



OSU POLICY ANALYSIS LABORATORY: BRIEFS AND PAPERS
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Cultural Concerns in Accessing Aging and Disability Services in Oregon

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Introduction

OSU Policy Analysis Laboratory conducted a study in cooperation with the Governor's Commission on Senior Services (GCSS). The study was conducted between August and October 2017 through a mailed survey. The *Aging and Disability Resource Connection* (ADRC) within the *State Unit on Aging* within the *Aging and People with Disabilities Program* of the *Department of Human Services* of Oregon identified that there are cultural barriers that may prevent some individuals or communities accessing their services. The research was commissioned to identify these barriers in underserved communities in Oregon, with the ultimate aim of guiding steps to reduce barriers to accessing services.

Background

The aging population in the United States overall is growing¹. According to Pew Research and the Social Security Administration, approximately 10,000 people are retiring every day² and in 2016, some 15.2% of the US population was 65 older. This, of course, also affects Oregon³. Oregon is a small state of about 4 million people⁴ and 16.8% of Oregon's population was aged 65 or older in 2016.⁵ Moreover, Oregon is rather sparsely populated with a population density of some 35.6 people per square mile compared to the US as a whole, which has a population density of 79.6 people per square mile.⁶ As such, Oregon's state government faces considerable pressures in delivering services to an aging population across a rural state.

The ADRC of Oregon is part of a wider effort through the State Unit on Aging to help an aging population navigate the challenges of growing old in Oregon. Special challenges might affect aging populations of immigrants that may not be well versed in navigating the care system or services available. The stakeholders specifically identified Spanish- and Russian-speaking communities as potentially in need of further support, and commissioned the study.

¹ US Census 2017: <https://www.census.gov/newsroom/press-releases/2017/cb17-100.html>

² CNBC 2017: <https://www.cnbc.com/2017/10/03/health-care-dilemma-10000-boomers-retiring-each-day.html>

³ http://www.oregonlive.com/business/index.ssf/2015/06/the_graying_of_oregon_new_cens.html

⁴ US Census 2017 <http://www.census-charts.com/Density/Oregon.html>

⁵ <https://www.census.gov/quickfacts/OR>

⁶ US Census 2017 op cit.

The Study

The study asked several questions about the knowledge and utilization of the ADRC. A survey was distributed to a mailing list of 400 households, 200 with Spanish-speaking and 200 with potentially Russian-speaking constituents.

The study yielded a very low return of 22 respondents, which is too low for even the most elementary statistical analysis. However, some useful insights can be gained by interrogating what responses were received. Some of the responses indicated a highly dismissive attitude towards surveys conducted in another language other than English. The target communities were Boardman, OR for Spanish speakers and Woodburn, OR for Russian speakers.

Other reasons could be a post-election hesitancy to volunteer any information indicating the use of a language other than English, especially in the face of threats to the Deferred Action on Childhood Arrivals program and wider hostility towards immigrants more generally. This may be compounded by the fact that Oregon has a troubled history of race relations. A third reason could simply be a general lack of interest in the general public towards the topics of aging and old age. In addition, despite the low response rate, we are able to provide some answers that align with current research on aging and old age.

Denial of Aging

In American society overall, aging and old age are a severely underrepresented topic. The youth-fixation of consumer society typically leaves out the elderly. If older Americans are represented at all, it is within the discourse of “healthy aging”, “60 is the new 40”, “best agers”, etc. If older Americans are featured in the media at all, specifically in advertisement, there is hardly any focus on those segments of the population that may need help and support.

Additionally, the political discourse has been framing old age as a monetary problem, with policies focused on cutting Medicare, Social Security and PERS retirement. Senior citizens and retirees are frequently framed as a drain on resources, rather than as individuals that might still be active members of an engaged citizenry.

Yet citizens, too, are oftentimes unaware of the need to provide substantive support to aging services, as the failure of Measure 97 in Oregon demonstrated.

All previously mentioned factors contribute to a culture of denial of aging. An additional problem is the discomfort with disability, and a similar denial of the existence of a “non-fixable” disability. There is also an underlying assumption that somehow, disability and medical challenges would be a choice. Medical care is framed in terms of costs typically, and seen as a privilege, an opt-in choice rather than a right.

As a result, an agency that is dedicated to Aging and Disability support already must face an uphill battle for resources, given the double lack of awareness of both issues.

Suggestions from Gerontological Research

Aging research frequently insists that old age does not equal disability, and the two need to be seen as separate phenomena. A person may be old but not suffering from a disability, and vice versa. An aged person may also suffer from an age-related disability or diminishment of faculties, but instead of seeking medical treatment, accept diminished faculty as a so-called fact of life, and even when seeking treatment, medical care might be dismissed due to advanced age, or be unaffordable due to a lack of finances. All these examples speak to a tacit social toleration of violations of human dignity when it comes to cases of old age and disability.

The aim of aging care should be to preserve agency and independence of the aged person. This is difficult to maintain especially in the face of an overall lack of investment in infrastructure, specifically public transportation. Assisted living models may be out of the financial reach, and frequently family members will need to serve as caregivers. This typically endangers family finances and resources that might have contributed to wealth creation need to be used up for elder care. This is leading to the financial insecurity of coming generations. Increased longevity also means that increasingly, senior citizens are caregivers to their senior citizen parents.

Policy Suggestions

There needs to be a sustained effort of increasing awareness of the existence of the ADRC, to more segments of the population than just the aged populations themselves. For that, the ADRC needs to secure more funding to build up up-to-date databases.

The ADRC may need to reconsider the combination of the topics of “aging” and “disability.” Its name may be an unnecessary obstacle in trying to achieve

its goals. While the ADRC is a federal program and thus out of the scope to recommend name changes, it would however be within the scope to change how the conversation and marketing of the ADRC is designed around the distinct communities it is trying to reach.

For further studies – which would be advisable – it might be unnecessary to provide translations to other languages. Translations apparently did not have the intended result.