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# Demographics of Aging in the Americas

Proceedings of the 2013 International  
Conference on Aging in the Americas

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2014

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# Demographics of Aging in the Americas: How Should We Prepare for an Aging Population in Mexico and the U.S.A.?

CONFERENCE SERIES ON AGING IN THE AMERICAS (CAA)  
PROCEEDINGS OF THE SIXTH MEETING OF THE CAA

INTERNATIONAL CONFERENCE ON AGING IN THE AMERICAS  
SEPTEMBER 17-19, 2013  
THE UNIVERSITY OF TEXAS AT AUSTIN

[WWW.UTEXAS.EDU/LBJ/CAA](http://WWW.UTEXAS.EDU/LBJ/CAA)

## SUGGESTED CITATION:

Wilson, K.J. (2013). Proceedings from the 2013 International Conference on Aging in the Americas. Demographics of Aging in the Americas: How Should We Prepare for an Aging Population in Mexico and the U.S.A.? Los Angeles, CA: Resource Centers for Minority Aging Research (RCMAR).



## FOREWORD

Demography is not destiny. Both the U.S. and Mexico will undergo profound demographic changes in the next 30 years, but the social and policy response to those changes is not predestined. As our increasingly intertwined economies and societies both age, the needs for education, housing, health care, and other public programs will change. Will this provoke a crisis in financing, intergenerational conflict, and overburdened public services? Or will our systems adapt to promote better health and independence in old age, provide more home-based care for those who do become disabled, and elder-friendly urban design that promotes the health of all ages while making it easier for older adults to live independently? A solid understanding of the trends, and political will, will be necessary to have the latter outcome. This volume helps to build our understanding.

We can predict with high levels of certainty how many older adults there will be in the next 30-50 years. We know that the number in both Mexico and the U.S. will grow rapidly, while the older population in the U.S. will become increasingly Latino. Understanding the characteristics of those populations is critical to helping both countries get ready for the changes that are at hand. The Conference Series on Aging in the Americas is

bringing together top researchers to discuss the likely trends, and to encourage emerging researchers to take up the challenge of providing data and analysis to help guide policy and programs in the future. This series is unusual in that it takes a binational approach to aging, rather than a country specific approach. This is important given the fact that Mexico has a total resident population of 112 million, while there are over 7 million U.S. residents who were born in Mexico. Counting all 33 million U.S. residents who are of Mexican ancestry, there are about as many persons of Mexican ancestry in the U.S. as in the four largest states of Mexico combined. Our countries are also tied economically, through trade, remittances, tourism, and even retirement patterns.

These proceedings from the 2013 conference, and the edited book that will follow, provide us with insights that can help us understand the trends, challenges, and solutions to the aging of our two societies as it impacts Hispanic older adults. The NIA-funded Resource Centers for Minority Aging Research (RCMAR) is pleased to cosponsor these proceedings since growing number of older Hispanics is a vital area of interest to the network, as it should be to everyone in our increasingly multicultural society.

*Steven P. Wallace, Ph.D.*

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## OVERVIEW

Both the U.S. and Mexico are undergoing major demographic change. With historical financial and migration flows between the two countries, the demographic changes in the two countries are intertwined. Due to these interconnections, the impact of changes in one country will be felt in the other.

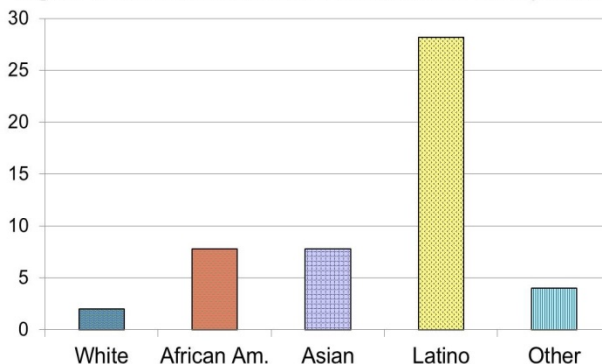
### Rapidly aging populations

Both countries are experiencing a shift in age structure with an increasingly large portion of the population nearing or at retirement age. While the effects of this shift will be felt earlier in the U.S., the portion of the Mexico population aged 65 and over will increase from 6.3% in 2010 to 18.5% by 2050 (World Bank, 2013). Similarly in the U.S., 19.5% of the population is projected to be 65 years of age or older by 2050. In both countries, the aged will be primarily of the majority ethnicity: Anglo in the United States and Hispanic in Mexico. As an increasingly large portion of the population begins to experience the health issues that are concomitant with the aging process, health and long-term care needs will rise. How these functions will be supported as the burden of supporting this care (either directly or through income tax) falls on a relatively smaller working population are important questions both countries must begin to consider and actively address.

### Ethnic drivers of the U.S. working-age population

As a result of both the migration and natural growth drivers of the Latino population, the Anglo-driven aging of the U.S. population will be accompanied by an increasing portion of people of Hispanic origin in the country's working age population. See Figure 2 for an illustration.

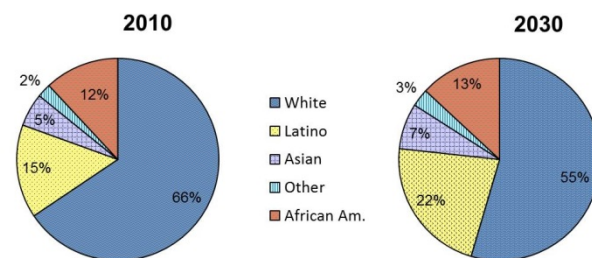
**Figure 1. Ethnic Drivers of U.S. Growth: 2010-2030 (in millions)**



Source: U.S. Census Bureau Projections, 2012

Mexican-Americans are the largest Hispanic group representing nearly 50 percent of the total Hispanic population and is the largest minority population in the U.S. (comprising 31.8 million). Mexican-Americans generally lag in education

**Figure 2. Changing Face of the U.S. Working-Age Population**



Source: U.S. Census Bureau Projections, 2012

levels, workforce experience and income generation. The education and income trends of this population will have great impact on future tax revenues, with low levels of education and income resulting in lower levels of income available for taxation.

### Effect of immigration on education

Given that immigration historically has been a key driver of the growth of the Hispanic population in the U.S., it is also important to consider the impact of immigration on education levels in Hispanic populations. Mexican immigrants tend to have low levels of education. For example, 63 percent of male Mexican immigrants have not completed high school by age 18 compared to 8.7 percent of native-born

workers in the U.S. (Borjas and Katz, 2007).

Education has a direct impact on income. Male Mexican immigrants earn 53.3 percent less than their native-born counterparts (Borjas and Katz, 2007). It is important to note that education is not the sole reason for the wage differential. Even after adjusting for differences in age, education, and state of residence, male Mexican immigrants still earned 17.6 percent less than native-born workers in 2000 (Borjas and Katz, 2007).

### Retirement security at risk

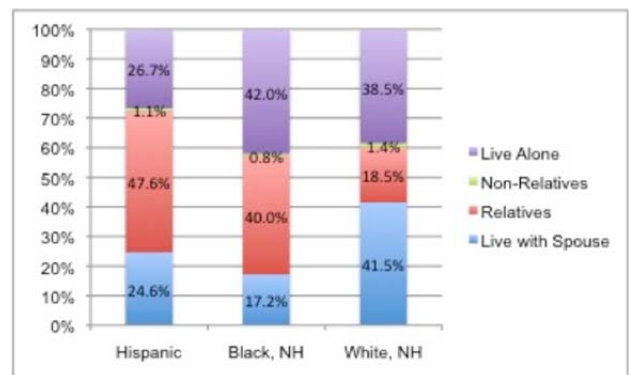
As they approach retirement, older Mexican-Americans have less wealth and lower incomes than non-Hispanic Whites, putting their retirement security at risk. In Mexico, this is accompanied by lower rates of retirement savings and employer contributions. Additionally, as old-age dependency ratios rise, the governments of both the U.S. and Mexico will find it increasingly difficult to provide public forms of financial support.

### Living arrangements of the elderly

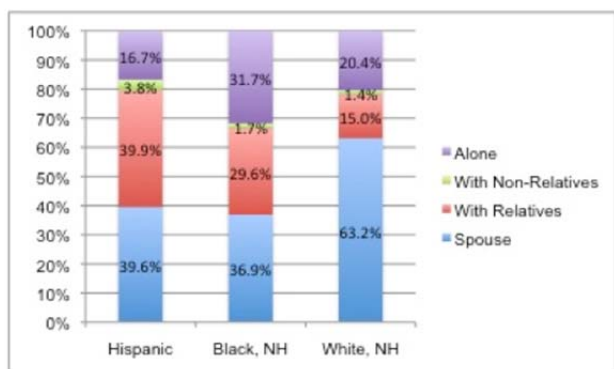
One mechanism that individuals and families have at their disposal to provide for family members in their retirement years is co-living arrangements. There is a clear association between co-habitation and income and asset levels, with those who are poorer being more likely to live with non-spouse family members. Furthermore, Hispanics are more likely to live with others as they age than are non-Hispanics. In late old age, about one-half of Hispanics of Mexican ancestry lives with family in the Southwestern United States. They also are twice as likely as those living alone or with spouse to report more financial strain and to receive assistance from children (H-EPESE, 2012). On the positive side, compared with the other living arrangements, they are the most likely to receive help with household tasks.

While co-residing with younger family members may appear to be one solution to future pressure on government support of long-term care costs, as individuals age, the probability that they will experience physical and mental declines rises. If they do not have health insurance or access to publicly-funded long-term care, the burden of providing care often falls on family members who are frequently untrained and ill-equipped to take on these responsibilities. Doing so can, in fact, have negative health consequences for family caregivers.

**Figure 3: Living Arrangements: Women 65+**



**Figure 4: Living Arrangements: Men 65+**



Source: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2012.

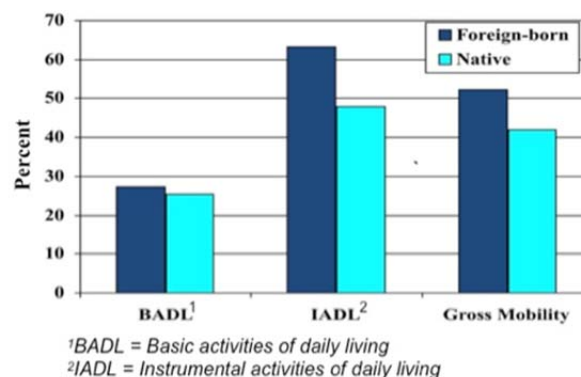
## Health and disability in the aging Hispanic population

Hispanics tend to live longer than their non-Hispanic White counterparts. However, they experience higher levels of disease and disability. U.S. Hispanics aged 65 years and older exhibit significantly higher rates of diagnosed and undiagnosed diabetes than their non-Hispanic White counterparts – 36.6 percent versus 25 percent (NHANES from Wallace presentation).

Foreign-born Hispanics have especially high rates of disability (see Figure 5). Over one-third of Mexican immigrants have been diagnosed with diabetes, and 36 percent have been diagnosed with arthritis (NHIS, 2009-2011). Arthritis is the top cause of disability in the elderly, and is a significant source of decreased quality of life. Thus, while Hispanics have greater longevity than their non-Hispanic White counterparts, they live longer with higher rates of chronic conditions and disability.

Although older Mexican-Americans are eligible to participate in Medicare, approximately eight percent do not, and they fall far below non-Hispanic Whites in rates of private Medigap coverage. Due to low levels of income, a greater portion of the Hispanic elderly receive Medicaid coverage than do non-Hispanic whites. However, late-life migrants do

Figure 5. Disability in Hispanic Elderly



Source: H-EPESE

not report either Medicaid or Medicare coverage that is probably due to lack of citizenship status.

All of the issues noted above are conceptually and practically connected. The invited speakers at the 2013 International Conference on Aging in the Americas presented research illuminates these themes in greater detail and expands our understanding of the differences experienced by segments of the population defined by life course stage at migration, duration of residency, nativity and citizenship status. Following is a summary of key presentations. Details of all presentations can be found in the abstracts section that follows the conference highlights.

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## CONFERENCE HIGHLIGHTS

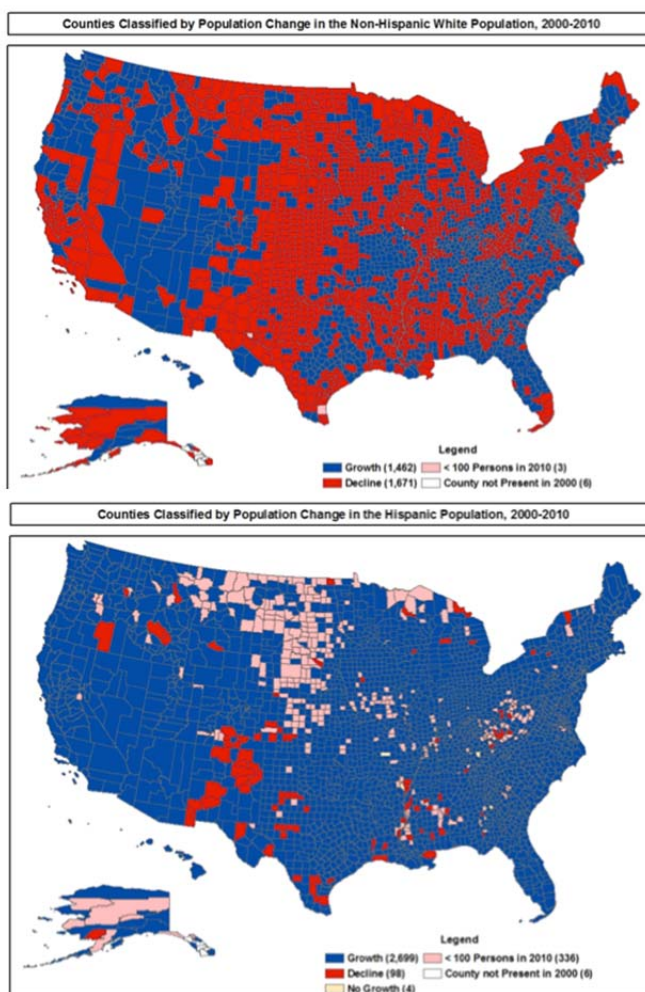
### Ethnic Drivers of Future Working-Age Population

Steve Murdock, the former Texas State and U.S. Census Bureau demographer provided compelling data of the growth of Hispanics in both absolute numbers as well as a proportion of the total U.S. population. The Hispanic population is also younger than the majority Anglo population, which will result in greater numbers of Hispanics making up the future workforce. In addition, this population is largely under-educated and, as a result, is characterized by relatively low earners. Murdock then focused on Texas since, historically, where Texas goes (demographically), the rest of the country follows. In Texas' public school systems, enrollment is increasingly Hispanic. Yet Hispanics graduate from high school at lower rates than non-Hispanic Whites, and retention through college is also significantly lower for the former group than the latter. If the system of public education does not figure out how to retain and serve these students, he projects increasing poverty levels and with them, decreased tax receipts and increased need for public assistance. His conclusion is that we need to invest in the educational attainment of Hispanic students, for their benefit and also for the long-term health and well-being of Texas and the U.S.

Similarly, closing keynote Professor Rúbén Rumbaut highlighted the growth of Hispanics as a portion of the U.S. population – projected to make up 31 percent of the population by 2050. In absolute terms, this number will be comparable to the entire population of Mexico. Concurrently, the proportion of the U.S.-residing Hispanic population that is elderly will grow from 8.6 percent to 17.1 percent. With this growth will come increased demand for public assistance as demonstrated later in this report. Rumbaut also noted that while currently individuals

of Mexican origin make up the largest proportion of the U.S. foreign-born population, in the future, the majority of the Hispanic population will be U.S.

**Figure 6. Population Growth by County & Ethnicity**



native-born. He projected that this will naturally improve education levels as those born in the U.S. have the opportunity to attain schooling here. However, he also predicted that this will not, by itself, improve income levels citing the Great Gatsby curve, which states that higher levels of inequality, such as exist in the U.S., are associated with lower upward mobility across generations.



Jim Smith additionally offered a hopeful perspective of intergenerational gains in education experienced by Mexican-Americans. In his analysis of education gains between first (immigrant) and third generation family members, he found that Mexican-Americans have experienced greater gains over time than European Americans. However, first generation Mexican-Americans start at a lower education level than European American immigrants on average and also exhibit greater variability in education attainment, resulting in third generation Mexican-Americans still having lower levels of educational attainment than their European American counterparts.

### Retirement Security

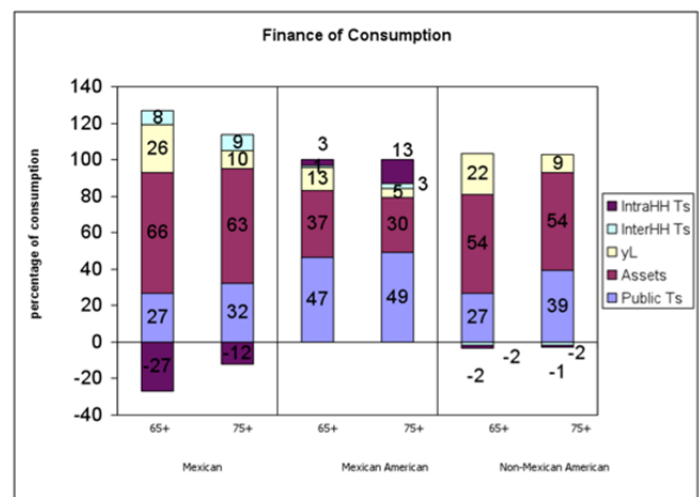
Several presenters delved into how individuals in Mexico and the U.S. support themselves as they age, and discussed the systemic issues related to providing public programs to the aged. In this vein, Ronald Angel discussed the differences, and their consequences, of pension schemes utilized in Latin America. There are two main categories of benefit systems: defined benefit and defined contribution. In the first, one receives entitlement payments after “vesting” (retiring) and the payments are publicly funded out of tax revenues – similar to the U.S. Social Security system. The latter is a private system where there are no entitlement payments; individuals are responsible for making their own contributions. The U.S. 401(k) and (403)(b) retirement investment markets are examples of this latter system. There is a general tension in the two systems between public solidarity and individual responsibility. The defined benefit model becomes problematic as populations age as the ratio of workers to retirees shrinks. While many countries, for example, those in Europe, have had to confront the problem of a demographic transition, this transition will be more problematic for pensions in Latin America as it will occur more

rapidly. A second challenge to retirement income models in Latin America, and for many Latinos in the United States, is that labor informality makes it more difficult for individuals to make retirement contributions. In addition to the complexity of providing cover for the informal labor market, there is also the problem of gender disparity as women may spend many years outside the labor force. Non-contributory systems necessitate a large youthful work force to support retirees but as populations age and dependence ratio grows the system becomes unsustainable. The solution to the tension posited by neo-liberalism is to do away with public pension systems and make retirement the sole responsibility of the individual.

The case of Chile and the privatization of the pension program has resulted in great inequality in old age, with women, rural workers, and informal workers being less able to provide for themselves in old age.

Jorge Bravo identified the major sources of income in old age and retirement of Mexicans, Mexican-Americans and non-Hispanic Whites. He found that in both countries assets are the primary vehicle financing retirement. However non-Hispanic Whites tend to have substantial assets, relative to the other two groups, and also make fewer transfers out.

**Figure 7. Sources of Economic Support in Old-Age**



This is a function partly of higher levels of education and income during productive years. He also found that Mexicans peak financially much earlier in their economic lives; while they manage to accumulate substantial assets via earnings and inter-household income transfers, they also transfer money out to other family members. Mexicans are also the least likely to receive social security. Thus it is not surprising that elderly Mexicans are more likely to live in multigenerational households and to participate in the workforce. Mexican-Americans have limited assets at retirement and rely heavily on public transfers once they are out of the workforce. While net intra-household transfers for older Mexican-Americans are positive (i.e. they bring in more than they spend), net transfers for the other two groups are negative. Thus, these three groups manage the economics of their retirement years in varying ways.

Along these same lines, Chenoa Flippen presented results from a study of how immigrant remittances to elderly relatives differ from undifferentiated remittances using a sample of immigrants in Durham, North Carolina. He found that for both types of remittances, payments decrease as acculturation increases. However, apart from this similarity, he found differences. For example, remittances going to elderly relatives are more likely to be to cover one-time medical expenses than other remittances. As well, while women tend to earn less than men, resulting in smaller payments being made, they are more likely to make remittances to elderly relatives contingent on their being employed than are men. For men, remittances to elderly relatives are positively and linearly related to income. Thus, it appears that immigrants (in this sample, at least) provide one-time medical support as well as ongoing financial support to elderly relatives.

Emma Aguila presented findings of a randomized control trial of the effects of

supplemental income on health, well-being and nutrition of elderly recipients in the Yucatan. Results point to supplemental payments leading to increased use of medical services, increased food security, reduced labor force participation, and reduced transfers from family members. Additionally, she was able to show that monthly payments have greater poverty alleviating effects than less frequent payments as the latter are associated with increased consumption of durable goods and increased income transfers from the elderly recipient to other family members.

### **Living Arrangements of the Elderly**

Building on the theme of public-assistance needs of U.S. Hispanic populations, Steve Wallace assessed how Hispanic residents of California view and utilize long-term care. He found that while the proportion of intergenerational households of other ethnicities is declining in California, it remains high for Hispanics. Moreover, Hispanics ages 40 and over report providing home-based care to an elderly relative more frequently than other ethnicities. As well, twice the proportion of Hispanics in California as compared to non-Hispanic Whites report they would be unable to pay for one month of long-term care (60% vs. 30%, respectively). Finally, he reported that a large portion of all groups were wrong or unsure about whether public funding is available for long-term care. Similarly, most respondents underestimate how likely they, as a random member of society, are to need long-term care.

Veronica Montes de Oca and Peter Ward presented findings related to the Hispanic household structure and infrastructure in the U.S. from several perspectives. The purpose of Montes de Oca's research was to identify and describe the living arrangements of U.S. Mexican families with elderly family members and to link these arrangements to health care access and socio-demographic

characteristics. She found that 44 percent of elderly Mexican immigrants in the U.S. reside in family or extended family households and that this portion increases with age, not having legal status, being female, being uncoupled (i.e. never married, divorced, separated or widowed) and not having health insurance.

Ward looked at the intersection between the dwelling environment and health using data collected from *colonias* both along the Texas – Mexico border as well as those located between 5 and 20 miles outside major urban areas in the state. Border *colonias* tend to be self-constructed permanent dwellings built 40 or more years ago when residents originally immigrated to the U.S. Conversely, housing in *colonias* bordering urban areas tend to be populated with mobile homes. Frequently, relatives build several structures on one lot (lot sharing). He found that houses are aging with their inhabitants and that there is a correlation between health problems and dwelling quality, citing high rates of diabetes (29%) and asthma (16.5%) being reported. Most frequent problems are non-functioning or no heating / cooling systems, septic problems, and pest infestations, all of which disproportionately impact the health of elderly residents.

Ladson Hinton and emerging scholar Sunshine Rote highlighted the need to attend to caregivers as an increasing portion of Hispanic elderly receive home-based care provided by family members. Rote found that care-giving begins at a younger age in Hispanics and that they end up providing more intensive home care than non-Hispanic Whites due to lack of access to formal services. Additionally, she found that caregivers with low incomes report more depressive symptoms and IADLs themselves than those with higher incomes. These findings were reflected in a literature review carried out by Hinton that focused on common issues encountered by Hispanic caregivers providing home-based care to

elderly family members with dementia. The review highlighted the following themes: (1) caregivers frequently lack biomedical knowledge as well as of available services; (2) caregivers experience stress and ambivalence related to their role; (3) cultural expectations (*familismo*) that they play this role, combined with the fact that frequently responsibility is not spread equally across healthy family members (with women playing a larger role), causes additional problems / stress; (4) finally, difficult encounters with the formal health care system is another cause of stress.

### **Hispanic Aging & Health**

A number of speakers focused on age-related health issues. Rogelio Saenz described the demographics behind population aging in both the U.S. and Mexico. In Mexico it is driven by out-migration, dropping birth rates, and increased longevity. In the U.S. key drivers are the aging of the baby boomers, increased longevity and declining birth rates. He also outlined racial health disparities that exist in elderly populations across the U.S. and Mexico. In both countries, non-Hispanic white elderly populations tend to have higher levels of both income and education, resulting in higher levels of insurance coverage and lower mortality rates. Mexican-origin populations living in the U.S. are most likely to be living in poverty and have the lowest levels of education, with immigrants having the lowest levels of income and education of all groups. In the U.S. Mexican-Americans are most likely to work after the age of 65, experience highest levels of mortality, and report the highest rates of disability. However, Mexican-Americans are more likely to be covered by health insurance than the elderly in Mexico. The most vulnerable group are Mexican indigenous populations, which are more likely to be physically disabled, without insurance and working at older ages than the other groups.

In summary, the quality of the science at the meeting was high and cross-national interchange was substantial. The attention to high levels of information transfer and new ideas led to a future research agenda and to improving the capacities of new investigators. For these reasons, we suggest further research along these lines be undertaken in the following areas:

- ☐ Health effects on labor market behavior and retirement security at older ages among Hispanics in the U.S. and Mexico.
- ☐ Hispanic aging from a transnational perspective with explicit attention to gender influences on family and household resources.
- ☐ Comparative aging studies of risk and protective factors affecting mental health in Mexico and the U.S.
- ☐ Mixed method studies of temporal patterns of caregiving and effect on support systems.
- ☐ Interdisciplinary teamwork on long-term care as a phenomenon that goes beyond static notions of Hispanic ethnicity.
- ☐ Qualitative approaches to understand the articulation between the role of governmental and non-state actors in health and social service provision to elderly Hispanics.

### **New Directions in Policy Research**

Participants convened over lunch at the end of the conference to identify major priorities that have

the potential to inform future research and extramural funding decisions related to aging in the Americas.

Dr. Fernando Torres-Gil facilitated a 60-minute round-robin discussion with 35 invited speakers and emerging scholars. Two rapporteurs took notes of ideas discussed and the lead rapporteur organized the discussion outcomes around five key themes with the input of Dr. Jacqueline Angel.

First, conference attendees identified an important gap in our understanding of *how immigration policies, including deportation, impact immigrants, their families and communities*. To what extent do immigration-related stressors over time influence late-life physical and mental health of those who have migrated? When deportation occurs, what is the impact of lost remittances on family wealth and well-being? Finally, do communities operate as a mediator of immigration effects on families? If so, how?

Second, with growing uncertainties about government capacity to finance the growing demand for long-term care, *test and evaluate cost-effective and culturally-appropriate home and community-based models*.

Participants also noted that a variety of cultural factors are viewed as being protective of health without rigorous evidence supporting these claims. Thus, the third new direction proposed was for a *deeper public understanding of cultural factors that improve and are protective of health*, with religion and family support cited as two examples. Does evidence support these claims and, if so, in what instances?

Fourth, there was consensus that more methodological research needs to be done on *variation in acculturation across culture and ethnicity*, and how this variation influences and is associated with health. Related to this was the question of what variations in the acculturation experience mean for the use of an overarching “Latino” designation. This last is particularly relevant in light of the U.S. Census Bureau's proposal to eliminate the question of specific Hispanic national origin, such as Mexican, Cuban, and Nicaraguan and instead designate Hispanic / Latino as a race category of its own.

Finally, it is clear that, while a great deal is known about the issues surrounding aging in the Americas now and in the foreseeable future, *practitioner knowledge is not being effectively translated into policy* through current and potential voters. Participants expressed strong interest in having a panel of experts in this area speak at the next conference, including a speaker / trainer skilled in the art of storytelling as a mechanism for

#### NEW DIRECTIONS IN HISPANIC AGING POLICY AND PRACTICE

1. Impact of immigration policies on the lives of Mexican-origin immigrants and late-life families.
2. Test and evaluate innovative models for ways in which informal long-term options articulate with government supported services.
3. Increase depth of public understanding of specific social institutions that improve and are protective of Hispanic health.
4. Address future of Hispanic/Latino identity and community, including variation in acculturation across culture and ethnicity for survey and intervention studies.
5. Focus on translating research into policy.

influencing policy. Participants viewed health care reform as an area of opportunity for the group's research to influence policy.

## INVITED SPEAKER ABSTRACTS

### OPENING KEYNOTE ADDRESS

#### *Apple Pie, Enchiladas and the Age-Race Shift: Young and Aging Latinos in an Aging North America*

*Jorge Chapa, Ph.D.*

*University of Illinois, Urbana-Champaign*

This talk combines themes from Chapa's first book and his latest and applies them to the social and demographic prospects for the U.S. and Mexico. The Burden of Support is an analysis of the social and economic consequences of the low attainment levels of a growing, young Latino population in an aging Anglo society. These differential age distributions

were called the age-race shift. Apple Pie & Enchiladas examines the difficulties Latino immigrants faced in being accepted and integrated into the predominantly white rural Midwest. This talk looks at these themes as they apply to the some aspects of the foreseeable futures of the United States and Mexico.

### **PANEL 1 – DEMOGRAPHIC AND ECONOMIC IMPLICATIONS FOR HEALTH AND WELL-BEING (PERSPECTIVE) IN MEXICO AND THE U.S.: AN OVERVIEW**

#### *Aging and Retirement Security: United States, Mexico and Mexican-Americans*

*Jorge Bravo, Ph.D. and Mun Sin Lai, Ph.D. - Population Division, United Nations*

*Gretchen Donehower – University of California, Berkeley*

*Ivan Mejia-Guevara – Harvard University*

The presentation provides a review of new evidence from National Transfer Accounts on the different ways to provide retirement security in the Americas, with an emphasis on Mexico and the United States. Traditionally, the study of retirement security has focused mainly or exclusively on public pensions and health care, which are sizeable programs in the U.S. but only finance a smaller proportion of the consumption of retirees in Mexico. The presentation will also examine the role of labor income, private transfers and asset income. Labor income of older

persons is significant in both countries, but it declines much faster with age in the U.S. than in Mexico. Older persons give and receive family transfers, but in the net, private transfers do not provide significant financial support for retirees. Rather, the contrary is observed in both Mexico and the United States: net private transfers flow from older to younger family members. Finally, we find that income from assets accounts for a large share of consumption of retirement-age adults in both the U.S. and Mexico.

### ***Immigration and the Mexican Generations***

*James Smith, Ph.D. - RAND Corporation*

The goal of this research is to compare the education generational progress of Latino immigrants, and in particular Mexican immigrants to the United States, to the prior experience of groups of European immigrants to the United States in the 19th and 20th centuries. In particular, the Latino generational experience is compared to that of prior waves of Irish and Italian immigrants. Two concepts are derived—the gain of future generations if the migrant did migrate and the gain if the migration had not occurred. The difference between the two is the correct measure of the education gain of future generations due to migration. We find large

differences among both European and Latino ethnic groups. For Europeans, the largest generational change took place among Italian immigrants to the United States, while among Latino immigrants the largest change took place among Mexican immigrants. Comparing these two groups, Italian immigrants made the largest gains in education progress of their progeny while in the 20th century the biggest educational advances were made among Mexican immigrants. This analysis is conducted separately for female and male immigrants to the United States and a separate analysis is conducted for the gains of the second and third plus generations.

### ***Pension Reform, Civil Society, and Old Age Security in Latin America***

*Ronald Angel, Ph.D. - The University of Texas at Austin*

*Javier Pereira, Ph.D. – Universidad Católica del Uruguay*

In 1981, Chile replaced its public pension system with a system based on individual retirement accounts similar to 401(k) plans in the U.S. During the 1990s, ten other Latin American countries either replaced their public pension systems entirely (e.g., Mexico) or introduced mixed public and private systems. This new approach to retirement savings represents a profound change in pension philosophy that implicitly rejects the socialization of the risk of poverty in old age upon which the modern welfare state was based. It also rejects the redistributive component of traditional pensions in which public funding transfers income from those with high earnings to those with lower earnings, including women. This shift in old-age-support philosophy has been vigorously promoted by the World Bank, the International Monetary Fund and a number of other

neoliberal actors that make up what has been characterized as a new transnational advocacy network. One of the stated objectives of these reforms was the extension of coverage and the reduction in informality in the labor force. Yet in most nations, coverage dropped after reforms were introduced and levels of informality increased. The clear result of the reforms, though, is a vastly changed retirement environment with important implications for intergenerational solidarity, equity, and national accounts. In this presentation, we examine formal and informal retirement systems in Argentina, Chile, Mexico, and Uruguay, nations that adopted pension reform and that have subsequently required a second round of reforms to deal with inequities or have been dropped reform efforts entirely, as in the case of Argentina.



## **PANEL 2: NEW DATA AND METHODOLOGICAL APPROACHES ON AGING RESEARCH IN MEXICO AND THE UNITED STATES**

### ***Alleviating Poverty for Older Persons: Results of a Social Welfare Program in Mexico***

*Emma Aguila, Ph.D.*

*Center for Latin American Social Policy, RAND Corporation*

Non-contributory social security programs have been implemented in at least 15 countries around the world. These are cash transfer programs aimed at poverty alleviation among the elderly population. Previous studies have found that these programs reduce poverty and inequality, while the health effects are less clear. The presentation will discuss a study that designs and evaluates a non-contributory social security program in the State of Yucatan, Mexico. This program is for individuals 70 years or over. Eligible individuals are assigned to treatment or

control groups and a large array of background variables and outcome measures are collected at baseline and during the course of the experiment for individuals in both the treatment and control groups approximately every six months. The preliminary findings using a difference-in-differences approach are treatment effects on labor supply, hunger, medical consumption, and memory. Eligible individuals spend their pension on food, visits to the doctor and medicines, while sharply reducing labor supply.

### ***Lifelines: The Implications of Migrant Remittances and Transnational Elder Care for the Financial Security of Low-income Hispanic Immigrants in the United States***

*Chenoa Flippen, Ph.D. - University of Pennsylvania*

Research on population aging generally focuses on a particular elderly population in a specific location or context. However, a growing literature on transnationalism emphasizes that for immigrant populations, societies of origin and settlement are linked through a dense web of economic, cultural, and political connections. As such, aging in the Americas among populations shaped by immigration must consider the indelible impact of transnational ties. This presentation draws on original survey and in-depth interview data from Durham, North Carolina to investigate the impact of remittances and transnational elder care on the financial security of low-income Hispanic immigrants. Results

demonstrate not only that a large share of immigrant households in Durham routinely support elderly parents and grandparents abroad, but also that urgent healthcare needs of elders in Latin America represent an important form of “wealth shock” that often precipitates a cascade of financial penalties in the United States. The findings suggest that the need to support aging relatives abroad is an important contributor to the precarious financial position of low-skill immigrants, with potential implications for the both the inter-generational transmission of inequality and the future old-age security of immigrants themselves.

***Prevalence and Correlates of Falls in Older Mexicans: Findings from the ENSANUT 2012--Mexican National Health and Nutrition Survey***

*María Aranda, Ph.D. - University of Southern California*

*Maríana López Ortega, PhD, and Luis Miguel Guitérrez Robledo, MD, PhD. - Instituto Nacional de Geriatria, Mexico*

Falls are a significant health burden on individuals, families, and health care systems. Although the prevalence and determinants of falls are well documented in the U.S., minimal attention has been given to the public health burden of falls in Latin American countries. Drawing from the 2012 Mexican National Health and Nutrition Survey, this presentation addresses the prevalence and correlates of falls in a representative sample of 8,861 adults 60+ years of which 55.6% are women. Of the total sample, 3,011 (34.0%) reported having at least one fall in the past 12 months: 29.2% men and 38.1% women. Female gender and older age were significant in determining falls ( $p \leq .01$ ) while

education and marital status were not. In terms of clinical correlates, having one or more chronic diseases, having suffered a stroke in the past year, presenting depressive symptoms, and reporting difficulty in performing ADLs were significant determinants ( $p \leq .01$ ) of having fallen in the past 12 months. In addition, reporting problems with vision and audition were both highly significant. The study shows similar results to studies in other countries, specifically that female gender, older age, chronic diseases, depressive symptoms, functional ability, and sensory impairment are significant determinants of single and recurrent falls. Implications for future research and practice are addressed.

**LUNCH KEYNOTE ADDRESS: WEDNESDAY**

***The Latino Future is the Future of the United States but What Will that Future Be?***

*Steven Murdock, Ph.D. - Rice University*

Recent demographic patterns and projections, coupled with vital statistics and the demographic structure of the United States population indicate that the future of the United States will largely be determined by the Hispanic population of the United States. However, the socioeconomic characteristics of the future population of the United States and its Hispanic Population are much less certain. This

presentation will discuss these issues with an emphasis on how essential closing the educational gaps between Hispanics and non-Hispanic Whites and others is to both the future of Hispanics and to the overall socioeconomic characteristics of the United States. It stresses that the success of the United States will mirror the success of the Hispanic population.

### **PANEL 3: ISSUES OF SOCIAL, CULTURAL, AND MENTAL HEALTH IMPLICATIONS**

#### ***Impact of Aging and Social Changes in Mexico: A Clinical and Practical Perspective***

*María Elena Aguilar Aldrete, Ph.D. - Colegio de Geriatria y Gerontologia de Jalisco, Mexico*

The population in Mexico is aging, as evidenced by the increase in the number of people over 65 years of age in the nation from 1.8 million in the 1970s to 7 million in 2010. This increase has similar implications for Mexico as it does in Europe, the U.S. and Canada, but these implications manifest themselves in different ways. The demographic projections raise important challenges for social assistance and health systems. There is an urgent necessity to reorient public policies to take into account an aging culture, including education, economic security, health promotion, intergenerational relations, strengthening social networks, and the environment. The government

must assume those responsibilities in a society that is polarized with 50% of the population in extreme poverty and 10% of the population possessing a very large amount of wealth. The health concerns of the elderly are also polarized, with wealth leading to chronic degenerative diseases such as hypertension, diabetes and heart conditions, and poverty leading to malnutrition. In addition, Mexico is seen as the world leader in people who are overweight and obese. These phenomena have never before been seen in Mexican history. This presentation will offer perspectives for understanding Mexico's aging society in the context of the nation's poverty, inequality and fragile health systems.

#### ***Culturally Responsive Treatment Services: Achieving Sobriety among Latino Older Adults***

*Erick Guerrero, Ph.D. - University of Southern California*

Health insurance coverage and quality of care are common factors believed to improve access and retention of racial and ethnic minority groups in health care. However, there is little evidence that acceptance of public insurance and provision of culturally responsive care decrease wait time and retention among Latinos served by community-based substance abuse treatment. This presentation will provide an analysis of client and program data collected in 2010–2011 from publicly funded treatment programs in Los Angeles County, California. An analytical sample of 13,328 clients nested within 104 treatment programs was analyzed using multilevel negative binomial regressions on count measures of days to initiate and remain in treatment. Latinos represented 43% of the sample, with 10% of this sample reporting 50 years of age or older. Programs that accepted Medicaid payment

acceptance ( $p < .001$ ) and in which staff reported personal involvement ( $p < .01$ ) and linkages and resources with minority communities ( $p < .001$ ) were negatively associated with client wait time. Similarly, programs with assessment and treatment practices and culturally responsive policies ( $p < .05$ ) were positively associated with retention in treatment, after controlling for individual and program characteristics. The older Latino population was less likely to access treatment on demand and also dropped out of treatment faster than the young adult population. These preliminary findings provide an evidentiary base for the role of community-based financial and cultural practices in improving accessibility and treatment adherence within a population that is at high risk of treatment dropout. Implications related to health care reform legislation are discussed.

### ***Dementia Family Care- giving in Latinos: What Does the Qualitative Literature Have to Tell Us?***

*Carolina Apesoa-Varano, Ph.D. & Ladson Hinton, M.D. - University of California, Davis*

With the unprecedented aging of the U.S. population—the largest projected growth among Latinos of all ethnic groups in the country—and persistent health disparities, ensuring Latina caregiver wellbeing remains a significant public health challenge. Caregivers play a central role in the formal and informal health management of older adults, especially of those with Alzheimer’s Disease (AD) and related dementias. Up to 70% of individuals suffering from AD in the U.S. are cared for at home and approximately 9.8 million kin and non-kin members take on the responsibilities of providing this often “invisible” and unremunerated daily work. Due to the incurred costs and burden, caregivers are at risk for poor quality of life and declining mental and physical health. Thus there is a pressing need to understand how to provide optimal support to community-dwelling Latino elderly and

their caregivers to prevent adverse outcomes (e.g., institutionalization, increased caregiver distress, reduced quality of life) and, when possible, help older Latinos to age in place. A critical, systematic evaluation of current qualitative literature on Latino informal care-giving can help us understand how sociocultural factors are related to care-giving experience and outcomes in this group. The overall objective of this study being presented is to report on the state of the science in qualitative research on the topic of informal Latino care-giving to persons with cognitive impairment in order to advance our understanding of care-giving socio-cultural processes among Latinos. Findings from this review may inform intervention, policy and theory development related to community-based care and support for older Latinos and those involved in informal care-giving.

### **PANEL 4: BI-NATIONAL, TRANS-NATIONAL MIGRATION PERSPECTIVES: MEXICO, LATIN AMERICA, AND THE U.S.**

#### ***New Mexican Immigrants and Economic Integration***

*Rogelio Sáenz, Ph.D. - The University of Texas at San Antonio*

The United States and Mexico are undergoing significant demographic changes that will result in each country having an increasingly older population. In the United States, the aging of baby boomers will result in a tremendous growth of the elderly population from 2011-2029 as the baby-boom generation reaches age 65. Moreover, the Mexican-origin population in the United States is also expected to age significantly over the coming decades, despite the youthfulness of the overall Mexican-origin population. Furthermore, due to major declines in fertility rates and the selectivity of emigrants from Mexico drawn from the younger

segments of the population, Mexico’s overall population is projected to age dramatically over the coming decades. The analysis being presented will examine the economic patterns of the elderly population in the United States and Mexico over the last three decades (1990s, 2000s, and 2010s). Data was obtained from the University of Minnesota’s Integrated Public Use Microdata Samples (IPUMS). The analysis will assess the economic characteristics of three elderly populations: U.S. elderly, Mexican-origin elderly in the United States and Mexican elderly in Mexico. The analysis will examine such characteristics as the educational level, presence of

disability, labor market participation, income sources, health insurance availability, and poverty. The analysis will also inspect population projections to assess the growth of the elderly population in the coming decades. The presentation will conclude with the policy implications of the changing economic and

demographic patterns of the elderly population in the United States and Mexico with particular attention to bi-national approaches related to the healthcare needs of the Mexican-origin population in these two countries.

***Family Arrangements, Strategies and Medical Access Among the Aging Mexican Population Living in the U.S.***

*Verónica Montes de Oca Zavala Zenaida, Ph.D.*

*Universidad Nacional Autónoma de México*

In Mexico, like in other Latin American countries, family is one of the most important resources supporting the elderly population, both emotionally and materially. However, in some cases this support is modified based on the internal and international migration of household members. There is substantial evidence that migrants provide assistance to the elderly from their country of origin through remittances. In fact, previous research has shown that the loss of circular migration reduces transnational social capital among migrant families, especially for those who remain in their countries of origin. However, very little is known about family support and the role the family plays among immigrants in the receiving countries. The research being presented aims to investigate the role of family support in the maintenance of physical and mental health among the elderly Mexican population. Moreover, this research investigates access to health services and living conditions among the elderly Mexican population living in the U.S. Data is from the National Health

Interview Survey (NHIS) and American Community Survey (ACS). A series of indicators related to families and / or homes, and on the health conditions and access to medical care of elderly Mexican immigrants in the U.S. were created. Qualitative data was also gathered through in-depth interviews with elderly Mexicans living in Dallas, Texas; Los Angeles, California; and Chicago, Illinois. This mixed-methods approach captures more nuanced findings relating to family support and the importance of health care in the context of the aging process. Findings show varying levels of vulnerability that Mexican migrants face in the United States. For example, the lack of health insurance exacerbates health and mental health problems by lessening opportunities for early detection and preventative care. Despite these adverse effects, the cultural capital of the Mexican population serves as a protective factor against threatening health conditions in the United States.

***The Profile of Mexican Elder Migration Flow into the U.S. (2003-2012)***

*Silvia Mejia-Arango, Ph.D. and Roberto Ham-Chande, Ph.D.*

*El Colegio de la Frontera Norte*

Operating since 1993, the Border Survey of Mexican Migration is the oldest continuous research program tracking original data on the number of people arriving to Mexican border cities. Through the survey

[*Encuesta sobre Migración en la Frontera Norte de México* (EMIF)] conducted in selected points such as airports and bus stations on the Mexican side of the border cities by *El Colegio de la Frontera*

*Norte* (COLEF), the composition and characteristics of Mexican flows are measured. The primary aim of the study being presented is to describe migration of elder subjects (50 and over) from south to north between 2003 and 2012. Longitudinal changes in size

and socio-demographic characteristics in subjects who get to the border and in subjects who intend to cross the border and stay in the U.S. permanently are analyzed.

***The Intersection of Housing Conditions with Health & Aging in Colonias and Informal Homestead Subdivisions (IfHSs) in the State of Texas***

*Peter Ward, Ph.D. - The University of Texas at Austin*

This paper examines the intersection between dwelling structures, household organization, and aging among owners in Texas border *colonias* and Central Texas informal homestead subdivisions. Using original household survey data, it analyzes how homeowners in these peri-urban self-built and / or self-managed dwellings cope with the life course, aging, declining physical mobility, rising chronic morbidity. In Texas, *colonias* and IfHSs are largely Hispanic, often comprise spacious lots (1/2 – 1 acre) which in combination with the flexibility and low-cost nature of self-help dwelling construction and

management, offers multiple opportunities of household extension, cross generational multi-lot sharing among kin related poor households (adult children usually), and / or residential care for aging parents or grandparents. The housing assets commonly range between a median value of \$30-\$60,000. Less than 10 per cent of home owners have wills, and inheritance takes place under intestacy law, leading to title confusion and ownership conflicts among beneficiaries. These conflicts and confusion create insecurity and undermine home improvement and investment in dwelling improvements.

**PANEL V: EMERGING SCHOLAR ORAL PRESENTATIONS**

***The Stress Process Among Foreign-born Latinos: The Roles of Migration-related Stress and Family Relationships in Psychological Distress***

*Georgiana Bostean, Ph.D. - University of California, Los Angeles*

Studies suggest that Latinos have strong family cohesion, which can buffer the negative effects of stress on mental health. Latino migrants may face unique stressors due to the migration experience and subsequent adjustment to the host country. The study being presented addresses the following empirical questions: 1) Is migration-related stress associated with psychological distress among Latino immigrants? 2) If so, does the association between migration-related stress and distress vary by level of family cohesion? Using data from the National Latino and Asian American Survey, we examine

foreign-born Latinos (n=1,561) by sub-group to assess whether family cohesion moderates the association between migration-related stress (e.g., felt guilty for leaving family in country of origin or found it hard interacting with others because of difficulties with the English language) and psychological distress (e.g., felt hopeless or depressed in the past 30 days). We computed zero-truncated Poisson regressions and calculated predicted distress. Preliminary results show that those with high family cohesion have lower psychological distress compared to those with lower family cohesion who have similar migration-

related stress levels (mean distress was 15 and 16, respectively). Findings speak to the role of family relationships in buffering foreign-born Latinos'

mental health outcomes, and may inform interventions aimed at improving mental health in this population.

### ***Trajectories of Limitations in Activities of Daily Living in Mexico, 2001-2012***

*Carlos Díaz-Venegas, Ph.D. - The University of Texas Medical Branch at Galveston*

Activities of Daily Living (ADLs) have generally been used as a tool to assess whether or not a person requires help performing daily self-care activities (such as dressing, bathing, eating, among others), especially at old age. In addition to evaluating an elder's level of independence, ADLs can also be a predictor of successful aging, because the ability to perform basic activities enables their involvement in more complex ones. Mexico is facing a rapidly aging population. This rapid pace, compounded with varying risk profiles and cultural, socioeconomic, and gender differences, might hinder the ability for self-care, especially for the elderly. Thus, the analysis of ADLs is particularly relevant to understanding the

disablement process in developing countries whose populations will age fast. This presentation seeks to describe the progression of limitations in daily activities in the Mexican elderly population, and identify how income and education might create differences in these limitations across groups defined by age, gender, and place of residence. The data come from the Mexican Health and Aging Study (MHAS), a national sample of adults born in 1951 or earlier, including a baseline survey in 2001 and follow-ups in 2003 and 2012. The main approach is to measure the different ADLs at baseline and then monitor the different transitions two and eleven years later.

### ***Health of Older Mexican-American Adults and Family Caregiver Psychological Distress***

*Sunshine Rote, Ph.D. - The University of Texas Medical Branch at Galveston*

This presentation examines the impact of older Mexican-American care recipient's health (functional, mental and cognitive) on family caregiver's psychological distress. Data were drawn from Wave 7 of the Hispanic Established Population for the Epidemiological Study of the Elderly (H-EPESE, 2010/2011) when respondents provided information on a close person they could rely on for help. Out of the 905 informants interviewed, we identified 339 family caregivers. Using OLS regression, we found no differences in caregiver depressive symptoms by functional ability. However, we did find incongruence in reports of ADLs and IADLs by caregiver and care recipient in predicting caregiver

depressive symptoms. Additionally, depressive symptoms and the Neuropsychiatric Inventory (NPI) or problematic behavior associated with cognitive decline in older adults were associated with caregiver distress. Perceived stress partially attenuates but does not fully explain these differences. We also identified a subset of caregivers who are more vulnerable to care recipient depressive symptoms, namely, caregivers of older adults born outside of the U.S. Discussions of the role of caregiver resiliency factors and possible mediators of these relationships within the context of aging Mexican-Americans and their families will be part of the presentation.



***Limited But Not Disabled: A Comparison of Self Reported ADL Disability with Performance Oriented Mobility and Mortality***

*Phillip Cantu, B.A. - The University of Texas at Austin*

The study being presented examines the association between physical mobility assessments and self-reported disability for elderly Mexican-Americans. Using data from waves 1-7 of the Hispanic Established Populations for the Epidemiologic Study of the Elderly (HEPESE) (n= 3,952), the disablement model was used to investigate the ways in which functional limitations are necessary but not sufficient for self-reports of disability. Within the disablement process, the research draws particularly upon two concepts: 1) functional limitation, an objective measure of physical frailty, and 2) disability, a socially constructed concept that is determined by the inability to perform socially defined necessary tasks. We conceptualize performance oriented mobility assessments (POMA) as an objective measurement of functional limitation and self-reports of activity of

daily living (ADL) disability as a subjective measurement of disability. Preliminary findings suggest that while Mexican-Americans, on average, spend more than one-half of their life expectancy past 65 with at least one objective mobility limitation, they self-report considerably fewer years in disability. These patterns hold for men and women as well as native-born and foreign-born after controls for covariates. Further analyses will identify covariates that, in addition to mobility limitation, predict self-reports of disability. These findings shed new light on understanding the disablement process. The presentation will end with a discussion of implications for improving the provision of services for elderly Mexican-Americans, and particularly for those experiencing the greatest risk of disability.

**PANEL 6: COST AND COVERAGE: FISCAL IMPACTS OF HEALTH POLICY**

***Caring for Older Mexican-Americans: Community Health Strategies***

*Steve Wallace, Ph.D. - University of California, Los Angeles*

The composition of older Mexican-Americans in the U.S. is changing with an increasing proportion being second and third generation. U.S. Census data shows that later generation Mexican-Americans are less likely to co-reside with extended family, and family size is shrinking. Yet older Mexican-American elders have low rates of formal service use. With the emphasis in health care reform on bolstering long-term services and supports (LTSS) in the community rather than in institutions, the Mexican-American population should be a priority target population for policy and planning. From a public health perspective, preventing disability and the need for

LTSS is a primary prevention strategy. The disproportionate levels of diabetes and obesity, which are directly linked with disability, are preventable conditions that need to be part of a disability prevention strategy. These conditions are sensitive to both social determinants of health, as well as high quality ambulatory care. Once disability occurs, appropriate community-based supportive services for both the older adult and the family can maximize aging with dignity. Polling data from California show that Hispanics are more likely than non-Hispanic whites to be caring for a family member and be supportive of public funding for community services.

Given the lower incomes and inability to afford to pay for LTSS, a program similar to the CLASS Act

would provide the best assistance to Mexican-American older adults who need LTSS.

***How Health Characteristics of the Aging Population Differ by Insurance Eligibility: A Closer Look at Racial Ethnic Differences Using MEPS***

*H. Shelton Brown, Ph.D. & Kimberly J. Wilson, M.P.I.A. - The University of Texas Health Science Center at Houston, School of Public Health*

Although the Affordable Care Act (ACA) changes many parts of our health care system, a central element of the new law is expanding insurance coverage through the establishment of exchanges and the expansion of Medicaid. For Hispanics close to retirement, the expansion of Medicaid is particularly important. The Kaiser Foundation reports that up to 24 states are not participating in the Medicaid expansion. The characteristics of the 'soon to be insured' are understudied. Further, how their characteristics differ from states not participating in

the program is largely unknown. The 2011 Medicaid Expenditure Panel Survey provides new data on health status, race and ethnicity, age and demographics. With restricted data, we examine how characteristics of uninsured individuals near retirement age, but eligible for Medicaid under the ACA, differ by whether or not states choose to participate in Medicaid expansion. Fiscal implications, including costs and benefits, of increasing enrollments in Medicaid and state health insurance market places are discussed.

***The Economic Security of an Aging Minority Population: A Profile of Latino Baby Boomers to Inform Future Retirees***

*Zachary Gassoumis, Ph.D. - University of Southern California*

Healthcare spending in the U.S. is at an all-time high and is projected to continue rising, due in part to the aging of the baby boomers. As most of the public spending for healthcare comes from general taxation revenues, the ability of the U.S. government to fund these future liabilities will be determined by the economic productivity of the workforce. Population growth in the U.S. over the next several decades will be driven by a growing Latino population, meaning that taxation revenue will be dependent on the incomes of an increasingly Latino workforce. Minimizing the persistent income disparities between

Latinos and non-Latinos will be crucial to ensuring both the economic prosperity of the Latino community and the advancement of the overall U.S. economy. Using data from the U.S. Census Bureau, this presentation presents models of current and past income disparities, primarily among the baby boom generational cohort. Results of these models are used to advocate for current and future investment in the Latino population, both for the advancement of Latino economic security and the bolstering of national economic growth.

## **PANEL 7: POLICY AND THE RELEVANCE TO CONTEMPORARY POLITICS OF AGING**

### ***The Train Has Left the Station: Latino Aging in the New South***

*Gregory Weeks, Ph.D. - University of North Carolina, Charlotte*

The recent U.S. presidential election highlighted the emerging cohort of young Latinos in the "New South," most of whom are U.S. citizens and will help to shape the political landscape of the region in the future. Part of that future will include the aging of their parents and grandparents, many of whom are neither citizens nor legal immigrants. This presentation examines the size and rate of growth of

the older Latino population in the southern states, including a set of population projections out to 2040, based on trends occurring between the 2000 and 2010 censuses. Using Charlotte as a case study, the presentation will explore the ways in which this population might have different needs from the non-Hispanic population that will have to be addressed by local and state governments.

### ***The Aging and The Electorate: Politics and Policy of an Older America***

*Fernando Torres-Gil, Ph. D. & Courtney Bleacher - University of California, Los Angeles*

The United States faces tremendous policy challenges as it confronts demographic and political changes. As it gets older, the U.S. faces budgetary constraints in sustaining entitlement programs (e.g. Social Security, Medicare). As its aging baby boomers grow older, they may well face a greater level of retirement insecurity. Moreover, national security needs must confront a changing global order with the rise of new powers: China, Brazil and India. Through this maelstrom of dilemmas, the U.S. will also become a majority-minority nation and for the first time in its history a combination of minorities, immigrants and refugees will comprise a majority of its population and cause its non-Hispanic white

subgroups to become a minority. What does it mean for the politics of aging in the United States, where white older persons have been a traditionally powerful electoral force, to confront the emergence of ethnic, racial and immigrant groups? How does this impact the ongoing policy debates around budgets, the role of government, immigration reform and social policy? This presentation provides a historical and policy context by which we can have a better understanding of the issues, questions and potential solutions and opportunities that may arise with the aging and growing diversity of the United States.

### ***Politics of Aging and Social Policy in Mexico: The New President's Agenda***

*Bryan Roberts, Ph.D.*

*The University of Texas at Austin*

The age distribution of Mexico is a young one, but the decrease in the birth rate and increased longevity is projected to make Mexico an aged economy by 2035 with an increasingly unfavorable ratio of taxpayers to beneficiaries of social programs, including those for the elderly. Mexico has a

universal, though uneven, health care system and non-contributory pensions are provided for all those 65 and over without other pension sources. INAPAM, a government institute housed in the Ministry of Social Development, administers centrally social policy for the elderly. The challenge

it faces is meeting the increasingly diverse needs of the elderly. This diversity reflects several demographic and social factors. Some of these factors arise from the lack of social support as a result of smaller family sizes or high rates of internal and international migration that break-up families, weaken community support networks and are only

partially compensated by remittances. Others arise from concentrated poverty and the lack of health infrastructure. Still others arise from the informally constructed housing of the 1960s to 1980s, much of which needs upgrading to meet the needs of the now elderly owners.

### **CLOSING KEYNOTE ADDRESS**

#### ***Takes Two to Tango: Reflections on the Political Demography of Mexican Migration, Mexican-American Aging, and Ethnic Inequalities***

*Rubén G. Rumbaut, Ph.D. - University of California, Irvine*

The coming of a “majority-minority” society is projected for the United States within a generation, as we have already begun to see in California and Texas. Planning and policymaking for the aging and well-being of the rapidly growing Mexican-American population need to be contextualized within the tangled “tango” of U.S.-Mexico interconnectedness, specifically with respect to international migration flows, the putative demographic “fit” of U.S.-Mexico economic and population needs, the incorporation of immigrants and their descendants, and the political contexts which mold it. Demographic and economic “irresistible forces” clash with political “immovable

objects” in a context of widening inequalities in which the large Mexican origin population is falling behind in such key indicators as poverty, income and wealth (gaps worsened by the Great Recession), and in education and access to health care – portents of a more sharply stratified future, even as the relatively young Latino population grows older in larger numbers and shares. An enduring caste-like status for millions of aging immigrants denied permanent residency or the possibility of citizenship, who will continue to be targets of systematic state persecution, remains a potential scenario.

### **EMERGING SCHOLAR ABSTRACTS**

#### ***The Stress Process Among Foreign-born Latinos: The Roles of Migration-related Stress and Family Relationships in Psychological Distress***

*Georgiana Bostean, Flavia Andrade, & Edna Viruell-Fuentes – University of California – Los Angeles*

Studies suggest that Latinos have strong family cohesion, which can buffer the negative effects of stress on mental health. Latino migrants may face unique stressors due to the migration experience and subsequent adjustment to the host country. This study addresses the following empirical questions: 1) Is

migration-related stress associated with psychological distress among Latino immigrants? 2) If so, does the association between migration-related stress and distress vary by level of family cohesion? Using data from the National Latino and Asian American Survey, we examine foreign-born Latinos

(n=1,561) by sub-group to assess whether family cohesion moderates the association between migration-related stress (e.g., feel guilty for leaving family in country of origin or find it hard interacting with others because of difficulties with the English language) and psychological distress (past 30 days felt hopeless, depressed, etc.). We computed zero-truncated Poisson regressions and calculated predicted distress. Preliminary results show that those

with high family cohesion have lower psychological distress compared to those with lower family cohesion who have similar migration-related stress levels (mean distress was 15 and 16, respectively). Findings speak to the role of family relationships in buffering foreign-born Latinos' mental health outcomes, and may inform interventions aimed at improving mental health in this population.

### ***Limited But Not Disabled: A Comparison of Self-Reported ADL Disability With Performance Oriented Mobility and Mortality***

*Phillip Cantu and Chi-Tsun Chiu - University of Texas at Austin*

This study examines the association between physical mobility assessments and self reported disability for elderly Mexican-Americans. Using data from waves 1-7 of the Hispanic Established Populations for the Epidemiologic Study of the Elderly (HEPESE) (n=3,952) we use the disablement model to investigate the ways in which functional limitations are necessary but not sufficient for self-reports of disability. Within the disablement process we draw particularly upon two concepts functional limitation, an objective measure of physical frailty, and disability, a socially constructed concept that is determined by inability to perform socially defined necessary tasks. We conceptualize performance oriented mobility assessments (POMA) as an objective measurement of functional limitation and self-reports of activity of daily living (ADL)

disability as a subjective measurement of disability. Preliminary findings suggest that while Mexican-Americans, on average, spend more than one-half of their life expectancy past 65 with at least one objective mobility limitation, they self-report considerably fewer years in disability. These patterns hold for men and women as well as native-born and foreign-born after controls for covariates. Further analyses will identify covariates that in addition to mobility limitation predict self-reports of disability. These findings shed new light on understanding the disablement process, and we end the paper with a discussion of their implications for improving provision of services for elderly Mexican-Americans, particularly for those experiencing the greatest risk of disability.

### ***Unmet medical need among Asian American subgroups: The role of residential segregation***

*Daisy Carreon - University of California, Irvine*

Studies have shown that racial / ethnic residential segregation affects a broad spectrum of care, including diagnostic, screening, and preventive services, prompting some scholars to call it a fundamental cause of health care disparities. Most of the research to date has focused on African

Americans and there is growing interest in Hispanic enclaves. Asian segregation, however, continues to receive little attention. This paper considers the effects of segregation on unmet medical need for Asian American subpopulations. Unmet medical need implies difficulty in obtaining care when it may

be clinically necessary. First, the existence of differences in unmet medical need between Asian subgroups, i.e., Chinese, Filipinos, Koreans, Vietnamese, and other Asians, and among immigrants and U.S. born Asians is examined. Second, it is determined whether percent Asian composition in a neighborhood is linked to having unmet medical need. As a first step in a project addressing Americans across the life course, the preliminary analysis examines young people's health care access with data from the National Longitudinal Study of Adolescent Health. After adjusting for age, sex, education, income, health and insurance status, immigrant Filipinos, Vietnamese, and Other Asians are more likely to report delayed medical care

compared to U.S.-born Chinese. To determine the impact of percent Asian composition on unmet medical need for each Asian ethnicity, interaction terms were included. For immigrant Koreans and Vietnamese, living in a predominately Asian census tract meant having less unmet medical need. A high concentration of other Asians in the neighborhood may help newer immigrants, strengthening their community engagement and friendship networks, which in turn, may open up channels of information about the U.S. health care system. Also, the presence of medical services in their own language may help buffer the negative effects of being spatially isolated. Implications for other racial / ethnic groups and for older adults are discussed.

### ***Trajectories of Limitations in Activities of Daily Living in Mexico, 2001-2012***

*Carlos Diaz-Venegas, Kyriakos Markides, Rebecca Wong - University of Texas Medical Branch*

Activities of Daily Living (ADLs) have generally been used as a tool to assess whether or not a person requires help performing daily self-care activities (such as dressing, bathing, eating, among others), especially at old age (Katz et al. 1963). In addition to evaluating an elder's level of independence, ADLs can also be a predictor of successful life at old age because the ability to perform basic activities enables their involvement in more complex ones (Bond and Corner 2004; Horgas, Wilms, and Baltes 1998). Mexico is facing a rapidly aging population (Águila et al. 2011). This rapid pace, compounded with varying risk profiles and cultural, socioeconomic, and gender differences, might hinder the ability of self-care, especially for the elderly (Herd, Goesling, and

House 2007). Thus the analysis of ADLs is particularly relevant to understand the disablement process in developing countries that will age fast. This paper seeks to describe the progression of limitations in daily activities in the Mexican elderly population, and identify how income and education might create differences in these limitations across groups defined by age, gender, and place of residence. The data come from the Mexican Health and Aging Study (MHAS), a national sample of adults born in 1951 or earlier, including a baseline survey in 2001 and follow-ups in 2003 and 2012. Our main approach is to measure the different ADLs at baseline and then monitor the different transitions two and eleven years later.

### ***Social Inequality of Immigrants in Old Age: Exploring Multiple Aspects of Social Network and Resource Flow***

*Haruna Fukui - Arizona State University*

This project examines the access to social support and flow of resources among the older foreign-born population relative to their ties to the community as

well as to their family. The primary goal of this study is to understand how the current sociopolitical context in Arizona affects the lives of old immigrants

and might channel different ways of involvement in their social networks, which are shaped by their living arrangements, relationships with younger generations in family/household, participation in community activities and in the labor market, and access to social welfare and services. The project tries to capture various ways in which immigrants in old age navigate their everyday lives when faced with economic and physiological obstacles as well as opportunities, and by doing so, it seeks to understand how they not only access and utilize but also contribute to the pool of resources. The secondary goal is to understand the life course impacts of quality and quantity of social and economic resources that are available to immigrants individually as well as collectively as ethnic community. The project examines the factors that encourage the expansion of social networks and reciprocity throughout a life course as they impact well-being in old age. It also explores how individual experiences may cumulatively contribute to well-being of the members who share the social networks. With these goals in mind, the project seeks to investigate probable factors

that are associated with persistence of social inequality in old age at community level which may be further impacted by the sociopolitical context of Arizona. This is a qualitative research project whose data comes from 10-month ethnographic field work at two senior centers in Phoenix, Arizona that respectively consist of either predominantly Asian or Latino seniors who are foreign-born. The data also includes in-depth interviews with old immigrants age 60 and above who already have a connection to one of the two senior centers. Their family members, friends, social workers, and others that are attached to senior centers are also interviewed. Both formal interviews and informal talks are utilized to provide a holistic understanding of the experiences of the old immigrants who are already attached to the community resources at the onset of study. The two senior centers were selected to compare the experiences of older immigrants in a similar sociopolitical context, and the findings of the project will add to the existing bodies of immigration research.

### ***Nativity Differentials in Disability-Free Life Expectancy among Elderly Latinos***

*Marc A. Garcia, Phillip Cantu, Chi-Tsun Chiu - University of Texas-Austin*

This study examines gender and nativity differentials in Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) disability among elderly Latinos residing in the southwestern United States to assess whether the Hispanic paradox extends to disability within a single ethnic group. We aggregated 17 years of data from the Hispanic Established Population for the Epidemiologic Study of the Elderly (H-EPESE) to calculate multistate life tables of life expectancy with disabilities to provide detailed comparisons in the length of life and disabled life specific to gender and nativity. Point estimates of life expectancy for foreign-born elderly Latinos are higher for both males and females.

Native-born male and foreign-born female elderly Latinos spend a larger period of ADL disabled life expectancy relative to foreign-born males and native-born females. Conversely, both male and female foreign-born elderly Latinos have a larger period of IADL disabled life expectancy than their native-born counterparts. The Hispanic paradox does not appear to apply to disability within a singular ethnic group. While foreign-born elderly Latinos are living longer, they are doing so in a disabled state particularly with regards to IADL disability. Because elderly Latino populations are projected to grow rapidly, prevention and treatment of medical conditions needs greater



priority to reduce ADL and IADL dependence in the

community.

### ***The Factor Structure and Item Properties of the Geriatric Depression Scale in a Costa Rican sample (GDS)***

*Mauricio Garnier-Villarreal, David K. Johnson, Carol Woods, Monica Salazar-Villanea- University of Kansas*

The Geriatric Depression Scale (GDS) was specifically designed to measure depression in the older adults, primarily as a screening instrument. A major problem is the confusion of dementia with depression in the elderly. Depression in the elderly often is accompanied by subjective experiences of memory loss and cognitive impairment (Yesavage et al., 1983). This scale was developed under the theoretical assumption of unidimensionality (Yesavage et al., 1983). However, there is no Confirmatory Factor Analysis (CFA). There are articles that talk about the factor structure of the scale and express that it should be a multi-factor scale (Adams, Matto, & Sanders, 2004; Hall, & Davis, 2013; Cornett, 2009), but these articles have tested the factor structure through a Principal Components Analysis (PCA). There is one project that performs an EFA and a CFA properly for GDS, but it is on the 15 item version of the GDS (Rostant, 2011). The GDS has been used extensively in clinical and research settings since it was developed (Adams et

al., 2004). Despite being such a popular scale, the psychometric studies are very limited (e.g., Lopez, Quan, & Carvajal, 2010; Chiang, Green, & Cox, 2009; Broekman et al., 2008). The psychometric studies also include strong assumptions, like the use of the sum score as an approximation to the latent depression score (Lopez, Quan, & Carvajal, 2010), or the assumption that the discrimination of all items is the same in a Rasch model (Chiang, Green, & Cox, 2009). This lack of psychometric research has left a void. The purpose of the current study is to investigate the unidimensional structure of the GDS, and study the psychometric properties of the GDS through an IRT analysis. This scale is evaluated in a sample of 206 Costa Rican older adults (age  $M = 69.6$ ,  $SD = 8.28$ ). The results support the unidimensional structure of the GDS. As the study shows that the GDS doesn't discriminate at low levels of depression, and which items are better to screen for depression.

### ***How the autobiographical memory relates to emotional and cognitive constructs in a sample of Costa Rican older adults***

*Mauricio Garnier-Villarreal, Monica Salazar-Villanea, Esteban Montenegro-Montenegro, David K. Johnson - University of Kansas*

In the last decades several researches have shown unidimensional decline models of aging. However, not much research is conducted on how the different emotional and cognitive dimensions relate. Aging brings a higher incidence of cognitive and physical decline, especially in those in the eighth decade and beyond. One-in-ten individuals over 75 have at least moderate cognitive impairment with the prevalence of cognitive impairment doubling every 5 years

thereafter. In the study of autobiographical memory, the field of neuropsychology has developed several contributions in recent decades, allowing a better identification of the cognitive resources and cerebral structures involved in the codification, storage, and evocation of this kind of information (Greene, Hodges y Baddeley, 1995; Piolino, Giffard-Quillon, Desgranges, Chotelat et al., 2004). The field has also initiated the study of its contents, organizations, and

characteristics. In this sense, it has been suggested that autobiographical memory is relatively maintained in dementia, especially in Alzheimer's disease, the most common cause of irreversible dementia (Greene, Hodges y Baddeley, 1995). Important authors in the field of human memory suggest that the contribution of autobiographical memory studies lies in the analysis of the characteristics of personal memory, which refers to the evocation of past events in a subject (Brewer in Rubin, 1986). It is precisely this notion of autobiographical memory and narrative of personal memories that is associated the phenomenon of reminiscence. The study of reminiscence in the field of autobiographical memory implies the need to

continue to generate research to better understand phenomenological characteristics, temporal or thematic organization, its function and its potential as a form of non-pharmacological and psychosocial intervention associated with aging and dementia. In the need to better understand the autobiographical memory, this study focuses on the relationship between two components of autobiographical memory (semantic and episodic) and three emotional constructs (depression, positive and negative affect), a general component of memory, and executive functions. Furthermore, we show how the two components relate when the effect of the general component of memory is taken into account.

### ***Mexican-Origin women's processes of preparing to give care: A qualitative study***

*Elizabeth Gordan & Carolyn Mendez-Luck - Oregon State University*

The processes individuals undergo to prepare themselves for the role of informal caregiver can have important implications for them and the persons they care for. However, relatively little work has investigated the manners in which individuals prepare themselves for taking up the caregiver role. This qualitative study examines Mexican-origin, female caregivers' conceptualizations of elder caregiving in terms of role functioning, social norms, cultural beliefs, and familial obligations. One-time, semi-structured interviews were conducted with forty-four family caregivers living in East Los Angeles. Audio files were transcribed and analyzed in the language of the interview (i.e., Spanish or English). Interview transcripts were entered into Atlas.ti and were repeatedly examined for thematic content. Two key themes have emerged thus far from our grounded analysis of the data. First, prior to assuming the role of informal caregiver, the majority

of caregivers reported receiving little to no formal training for the caregiving role and its associated responsibilities (e.g., counseling, medical / aid training). Second, many caregivers reported that relatives fostered caregiving values in the younger generation. This intergenerational transmission of caregiving values was commonly achieved through observing older family members' behavioral enactments of giving care, though some caregivers also reported discussing their family's caregiving expectations. While caregiving values were transmitted intergenerationally, caregivers' expectations of the caregiving role differed from their lived experiences of giving care. The dissonance between caregivers' expectations and their lived experiences of giving care as well as their lack of formal training left many caregivers feeling unprepared mentally and skill-wise for their caregiving role.

### ***Sleep Interventions and Ethnically Diverse Older Adults***

*Nicole Marcione, Stacey Schepens, Natalie Leland - University of Southern California*

Sleep is an important aspect of overall health in older adults. Daily activities can either promote or prevent sleep, influencing one's health. Chronic medical conditions and poor sleep are common among older minority adults; sleep interventions improve these outcomes, yet there is limited representation of minority older adults in research studies. A scoping review was conducted to examine the question: what literature exists on sleep interventions to improve health among ethnically diverse older adults? The objective of this approach is to summarize current evidence and identify gaps within the literature to

help inform future research needs. This study included articles published between 2000 and 2013, listed in Pubmed or EBSCO Age Line, and examining sleep and activity among community-living minority older adults 60+ years old. We will present the results of the scoping review that examined the role of sleep interventions in enhancing sleep among ethnically diverse older adults. Interventions using cognitive behavioral therapy, physical activity and sleep hygiene can improve the health of minority older adults.

### ***Latino Population and the Risk of Financial Insecurity in Later Life***

*Stipica Mudrazija - University of Southern California*

Although Latinos can expect to live longer than non-Latinos, they have fewer years of education, lower earnings, and are employed in jobs that disproportionately lack pension and healthcare benefits. This paper examines how the accumulation of these risk factors associated with employment affects the ability to save for retirement. The study draws on data from multiple sources, primarily the Health and Retirement Study, Census Bureau and the U.S. Bureau of Labor Statistics, to 1) compare major sources of income for older Latinos, African-Americans, and non-Latino whites, and 2) examine characteristics associated with work patterns and long-term labor market disadvantages that may perpetuate or even magnify racial / ethnic inequalities

in retirement savings. The data reveal that a combination of factors associated with employment undermines retirement security. Work in low-paid occupations like cleaning and maintenance, food preparation or farming precludes Latinos from accumulating sufficient assets. Elderly Latino households have three to four times fewer total assets and over six times fewer non-housing assets than non-Latino white households. Gender further compounds racial / ethnic differences. The conclusion discusses the implications of the growing financial vulnerability of Latino population in late life and offers both short- and long-term policy proposals for providing retirement security.

### ***Temporal Trends in Differentials in Age and Cause-Specific Mortality for Select Ethnic Groups in the Southwestern United States, by Gender, 1990-2010***

*Lawrence Panas, Karl Eschbach - University of Texas Medical Branch at Galveston*

The NVSS Hispanic Origin Life Table and subsequent Hispanic Life tables indicates lower age-

specific mortality for Hispanics compared to non-Hispanic (NH) Whites. This supports the

longstanding finding of lower than expected mortality in the Hispanic population in the Southwestern states despite a lower average socioeconomic status among this population. A recent review by Markides and Eschbach identified Mexican-origin adults as the primary Hispanic subgroup driving these better mortality trends. This study seeks to understand how the Hispanic Paradox has evolved through time and to determine which causes of mortality contribute most to differences between Mexican-origin Hispanics, NH Whites, & NH Blacks. To estimate life expectancy and differentials that cause specific mortality for NH Whites, NH Blacks, and a primarily Mexican-origin Hispanic population living in five Southwestern United States (Arizona, California, Colorado, New Mexico, Texas) for the years 1990, 2000, and 2010, mortality data for the five Southwestern states for age

1 to 99 are obtained from the 1990 and 2000 National Vital Statistics System (NVSS)-Mortality files. The mortality data for 2010 is from files requested by the National Association for Public Health Statistics and Information Systems. Brass relational logit modeling is used to estimate mortality above age 76. Mortality data for age 0-1 are estimated based on NVSS Cohort Linked Birth and Infant Death (LBID) data (1988-1999, 1998-2001). For the year 2010, LBID data is not available, so the available vital statistics will be used to calculate age 0-1 mortality. Construction of the life tables for NH Whites, NH Blacks, and Hispanics are based on the methodology developed for the Hispanic Origin Life Table for the United States. Differentials in life expectancy contributed to specific cause of death are calculated using the Arriaga decomposition methodology.

### ***The Trajectory of Late-Life Living Arrangements in the Unmarried Mexican-American Population***

*Kate Prickett & Jacqueline Angel - The University of Texas at Austin*

Recent trends in Hispanic aging in the United States point to the growing importance of family support in living arrangements. Most Hispanics reside in the community and do not use nursing homes. However, scant research has been conducted on the characteristics associated with the pace of moving in with family as the population rapidly enters a period of frailty. This study examines the transition from living alone to living with family among older unmarried Hispanics of Mexican descent in the United States. Using six waves of panel data from the Hispanic Established Population for Epidemiologic Studies of the Elderly (H-EPESE 1993-2007), event-history analyses reveal that age, nativity, physical disability, and cognitive impairment are strong predictors of transitions to a family living

arrangement. Despite having similar rates of disability, U.S.- born people of Mexican origin with serious cognitive impairments transition less and later to a family co-residence than the foreign -born with normal cognition. In addition, the transition to live with family increases the likelihood of mortality, suggesting that this type of living arrangement likely happens when individuals living alone report worsened (the most compromised) health and functional capacity. The results show high cognitive impairment and a trajectory of increasing needs for assistance with age. They also underscore the important role that nativity plays in predicting family support over the very late-life life course, especially for elderly Mexican immigrants in the United States.

### ***Intergenerational Transfers to Older adults in Urban Mexico: Adult Children's Perspectives***

*Nekehia Quashie - University of Utah*

This paper examines the probability that non-coresident children's provision of financial and functional support to their older parents in Mexico City is contingent on the gender composition of children, their residential location and the proximity of siblings to older parents. The paper further examines the extent to which the associations between the geographic location of children and the support provided are conditioned by the economic status of parents in Mexico City. Using data from the

Survey of Health, Well-Being and Aging of Older adults in Latin America and the Caribbean (SABE), the research presented in this paper extends our understanding about family support in Mexico by examining the possible negotiation among siblings to meet the support needs of their parents. This type of negotiation is likely to become increasingly important in the wake of unstable social protection systems for both older and younger cohorts.

### ***Health Services Utilization and the Living Arrangements of Elderly Immigrants and Natives***

*Adriana Reyes - Pennsylvania State University*

The average health care spending for older adults is five times that of individuals in their early 20s (Kaiser Family Foundation 2012). Older adults need more health care and are at an age when preventative services can be both life saving and life prolonging, which is why understanding disparities in the utilization of health services is essential. The importance of family caregivers and their role in helping ensure the health of the elderly is a significant dimension of health care access that has received little attention. In addition, disparities in health care utilization by nativity, particularly among older adults, have been understudied. Older immigrants have different living arrangements than natives, even when controlling for economic differences, with a greater proportion living with family (Wilmoth 2001). By looking at the intersection of family living arrangements and nativity in health care utilization, we can better understand how cultural differences may ameliorate or exacerbate these disparities. Research has demonstrated that preventative health care leads to cost savings for most populations and may be central to the health and wellbeing of older populations,

because the number and frequency of recommended health screenings increases with age. Overall immigrants have been found to have lower rates of health care utilization, especially preventative services, yet we know little of how living arrangements may impact their health care utilization. The Survey of Income and Program Participation was utilized to study how living arrangements effect utilization of two different health services, doctor visits and dental visits, among older natives and immigrants from Europe, Asian, and Latin America. Specifically, this study tests how nativity moderates the effect of living arrangements on the frequency of health care utilization, using zero inflated negative binomial models to examine the associations of living arrangements with the frequency of seeing the doctor and the dentist. The main predictor variables are immigrant status and living arrangements, which are categorized as living alone, living with a spouse, living with children, or living with other family members. Also include is an interaction term to test whether nativity moderates the effect of living arrangements. These models include controls for gender, age, education, income, health insurance

status, self-rated health, citizenship, English proficiency, and number of years in the U.S. Native elderly who live with their children or other family member were shown to see the doctor less frequently. However, immigrants living with family visited the doctor more frequently than those who live alone. As expected, those with health insurance, poor health, and more education also visit the doctor more often. Immigrants, especially those who immigrated recently are more likely to never go to the doctor. Similarly, those who live with their children visit the dentist less frequently. However, unlike doctors' visits, this effect is not moderated by nativity. Being

uninsured, having low income, and low education all increase the odds of never going to the dentist. While living arrangements do impact health care utilization, they do not have the same impact on health services utilization for natives and immigrants. Family may operate differently for immigrants. One explanation may be that living with children is more normative for immigrant families, whereas living with children for natives may represent individuals who already have problems. Family members may also provide home health care, which may substitute for seeing the doctor more frequently, or having regular visits from a nurse.

### ***Health of Older Mexican-American Adults and Family Caregiver Distress***

*Sunshine Rote, Jacqueline Angel, Kyriakos Markides - The University of Texas Medical Branch*

We examine older Mexican-American care recipient's health (functional, mental and cognitive) as it affects a family caregiver's psychological distress and conditioned by caregiver and recipient background characteristics. Data are drawn from Wave 7 of the Hispanic Established Population for the Epidemiological Study of the Elderly (H-EPESE, 2010/2011) when respondents provided information on a close person they could rely on for help. Out of the 905 informants interviewed, we identify 339 family caregivers. Using OLS regression, we find no differences in caregiver depressive symptoms by functional ability. However, we do find incongruence in reports of ADLs and IADLs by caregiver and care

recipient predict caregiver depressive symptoms.

Additionally, depressive symptoms and the Neuropsychiatric Inventory (NPI) or problematic behavior associated with cognitive decline in older adults are associated with caregiver distress.

Perceived stress partially attenuates but does not fully explain these differences. We also identify a subset of caregivers who are more vulnerable to care recipient depressive symptoms, namely, caregivers of older adults born outside of the U.S. Discussions of the role of caregiver resiliency factors and possible mediators of these relationships within the context of aging Mexican-Americans and their families are included.

### ***Early Life Socioeconomic Status and All Cause Mortality in the Mexican Health and Aging Study***

*Joseph Saenz - University of Texas Medical Branch*

While much research has focused on early life socioeconomic status (SES) and mortality, less has done so in developing countries. Mexico has experienced major changes during the previous century, including increases in chronic disease mortality and rapid urbanization. The aim of this

analysis is to determine the relationship between early life SES and mortality among two cohorts in Mexico (born before 1940, 1940 and after). Data comes from Waves 1 (2001) to preliminary Wave 3 (2012) files of the Mexican Health & Aging Study. The presence of a toilet in the household prior to age

10 is used to proxy early life SES. Cox proportional hazard models are used to estimate the association between early life SES and late life mortality accounting for education, health behaviors, late life SES and chronic conditions. Lower early life SES was predictive of less education across cohorts. However, lower education was only associated with mortality in the younger cohort. Age-adjusted mortality was similar between levels of early life SES in both cohorts. In the older cohort, early life SES did not predict mortality in full models. In the younger cohort, lower early life SES did not predict mortality until accounting for education when lower early life SES showed a significant protective effect (HR: 0.79)

against mortality. Despite lower education among those of lower early life SES, similar age-adjusted mortality was observed across levels of early life SES in both cohorts. Accounting for education led to a protective effect of lower early life SES in the younger cohort but not the older cohort. This is due to differences in the relationship between education and mortality across cohorts. Lower education only predicted mortality in the younger cohort. The paper discusses the implications of these results regarding the study of aging using a life course perspective, in particular the differential determinants of health and mortality across various cohorts in rapidly aging countries such as Mexico.

***Preventive Screening Utilization in Older Mexicans: Does Seguro Popular Narrow Socioeconomic Disparities?***

*Jennifer Salinas and Rebeca Wong - University of Texas Health Science Center School of Public Health*

In an attempt to provide insurance coverage for nearly half of the country's population, Seguro Popular was launched in 2004 by the Mexican government. The purpose of this paper is to assess changes in preventive screening utilization in older Mexicans, pre and post Seguro Popular. The data for this study comes from the Mexican Health and Aging Study (MHAS) 2001 and 2012. The analysis sample includes older adults aged 50 or older at baseline. Insurance status was coded in the following categories: continually insured (2001 & 2012), continually uninsured (2001 & 2012), insured 2001-uninsured 2012, insured 2001 - Seguro Popular 2012, uninsured 2001- Seguro Popular 2012. Dependent variables were yes / no for the following: preventive screening for diabetes, cholesterol, tuberculosis, tetanus vaccination, high blood pressure, female and male reproductive organ cancer. Multivariate logistic regression models for use of preventive care in 2012 were estimated, with the 2001-2012 insurance status categories as the focus explanatory variable. Models

were adjusting for age, sex, education, and marital status. Participants who were continuously insured had the highest preventive screening utilization, while the continually uninsured had the lowest. Participants who transitioned from being uninsured in 2001 to having Seguro Popular in 2012 were not statistically different in preventive screening utilization at baseline than those who were continuously uninsured, except for they were more likely to have received a tetanus shot. However in 2012, participants who were uninsured in 2001 and had Seguro Popular in 2012 were significantly more likely to be tested for diabetes, high blood pressure and receive a tetanus shots. Moreover, women in this group were more likely to have received a pap smear test. While disparities in preventive screening between the insured and uninsured continue to exist in Mexico, Seguro Popular seems to have provided better access to health services to prevent chronic and infectious diseases for the otherwise uninsured population.

## ***Mexican-origin Elderly Aging Experiences in the United States: Persisting Inequalities in the 'Land of Opportunities'***

*Telesforo Ramirez-Garcia, San Juanita Garcia, Veronica Montes de Oca - Consejo Nacional de Poblacion (CONAPO)*

Past literature on the social determinants of health warn that there are specific conditions that shape the health and aging processes of all people. Using the social determinants of health framework provides an avenue to highlight the persisting inequalities that continue to plague Mexicans in the United States. The social and economic conditions that the Mexican-origin population in the U.S. faces are exacerbated by the economic crisis, calling specific attention to be placed on gender differences and the historical period in which migration occurred. This is described in more detail through migration cohorts including: 1) the Bracero program until its termination (1942-1964); 2) Post-IRCA (1965-1982); 3) and between amnesty until today (1983-2013). All these migrants have experienced the economic crisis in the United States, but their sociodemographic characteristics (e.g. gender, race, ethnicity, and class) and sociopolitical factors (e.g. legal status) impact their aging process and how they live their elderly years. Under what conditions do the Mexican-origin elderly live out their later years or how do they experience the aging process? What is the process for them to obtain access to healthcare? Who has access to public or private health insurance? How does living in poverty and the opportunity to obtain citizenship status affect access to healthcare and

health outcomes? This study aims to investigate: access to healthcare, use of medical services, and health conditions of the Mexican-origin population aged 60 or older residing in the United States. This study highlights poverty and citizenship status, both important factors that impact the health status of the elderly Mexican-origin population living in the United States. This study uses data collected by the Current Population Survey (CPS), March Supplement, 2012, which provides information on the sociodemographic characteristics of the population residing in the United States, such as gender, age, and family relationship, marital status, year of entry to the United States, citizenship status, poverty, as well as health insurance coverage. Also, to inquire about the health status and determinants of healthcare we use data collected by the National Health Interview Survey (NHIS), 2011. The results demonstrate different levels of access to healthcare for the elderly Mexican-origin population residing in the United States. This is also impacted by poverty and citizenship status ultimately taking a toll on both physical and mental health problems in old age. The most marked disparities occur in the year of entry to the United States, gender and age group, and living arrangements of the elderly Mexican-origin population living in the United States.

## ***The Role of U.S. Migration and Documentation Status on Health in Mexican Males***

*Kimberly Wilson - University of Texas Health Science Center School of Public Health*

The health of Mexican migrants to the U.S. has been found, generally, to be better for recent arrivals relative to those who have spent 10 years or more in the U.S. and to Mexican-American citizens. But the impact of migration on health relative to Mexicans

who do not migrate is not well-understood. This is increasingly relevant with recent U.S. health care reform, which should improve immigrants' access to health care. This study uses data from the Mexican Migrant Project to compare chronic disease



diagnoses and self-rated health of Mexican males who have U.S. migration experience (n=508) to those who do not (n=1,834) using bivariate analyses and OLS regression. Additionally, the relationship of documentation status to time spent in the U.S. and current health is analyzed. Migrants report greater frequency of chronic disease compared to non-migrants, controlling for past health, demographic and socioeconomic factors. Conversely, having migration experience is borderline significantly

predictive ( $p=.055$ ) of better self-rated health, *ceteris paribus*. Having legal status is predictive of greater frequency of chronic disease diagnoses and worse self-rated health. Having immigration documentation is associated with spending twice as much time, on average, in the U.S. since first migration compared to undocumented migrants (60% vs. 30%). Migration and documentation status are important predictors of health status highlighting the need for binational coordination of care.

## PROGRAM ACKNOWLEDGEMENTS

### CONFERENCE SERIES ON AGING IN THE AMERICAS

### 2013 ICAA

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We would like to thank each individual who contributed to the success of the 2013 ICAA including the invited speakers, emerging scholar poster presenters, presidors, discussants, rapporteurs, as well as those who provided staff assistance. We sincerely hope to see you at future CAA meetings.

Deserving of profound appreciation are the conference Distinguished Discussants who helped to foster lively discussions and raise critical issues for consideration: Marie Mora, The University of Texas, Pan American; Flavia Andrade, The University of Illinois at Urban-Champaign; Luis Miguel Gutierrez-Robledo, Instituto Nacional de Geriatria Mexico, Mexico City, Mexico; David Warner, University of Texas at Austin; Kyriakos Markides, University of Texas Medical Branch at Galveston; Tyson Brown, Vanderbilt University; David Warner, University of Texas at Austin; and David Leal, University of Texas at Austin.

Thanks also to the Presidors for directing the sessions and for providing oversight: Victoria Rodriguez, Mark Hayward, Andres Villareal, Nestor Rodriguez, David Leal, The University of Texas at Austin; William Vega, Eileen Crimmins, University of Southern California; Eduardo Sanchez, American Heart Association, National Center and Elena Bastida, Florida International University.

Those involved with the poster session deserve special recognition for their efforts to inspire tomorrow's emerging scholars in the field of Hispanic aging and health. We especially thank Terrence Hill for organizing and presiding over the Emerging Scholars Poster Session; Maria Aranda, John Taylor, Angelica Herrera, and Fernando Riosmena for serving as judges in the juried poster session, and William Vega and Sunshine Rote for acting as Presidors of the Mentoring Program.

Additional thanks must be given to our rapporteurs led by Kimberly Wilson, University of Texas School of Public Health, Austin Regional Campus; Courtney Beecher, University of California, Los Angeles; and Rebecca Benson, Marc Garica, and Philip Cantu, University of Texas at Austin.

#### **Special Acknowledgement**

We must express our gratitude for the dedicated and tireless efforts of the staff at the University of Texas at Austin: in particular, Mary De La Garza, Philip Hebert, Meghan Thomson, Sylvia Celedon, and Iris Aguilar from the University of Southern California. Their behind-the-scenes work helped to make this conference possible.

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## 2013 ICAA SPONSORS

The conference was funded in part by the (R13) Scientific Meeting Grant from the National Institute on Aging (NIA) No. AG029767-01A2.



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Jalonick Centennial Lectureship

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