino political and policy leadership, continue supporting the needs of older persons today and tomorrow, if only for the fact that Latinos will also, in due time, get old themselves. In fact, by 2050, older Hispanics will account for 20% of the 65-plus population, compared with just 5% in 2000 (Hayutin et al. 2010).

Toward a Conceptual Framework of Agenda Setting

This new reality of aging, longevity and diversity raises a fundamental question of how and when might the issues of the Latino agenda become part of the mainstream national agenda. If the nation has a stake in ensuring that the emerging Latino population can meet its social and economic requirements, and if the Latino elite is to make a case for its importance and recognize that it too will age, how then might we elevate such issues as Latino health and aging? In his seminal book *Agendas, Alternatives and Public Policies*, John Kingdon (1984) provides a model of agenda setting that continues to be a viable framework for seizing "windows of opportunity" to elevate issues amid competing priorities.

Kingdon (1984) addresses one of the perplexing issues of our democratic and constitutional form of government: How do issues rise to the top of the national agenda in a pluralistic system of competing priorities? If the Congress, media, policy makers and all who seek to promote their interests (e.g., lobbyists, advocates) must struggle to gain the attention of policy makers who are unable to focus on more than a few pressing concerns, how can any group, especially those with limited political and monetary influence, have their issues addressed? And in a media

age where the attention span of the public is quite limited, how do seemingly low-key and complex issues like demographics, longevity, diversity and health become part of the nation's pressing priorities, especially given the long-term implications of these trends? Kingdon posits that the "trick" is to seek a policy window where several "streams" come together to create a window of opportunity. Those streams involve problems, policy solutions and a political consensus. The problem must be of such magnitude and visibility that a critical core of decision makers, influentials and stakeholders (e.g., public, media) feel that it cannot be ignored. In turn, there must be well-defined and articulated solutions to those problems, and policy proposals must be such that they can quickly be adopted if and when a window of opportunity occurs. And lastly, there must be a sense of political urgency that this problem cannot be left unattended. Herein, Kingdon also introduces the concept of "policy entrepreneurs": those individuals and groups who "labor in the vineyards" with patience, persistence and expertise to create the conditions that lend themselves to these streams coming together.

There have been multiple examples of how this conceptual framework explains why and how some issues rise to the surface and are addressed, while others languish interminably. For example, drunk driving has long been the bane of the driving public, but MADD (Mothers Against Drunk Driving) used their moral authority and took advantage of tragic drunk driving incidents (usually involving the deaths of children) to influence state and national laws that have led to a dramatic decline in drunk driving. And the long-time effort of public health officials to persuade the Congress that cigarette smoking is actually dangerous to one's health came to light with congressional hearings dramatizing the disingenuous tactics of the tobacco industry. On the other hand, some issues, such as the absence of strict gun control laws and the continued and intractable problem of homelessness, have yet to see their "window of opportunity."

The passage of the Affordable Care Act (ACA) gives credence to the fact that the Kingdon model of agenda setting still has relevance as a useful conceptual framework. And the incorporation of the nation's first public long-term care insurance program – The CLASS Act – gives proof that this model can provide insights as to how we might make issues of Hispanic health and aging, as well as the broader concerns of a nexus of diversity and longevity, part of the nation's priority concern.

Long Term Care, Disability and Aging: Strange Bedfellows

Long-term care and the growing need to provide alternatives to institutional care (e.g., nursing homes, hospitals) for older persons and younger disabled persons has long been the stepchild of health and medical care debates. The long-time debates about health care reform led to the passage of the ACA, which finally gave hope that we could move toward affordable and universal coverage. Yet the attempts to include long-term care supports and services were not a foregone conclusion. For many years, academics and policy researchers had documented the growing conditions of

an aging population and a younger disabled population for their preference to stay at home or in their communities if they had chronic conditions or some form of disability. Yet Medicare and Medicaid had been created with a bias toward institutional care and with limited abilities to use those vast funds to enable individuals to stay at home or in their communities.

At the onset of the ACA reform efforts, advocates for long-term care were informed that they would not be part of the ACA bill, and though their issue was relevant and important, it would have to wait and not distract from the political difficulties of enacting the bill. For a time, it appeared that long-term care would continue to be a stepchild in efforts to enact health care reform. But into this breach stepped an unlikely coalition of aging groups and younger disabled advocates, each recognizing that a "window of opportunity" existed to press their case. The problem was clear: aging baby boomers were increasingly concerned about caregiving for their parents, realizing that they too might need long-term care (and very few had long-term care insurance). Moreover, the disabled were enjoying increased longevity. The policy solutions were evident: long-term care researchers had long identified various long-term care programs that were best practices and suggested a consolidation of programs for the elderly and the younger disabled under the rubric of long-term care. Many states had already moved in this direction and provided models of this continuum of care and consolidation of services for these disparate groups. The political urgency to demonstrate broadbased support led to a coalition of aging organizations and disability rights communities, an alliance that heretofore had operated separately in pursuing their objectives (e.g., the Americans with Disability Act for the disabled and the Older Americans Act for the elderly).

In this window of opportunity were policy champions and entrepreneurs: Senator Ted Kennedy, the National Council on Aging and the Disability Rights movement. Together, they fought to keep the CLASS Act in the ACA (even though most republicans and many democrats were opposed to the Class Act because of concerns that it might become another open-ended entitlement program). In the end, the CLASS Act survived and remained in the final bill. In addition, the coalition has remained intact. In fact, the implementation of the CLASS Act will be lodged alongside the Administration on Aging and become part of a larger organizational umbrella that will include long-term care and support programs for the elderly and the younger disabled. What lessons might this case study have for elevating the issues of Latino aging and health on the national agenda?. That assumes that the concerns about the financial viability of CLASS (it is a voluntary program and may not attract enough healthy members to be actuarially sound) does not derail its implementation

Toward Reframing the Agenda: Latinos in an Aging Society

What does the case of the CLASS Act and the emerging coalition of senior groups and younger disabled say about Latinos, aging and health? What lessons might we derive that can elevate the issues of this book on the public agenda? Herein lays the

usefulness of the Kingdon model but also the concept of "reframing." A premise of this thesis is that Latino scholars and advocates have boxed themselves into a narrow prism of like-minded groups who already agree on the importance of this issue. By doing so, we have neglected understanding why others may not feel comfortable with the Latino imperative, and we may have ignored potential allies.

Immigration reform, for example, is a visceral, controversial and intractable issue that has yet to find its window of opportunity despite the fact that the problem is real (there are millions of undocumented persons), the policy solutions (e.g., path to citizenship) are known and the politics (e.g., the Arizona laws targeting illegal immigrants) are visible and urgent. Yet opposition to a "Dream Act" (an incremental effort to give citizenship to undocumented people's children who are willing to attend college or the U.S. military) or more comprehensive reform runs aground on the shores of fears and insecurities by a large segment of the U.S. public and older voters in particular. Thus, a reframing is needed in order to create a window of opportunity upon which the Kingdon streams can break this logjam – and what might that be?

What if we reset the debates to one of self-interest and coalition building? The demographic bottom line is that Latinos will be the future workforce and taxpayers in the United States. White non-Hispanics are now below replacement levels, especially in the K-12 age range, while blacks and Asians will barely hold their own in terms of replacement. Thus, if a message could be framed to dramatize that we need productive, educated, trained and healthy Latinos to ensure the sustainability of Medicare and Social Security regardless of views on immigration, we might be able to create a window of opportunity whereby even conservative white retirees realize that they have a stake (and an inherent self-interest) in investing in Latinos, whether natural born or undocumented because, simply stated, that is all we have left in terms of a future workforce. If we can then rebuild coalitions along this "vested self-interest" model, we can bring in a variety of organizations (e.g., agribusiness, chambers of commerce, manufacturers) that understand this already. Furthermore, we can renegotiate coalitions to build support beyond the confines of those already committed to improving Latino health for the elderly. For example, white retirees settling in Mexico and Central America badly want Medicare to cover them in those regions – they are natural allies. The largely for-profit long-term care and nursing home industry needs the Latino workforce. Aging baby boomers will increasingly have an interest in caregiving for their parents, and then for themselves. In addition, they increasingly rely on immigrants, legal and illegal, and minorities. These disparate ideas create a climate of "strange bedfellows" that can serve as allies and stakeholders in creating coalitions and injecting "Latino health and aging" into the broader topic of diversity, aging, and long-term care.

The case of the "CLASS Act" and the issues of long-term care, diversity and longevity provide further clues about reframing the topics of this book into a public agenda that might appeal to a broader audience. While the CLASS Act, for example, might only apply to the working employed (and thus might not be directly relevant to current Hispanic elderly, their families and caregivers), it does have direct relevance to Latino boomers. Latino boomers represent 8 million of the 80 million

boomers and remain an invisible group. Yet, they remain a "hidden population" and the harbinger of the next generation of Hispanic elderly (Gassoumis et al. 2010). What if we targeted this group (many of whom now comprise the Latino elite) as a focal point of leadership on issues of Latino aging and health? Furthermore, a potential widow of opportunity exists with the increasing anti-immigration sentiment. Just as agri-business is chafing under stricter enforcement of laws against hiring undocumented persons (the backbone of agricultural farm work – to which native-born Americans are loath to do), we will soon face another sort of workforce crisis. To date, Latinos and other immigrants have been a crucial component of caregiving. Witness white families in Beverly Hills with brown nannies caring for blonde children, or nursing homes, home-health, and long-term care facilities relying heavily on low-wage minority and immigrant workers. What if that workforce dries up or otherwise is more stringently regulated with tough immigration laws? An aging population of 80 million baby boomers will soon see the relevance of this diverse workforce. And if we can reframe our issues to appeal to aging baby boomers, Latino activists and affluent and conservative white families in need of caregivers, we might broaden support for issues of Latino health and aging.

Herein lies the potential for resetting the relevance of this book and its myriad concerns into a larger context that elevates these topics to a growing realization in the United States that diversity, immigration, health, long-term care, and aging will define the nation's demographic profile and social stability. And for Mexico, these issues have relevance: they too are aging and witnessing smaller families and fewer caregivers. Mexicans growing old in the United States and elders retiring in Mexico have a common stake on these issues. The trick will be to broaden the audience for the issues of this book and to reframe our focus on Latino health and aging into the larger arena of demographics, health, long-term care, and the economic and social viability of the United States and Mexico. By broadening the context of this book's focus, we may be better able to influence the health and aging of all Latinos and all Americans.

References

Brownstein, R. (2010, July 24). The gray and the brown: the generational mismatch. *National Journal*, pp. 14–22.

Gassoumis, Z., Wilbur, K., Baker, L. and Torres-Gil, F. (2010). Who are the Latino baby boomers? Demographic and economic characteristics of a hidden population. *Journal of Aging and Social Policy*, 22, 55–68.

Jordan, M. (2011, July 15). Births fuel Hispanic gains. *The Wall Street Journal*, p. A3.

Kingdon, J. (1984). Agendas, alternatives and public policies. Boston: Little, Brown and Company.

Hayutin, A., Dietz, M., & Mitchell, L. (2010). New realities of an older America: challenges, changes and questions. Stanford University: Stanford Center on Longevity.