

Who Are You?

Casa del Sol's mission is to transform lives and strengthen Latino communities. Our network of social services propels a diverse population of all ages toward self-sufficiency and a higher quality of life. Beyond addressing individual needs we also focus on families and the communities in which they live.

Casa del Sol was founded in 1954 by a multi-denominational group of churches to help newcomers to the area establish their homes and join our community. Since then, Casa del Sol has evolved from an organization with three employees and a \$26,000 budget to an acclaimed model agency with more than 500 staff members and an \$11 million budget. Casa del Sol provides a continuum of care for our community with programs serving individuals at every stage of life.

- Child Welfare services ensure the well-being of every child
- Early Learning classes prepare children for the future
- Children & Youth programs foster youth leadership
- Senior programs help our elders stay healthy and continue to be active in the community

All services use comprehensive outcomes-based methodologies that are employed in evaluating the behavioral changes, client satisfaction, and accessibility. As one of the largest Latino social service agencies in the state, Casa del Sol is playing a leading role in advancing the knowledge of how to apply quality and effectiveness to human services for Latino individuals and families. Last year, Casa del Sol served over 12,500 clients through the following programs: Child Welfare (4,395), Early Learning (2,349), Children & Youth (3,148), Senior Programs (2,658). On average, 75% of program participants achieved outcomes designed to measure changes in their quality of life.

What Need Are You Addressing?

Casa del Sol is the only provider of culturally and linguistically competent services to elders in the area. Without our services, elders would be isolated from accessing necessary resources. Isolation is already a concern for such organizations as the Metropolitan Area Agency on Aging which reports that within one month in 1995, over 19,000 individuals over 60 years of age were unable to access necessary services because they lacked transportation. The most likely missed activity was grocery shopping (36%), followed by medical and dental appointments (26%).^[1] These are clearly disturbing statistics especially considering these numbers include all metropolitan elders. Monolingual Spanish-speaking elders are at an increased risk due to the additional barriers they face because of language and cultural differences.

Although the service delivery system has witnessed a great deal of change in the last few years, many agencies serving the general public still lack bilingual and bicultural staff and a knowledge of the needs of Latino elders. Many members of this community are either unable to access services or find access difficult. A study completed in 1999 found that 42% of respondents in the metropolitan Latino community reported they and their families were not getting the health care

services they needed.[2] Respondents cited the following reasons for not getting adequate health care from providers, many of which are related to language and cultural barriers:

- They (providers) don't speak Spanish 45%
- Not enough Spanish-speaking interpreters 45%
- Feel uncomfortable going to a non-Latino doctor 40%
- Health care providers seem to dislike treating Latinos 21%
- Health care providers do not provide care in a Latino way 15%[3]

Researchers have also discovered an important aspect to ensuring wellness among the elder population, the need to provide tailored and holistic services. Erik Erikson, Charles Alexander, and Dean Ornish are among many who have realized that the needs of individuals go beyond accessing necessary health care.

More important to general well-being is a need to be connected with themselves and with the community. Erikson addresses this issue in terms of ego integrity versus despair and generativity as opposed stagnation. Charles Alexander asked a group of elders to participate in a study to examine the effects of meditation on health. After one year, among those in the study group who died, not one had been a part of the meditation group.

Researchers predict the Latino elder population to grow 61% from 1990 to 2000 and 371% from 1990 to 2020.[4] The growth of this population will only make the need more acute unless funders and social service agencies, such as Casa del Sol, respond. What the community has the opportunity to do now is to improve the services offered to the Latino elder community so it can be in a better position to respond to the future increase in demand.

Casa del Sol has provided needed services to the elder Latino community for more than 10 years. Through this experience with elders, their families, and the community, staff have learned that their clients need more than improved access to services in order to increase their well-being. The majority of our clients are monolingual Spanish-speaking elders whose circumstances can lead to isolation due to language barriers, lack of transportation, intergenerational differences, and various levels of acculturation. As recent immigrants, many have been removed from their families and have lost the connection and position they held as keepers of their community's cultural and historical knowledge. Further complicating this isolation is that most of the elders living on their own have an income below the Federal poverty level.

Latino elders, specifically, have always played a key role in their societies. In their new homes, they need to become valued and involved members of their community. Casa del Sol will focus its holistic approach to service delivery on ensuring the community embraces all its members and that our elders have opportunities to improve the quality of all aspects of their life.

[1] Metropolitan Area Agency on Aging, Inc. "1995 Survey of Older Residents, Statewide Results: Volume I, Summary of Findings." December 1996, p. 37.

[2] Tierney, Dawna. Meeting Health Care Needs of Latinos in the Metropolitan Area, January 1999, p. 4. Unpublished.

[3] Ibid, p. 5.

[4] US Bureau of the Census and State Demographer's Office 1993 projections.

What Will You Do About It?

Elder Wellness Services will transform the Seniors' Program currently offered at Casa del Sol. Currently, the Seniors' Program provides transportation, recreation activities, translation, advocacy, and limited case management services. Individual services include transportation, information and referral, and access services. Access services are the most utilized and are defined as translation/advocacy, limited case management, making phone calls and appointments on behalf of clients, providing escorts to appointments, assistance with forms, and home visits. Group services include monthly health screenings, exercise opportunities, and social and cultural activities. Elder Wellness Services will expand this program to include opportunities for elders to connect with and contribute to the community as a means to improve wellness.

To increase community connectedness and contributions, Elder Wellness Services will nurture intergenerational relationships that will allow elders to serve in the roles they would have held in their home lands. Casa del Sol will collaborate with schools to provide cultural classes such as cooking, arts, music, and dance. Staff also will develop a foster grandparent program with schools allowing a class to "adopt" an elder who will participate in classroom activities at least one day per week. Casa del Sol will also work with area day care centers and businesses to create volunteer opportunities for elders. Staff will identify interested schools and businesses, agree on responsibilities, publicize the program, and arrange for transportation and lunch for the elders.

To improve wellness, staff will facilitate support groups on such topics as diabetes, grief and loss, cultural issues, and eldership. A weekly "wellness day" also will be added that will include an exercise program, mini clinics, health education classes, and meditation. Casa del Sol will partner with local restaurants and dietitians to provide culturally and nutritionally appropriate meals and will also develop "eldering" activities including life harvesting and reflection workshops. Staff will collaborate with clients and local health and social service providers in these efforts and publicize opportunities in community newspapers and by word of mouth.

How Will You Know You've Done It?

The vision of Elder Wellness Services is to catalyze the transformation of seniors into elders who, through their interaction with the community, achieve higher levels of connectedness, empowerment, and wellness. In essence, the program has been designed to recreate and enhance the traditional role of elders as the keepers of cultural wisdom and experience within the Latino community. To gauge success, staff will measure clients' ability to access needed services, increase relationships with the community, and improve wellness. We believe success on these three objectives will improve both the health and wellness of clients. To measure progress on these three objectives, we will utilize the following performance targets for the first year:

- Goal 1: Improve elders' ability to access needed services

- 90% of people requiring information and referral services will report their question/request was answered.
- 95% of elders requiring assistance procuring services due to barriers will report they received the advocacy necessary to access appropriate services
- Goal 2: Increase elders’ relationship with the community
 - 80% of elders participating in activities will report the program helped them feel less isolated and more connected to the community and to participate in activities otherwise unavailable to them.
 - 80% of schools and day care centers participating in community partnership efforts will report the children benefited emotionally, educationally, or culturally from their involvement with the elders.
- Goal 3: Improve elders’ wellness
 - 50% of elders’ families will report they have noticed an improvement in the elder’s outlook on life and a reduction in their isolation.
 - 90% of elders will report they have noticed an improvement in their health and ability to contribute to the community.

Data collection will occur quarterly and will consist of surveys and interviews with program participants and partners in their preferred language (Spanish or English).

What Do You Need to Do It?

Executive Director (program oversight) $\$75,000 \times 0.1 \text{ FTE} = \$7,500$	\$7,500
Program Manager (program management) $\$45,000 \times 1.0 \text{ FTE} = \$45,000$	\$45,000
Program Coordinators (service delivery) $\$35,000 \times 2.0 \text{ FTE}, 1 \text{ coordinator}/20 \text{ clients}$	\$70,000
Driver (transportation to community events) $\$28,000 \times 0.1 \text{ FTE}$	\$2,800
Fringe (FICA, unemployment tax, benefits) 15% of total salaries ($\$ \times 15\%$)	\$19,462
Rent (office space) $\$10/\text{sq ft} \times 100 \text{ sq ft}/\text{FTE} \times 3.2 \text{ FTEs}$	\$3,200
Office supplies (pens, paper, etc.) $\$250/\text{year}/\text{FTE} \times 3.2 \text{ FTEs}$	\$800

Program supplies (meals, materials, speakers) \$40/client/month × 40 clients × 12 months	\$19,200
Mileage (clients to community events) .505¢/mile × 20 miles/event × 24 events	\$242
TOTAL	\$167,537

