

Annual Report

Conference Series on Aging in the America: United States and Mexico

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Executive Summary

The fourth installment of the Conference series on Aging in the Americas (CAA): “Issues of Disability, Caregiving, and Long-term Care” convened from September 15 to September 17, 2010 at the University of Texas Austin campus.¹ The meeting brought together nearly 200 participants, including many of the world’s leading researchers in older people of Mexican-origin from academia, science, and policy disciplines. The 2010 international CAA (ICAA) focused on critical issues in Hispanic health and health care policy with a special emphasis on older people of Mexican-origin in the United States and Mexico. Conference participants came together to discuss health issues facing the elderly Hispanics, including an aging boom brought on by large waves of Mexican immigrants. The ultimate goal was to develop a consensus agenda consisting of state-of-the-art research on the causes and consequences of disability and dependency in this underserved and understudied ethnic group.

The Conference was co-organized by a team of four Investigators: Principal Investigator, Jacqueline Angel and her Co-Investigators Kyriakos Markides, Fernando Torres-Gil and Keith Whitfield. During the Conference, participants used an interdisciplinary lens to discuss the unique context of health and long-term care of older people of Mexican ethnicity. Although people of Mexican-origin remain young as the result of high fertility the population over the age of 60 is growing rapidly. By the middle of the next century, the nation's Hispanic population is expected to reach almost 120 million (30% of total). Because the aging of those of Mexican ancestry is poised in particular to explode in coming years, policy makers in the U.S. as well as the rest of the Americas are increasingly becoming aware of the burgeoning health care needs of older people and the costs associated with those needs. Thus, an important objective of the event this year is to begin an interdisciplinary discussion of the trajectory of disability and long-term care for older people of Mexican-origin from a bi-national perspective.

Improved nutrition and living conditions have increased life expectancies at all ages in both countries. Despite improvements in general health levels in both the U.S. and Mexico, access to preventive and acute care remains problematic for many older Mexican-origin individuals in the U.S. For older Mexicans access to the full range of health care services is clearly superior in the U.S. than in Mexico. In Mexico high rates of poverty and a fragmented health care system place poor elderly individuals at risk of inadequate care. In the United States, despite nearly universal Medicare coverage, poor elders without supplemental Medigap policies often lack full access to high-quality health care. At all ages, the Mexican-origin population is the most inadequately insured subgroup in the United States. A large body of research shows that adequate coverage is clearly associated with better health and, on the other hand, a lack of coverage results in negative health outcomes, include chronic diseases like diabetes.

¹The CAA Advisory Group used an NIA planning grant to meet prior to the fourth installment of the NIA-funded conference in Atlanta, GA (November, 2009), Dallas, TX (May 1, 2010), and Atlanta, GA (August, 2010) to discuss the agenda for the September conference meeting in Austin, Texas. In addition, the Advisory Group held monthly conference calls throughout the year. Finally, a post-evaluation meeting took place in New Orleans, LA (November, 2010).

Given the interconnectedness of the populations of Latin America and the United States understanding how aging processes in Mexico influence social policy there, and how the aging of older immigrants in the U.S. influence social delivery here is critically important. Rapid declines in fertility in the nations of Latin America mean that even those nations face massive problems in the relatively near future related to the care of the elderly.

For these reasons, the papers were commissioned to build upon previous conferences by investigating key issues associated with the aging Mexican-origin population and their implications for long-term care in Mexico and the United States. (see www.utexas.edu/lbj/caa for previous conference installment findings). Taken together, the papers begin to determine how structural factors relate to access to acute and long-term care. The conference participants shared experiences, gained knowledge, built new research networks, and broadened awareness of the potential methodological pitfalls of Hispanic health and aging research. In addition, the invited speakers clarified and elaborated on a number of specific recommendations for action to further transdisciplinary approaches needed to develop new research agendas on Hispanic healthful aging and preventive long-term care. Throughout the course of the conference, participants were encouraged to develop a consensus on healthy aging in order to manage modifiable risk factors for chronic disease management and disabling conditions in the Hispanic population, an initiative supported by NIH Healthy People 2010.

With this in mind, the Conference organized the presentations along three thematic areas: the determinants of disability; contextualizing the disability trajectory, and family caregiving and long-term care arrangements for older people of Mexican origin. In addition to the paper sessions, a consensus building discussion focused on the key findings, identifying areas of agreement, gaps in the literature, and new directions in research. The conference also included a juried poster session for graduate students and emerging scholars. For selected highlights see http://www.utexas.edu/lbj/caa/2010/highlights_10_angel.pdf

What follows next is a summary of the Conference, including the presentations, the outcomes of the consensus building session, and the overall evaluation by the external reviewer. The last section of the report provides an overview of planning activities for future installments of the international CAA. Abstracts, papers, and power point lectures are available at <http://www.utexas.edu/lbj/caa/2010/presentations.php>

I. Background

The impetus for the conference comes from the growing recognition of health disparities in the Hispanic population. Hispanics are the fastest growing demographic group in the United States, representing one out of every six Americans. In the United States, non-Hispanic whites over the age of 65 may triple in the next 40 years, but the steep growth in the percentage of Hispanic people may increase by an 11-fold. Demographic projections show that the number of older Hispanics (65 years and over) is expected to triple by 2050 to 12.5 million. Because a greater proportion of older Hispanics will be from the Southwestern states' large immigrant population, especially those from Mexico and Central America, providing cost-effective and appropriate services to Hispanic elders will require a clear understanding of the inter- and intra-

diversity of health care needs in different social circumstances. Although Mexico remains young as the result of high fertility the population over the age of 60 is also growing swiftly.

For these reasons, the Conference Series on Aging in the Americas (CAA) is addressing critical issues confronting the aging of the Hispanic population from a binational perspective. The field of Hispanic health and aging in particular is urgently calling for research from an interdisciplinary and comparative perspective to inform specific public health interventions related to disease prevention and to identify improvements to public health systems that will protect the health of this understudied group. The conference series comes at a time when Hispanic health care for older adults is emerging as a profound important state budget and policy issue.

II. Findings and Selected Conference Highlights

The 2010 ICAA meeting program began on Wednesday, September 15 at 7:30 pm with a welcome and brief overview about the goals and objectives of the conference series by Jacqueline Angel. Short lectures from University of Texas officials, Dr. Robert Hutchings, Dean of the LBJ School of Public Affairs and William Sage, J.D., M.D. underscored the themes of the conference. Most of the Americas will be coping with the demands of a fast-growing aging population, including stressed social welfare programs, underfunded pension systems, rising health care costs, and increasing spending on long-term care. This orientation was very useful for all conference attendees. David Warner, Cohen Professor of Health Affairs, introduced Eduardo Sanchez, Vice President and the Chief Medical Officer of the Blue Cross Blue Shield who opened the conference with an enlightening address *Older Americans 2010 – Key Indicators of Well Being*. He discussed implications of current demographic trends in Latino aging in the U.S. and along the Texas/Mexico Border and placed these in the context of recent healthcare reform a lot in America. He was particularly effective and topical because he was able to put a human and personal face on the statistics and issues of demography and epidemiology, through his personal experiences, both clinical and family.

On Thursday, September 16 at 8:30 am Jacqueline Angel began with an introduction and background of the 2010 ICAA thematic issue: “Disability, Caregiving, and Long-term Care. Kenneth Shine, Chancellor of Health Affairs for the U.T. System gave a very thoughtful and well-considered short presentation which reviewed the statewide issues of health care access for Hispanics and the undocumented Hispanics, and the impact of the Affordable Care Act. Chancellor Shine faced up to some of the crucial issues in health care delivery and offered some suggestions about potential solutions.

Kyriakos Markides introduced Williams Vega, the Director of the Roybal Center on Aging at the University of Southern California. His Keynote Lecture focused on the concept of “aging in place” for Latinos and included a variety of data sources on trends in aging by the National Center for Health Statistics and the National Institute on Aging. Attention to recent U.S. health care legislation and its implications for older Hispanic populations was a particularly useful dimension of this presentation. Importantly, the role community context and environment was emphasized—how to exploit elder resources and experiences for others. There was a useful discussion of the compatibility of general health and social programs evolving in the US with the

Hispanic communities, and how they can be executed effectively. Some more emphasis on the bi-national context of these issues would be helpful. For example, what can we learn from Mexican studies that can be applied to the US situation, and vice-versa?

The First Panel on *Epidemiology of Latino Disability* included five speakers. Mary Haan: This was short but well-considered and delivered presentation entitled: *Major Contextual and Individual Predictors of Functional Decline and Rates of Disability in Older Mexican Americans*. The SALSA was conducted for 10 years from 1998 to 2008. One of its central goals was to validate measurement of Activities of Daily Living indicators (ADL and instrumental ADL) among an older Mexican-origin sample in Sacramento, California. Results showed important differences in impairment effects among the population. In particular, indicators of daily activities among U.S.-born women were deteriorating considerably. The basic finding of an association between early life SES and late onset disability is an important construct, and this work was confirmed and extended in her studies as it has been shown in other studies.

The second paper presented by César González and co-authored with Mark Hayward and Rebeca Wong was a particularly high quality and interesting look at trajectories of ethnic-specific disability levels. The ability to combine multiple surveys from both Mexico and the US was of particular import to test whether *the Latino paradox in mortality extends to disability*. According to González, his results seem to contrast with those found by Dr. Haan. In particular, he has not found evidence of health selection for disability. His results showed low mortality and high disability among foreign-born Mexican Americans. This presentation was a good example of a demographic and population-based approach to commonly measured disability indices, such as activities of daily living and instrumental activities of daily living. This was a useful and important presentation.

Terrence D. Hill with his co-authors Jacqueline Angel, and Kelly S. Balistreri examined another important dimension of disability as it relates to the Latino paradox: They used a skilled approach to modeling immigration-related trajectories in cognitive decline over time. The immigrant health advantage does seem to extend to cognitive function in late life, and does not decline with length of stay in the US. A gender-convergence process was also demonstrated.

The results suggest that the health advantages of recent immigrants have started to fade over time. Some researchers have thought that “health advantages” were not real in the first place, and that the observed deterioration is only due to health selection and regression to the mean. According to Dr. Hill, cognitive functioning trajectories of early- and late-life migrants are similar to the U.S.-born population. The exception is for the 20-49 age group; this group sees their cognitive functioning trajectories decline at a considerably slower rate.

Kerstin Gerst’s presentation contrasted physical disability in the U.S. and Mexico and explored the relation to physical activity. There was a well-formulated hypothesis that was well considered, comparing two important elder population surveys: the Mexican Health and Aging Study, and the Health and Retirement Study, both sponsored primarily by the U.S. National Institute on Aging. The data revealed similar ADL rates for Mexico and the United States, with main differences in the number of disabilities that people report; there are more people with larger numbers of disabilities in Mexico. People in Mexico do considerably less exercise.

In the United States, exercise makes a big difference in term of ADL's, but there is not that much of an effect in Mexico, even among those who exercise. In the United States, there are clear advantages of exercise for those who have one disability, but not for those who have two or more; nor is there a large effect on preventing death.

It was an excellent example of well-conceived cross-national research. In this presentation, more time could have been spent on assessing potential confounders of the contrasting findings, as well as on assessing cross-cultural interpretation of the vigorous exercise items. (E.g., a Mexican citizen can walk a long distance and not consider it "exercise.")

The discussion of Session Papers by Hector González was very nicely done and promoted audience participation and high quality comments. The epidemiological Hispanic paradox may not hold for all groups (e.g., by age and gender), and many not hold for disabilities. For example, there are notable gender differences in the epidemiology of Hispanics. There is also a strong effect of the strenuous work of immigrants on their health. The result is that there is an increase in physical disabilities for long-term immigrants, yet these immigrants often retain an advantage for mental health. Essentially, migrant and U.S.-born Latinos are beginning to look like African Americans in terms of health outcomes, yet there is a deterioration in screening practices and preventive medicine. Clarification is needed on how "exercise," "physical activity," and "cognitive performance" should be defined and measured, especially since surveys usually rely on self-report of disability and activity. Societal context matters, such that ADL's could mean different things in the U.S. and Mexico.

The luncheon Keynote Speaker, Emily Agree, Professor at Johns Hopkins University, presented an excellent lecture on the NIA-funded National Health and Aging Trends Study and its Implications for Harmonization and Comparative Research in Latin America. Dr. Agree outlined several goals of the National Institute on Aging Trends Study, including: 1) to understand the factors that contribute to trends in disability prevalence, onset, and recovery; 2) to understand how and why individual disability pathways differ between more and less advantaged groups; and 3) the consequences of disability. The NHATS, a national survey of 11,200 Medicare enrollees aged 65 years or older, with oversamples of Hispanics and Blacks, will provide new research opportunities to examining disability in the community and in nursing homes, assisted living, and other residential care settings. The longitudinal data will also be linked to Medicare and Medicaid claims allowing for cost-benefit studies. . There was appropriate attention to methodology and to measurement issues in general. She also presented data on Spanish translation of English questionnaires, which was likely to be useful to the students in the audience. It also provided an introduction to a new study which will delve into the meaning and quality of function in a way that has not been done before, a study that will have a Hispanic minority oversample.

The afternoon session included a panel on contextualizing disability among Latinos and began with Helen Hazuda who works on the assimilation of Mexicans into American society, including the values of preserving old cultural practices and attitudes toward family maintenance/ structural assimilation/ association with persons versus original culture. She showed that cultural integration is very important in predicting subsequent ADLs / IADLs and

other functions in general. Results showed an average age of 69 years in a sample that was 57% female. Hierarchical regression revealed that the burden of socioeconomic status appears to be cumulative, and that acculturation had a positive effect on outcomes. Family attitude showed just as much of a contribution to diabetes as SES. In future research, Dr. Hazuda wants to run these analyses in a developmental sample and then in a replication sample. The inclusion of cultural predictors in models of health outcomes should receive more emphasis.

Roberto Ham-Chande and Sylvia Arango focused on the demography of disability along the U.S./Mexico border. This was a basic overview of population and disease projection estimates using projection techniques. The Mexican-origin population is predicted to be 18 million more than is projected by the Census, with an increase from 2005 to 2050 of 142 million people. Almost one half of these individuals will be immigrants, and about 35% will be offspring of these migrants and at high risk of dependency. A commentator from the audience mentioned that this work based on the oldest old cohort of the H-EPSPE data had originally assumed that the prevalence rate for various health conditions would remain the same over time. Yet she found that particular attention should be given to arthritis. Another commentator urged that analyses should be done by Hispanic ethnic subgroups, which is not easy, but can be done through complex statistical and mathematical modeling.

The paper presented by Fernando Riosmena, a demographer from the University of Colorado, investigated the effect of migration selection and acculturation on disability in the Mexican Health and Aging Study and National Health Interview Survey. This is interesting work on the protective aspect of Mexican migration to the United States and those who become sick and return home. He offered three potential explanations for the apparent paradoxes in migrant health: (1) return migration selection (also known as the salmon bias), (2) positive emigration selection, and (3) sociocultural protection mechanism. The return migration selection explanation has some support in the literature, with a small effect on mortality differences. The positive emigration selection explanation is supported by a modest amount of studies. Finally, the sociocultural protection explanation has been supported by research with U.S.-born Mexican Americans, but not as much for immigrants. His findings call into question the Hispanic Health Paradox and the variation in protection argument for selection as opposed to environmental exposures in the USA. It appears to be a combination of at least three trends operating modestly in the same direction, including data artifacts, return migration bias, and emigration selection.

Carlos Reyes-Ortiz paper examined a poorly understood topic in the disability literature: access to vaccines in Latinos and Caribbeans among disabled older adults who may be at risk for having no opportunity for preventive services. Data for the study came from the Survey of Aging and Well being in Latin America. He concluded that both city and insurance status are important in determining vaccine access for older Latin American and Caribbean adults with disability; persons should not be lumped together, but considered according to these and other factors when determining access. Survey based data from SABE, conducted in six cities. This was an important topic and nicely done, and highlights the value of further exploitation of the SABE surveys. Future work should examine the effect of separate public health systems or national health systems that can provide vaccines.

Shelton Brown a Health Economist at the University of Texas Health Science Center, School of Public Health, examined the economic impact of diabetes and work-related disability for Hispanics along the Texas/Mexico border. Dr. Brown explained the high cost of diabetes on labor productivity. Recent data show that diabetes costs \$174 billion to the economy, \$54 billion of which is due to lost productivity. Mexican Americans, the majority of Hispanics are disproportionately affected by the growing incidence of diabetes as they age in the work place.

Over the past several years, diabetic women have increased labor market participation, but the reverse is true for diabetic men. The exploration of why this occurs could be very important for understanding gender differences in the response to chronic illness, both socially and biologically. This study is unique in that it included clinical issues as well as social and economic factors. The work showed, disappointingly, that diabetes management (measured by HbA1c) didn't relate to change in productivity, highlighting the need for diabetes prevention programs. The cost of pre-diabetes is high for women while higher Hb1ac levels matter more for men's wages.

The last panel consisted of four papers on how the dynamics of disability impact caregiving systems, including nursing homes with a special emphasis on Mexican-origin families. Mary Fennell and Zhanjiang Fang's research looks at the changing composition of residents in nursing facilities. The data reveal important ethnic based differences in nursing home use in the United States from 2000-2007. The greatest change in U.S. minority admission rates to nursing homes is among Hispanics age 65 and over. The importance of this issue should be played out in future years.

David Bautista-Hayes's presentation examined how such trends in disability affect nursing home use for Latino and Non-Latino Elders in Los Angeles County. The current "Latinization" of the California population means that Latinos will make up a significant portion of all populations – in particular, the aging population. Hispanics report lower use of nursing home use, residential facilities, and home health services, and supplemental health coverage (40.9% and 50.4%). A discussion of the stark contrasts in non-Hispanic white and Latino use of long term care services in California animated the challenges of family care-giving in the light of the major declines occurring in Medicaid long term care funding.

Ladson Hinton's presentation on care-giving among Latino families in the Sacramento Area Latino Study of Aging (SALSA) provided a detailed study of both dementia patients and their caregivers in the Hispanic context. He has done both cognitively impaired and those in the dementia range; this is a very useful approach. A detailed neuro-psychiatric symptom profile was assessed using the neuropsychiatric inventory score (NPI) and the Center for Epidemiological Studies Depression (CES-D) scale.

This is a very well done study with a smaller sample size, with both qualitative and quantitative findings. His findings on the impact of intergenerational care-giving on elder mental health are striking. For example, an in-depth interview with 43 Latino dementia family caregivers showed two striking findings: Family and friends tend to distance themselves from the individual with senile dementia, and shame and embarrassment often led to isolation of the caregiver and care recipient. A sub-study of six particular families living with cognitively

impaired or demented individuals revealed that the levels of aggression and interpersonal violence were very prominent in these families, but variability was observed in attribution of cause and responsibility for aggression. All of these findings show that the study of dementia behavioral problems and its impact on caregivers and family members are a critical public health concern for Latino populations. Proper training for caregivers and family members, as well as referral of the demented to support groups, are crucial for forward movement in assisting the elderly Latinos who suffer from this disease.

Jacqueline Angel presented research on the influences of immigration on family care and living arrangement in a cohort study of older Mexican Americans. This was a very interesting and useful talk, on a population-based sample. The changing trends in family size and structure, and the relation to long term care needs are very important, and the longitudinal data from the Hispanic EPESE is a very important survey in this regard, with rich family information. The study assessed changes in living arrangements from 1993 to 2007. At the follow up interview, the percentage of women expecting to live in a nursing home as opposed to with children increased drastically, which may be due to questions of affordability, providing an area for future study.

Attention in the talk to relevant policy issues was also a valuable dimension. As Mexican-Americans age, they are less likely to prefer institutionalization, and more likely to rely on family care and die at home as opposed to in a nursing home, or similar facility. Older persons, particularly in the Hispanic population, are becoming more impaired and thus placing a heavier burden upon family and the society as a whole. Potential implications lie in the creation of policy that strengthens the commitment of one generation to the next. The cultural and social heterogeneity amongst the elderly population should be taken into account in the design of LTC facilities, and more awareness and funding need to be considered for Qualified Medicare Beneficiary Programs and the CLASS Act.

Overall, this was a very useful panel discussion of the policy issues, which were discussed in detail, including the use of community resources. As noted above, the one important missing element in the context of the themes of this conference is the set of lessons and problems associated with long term care in Mexico and other national Hispanic populations.

One of the highlights of the conference was the closing keynote speaker delivered by Fernando Torres-Gil *Aging Policy and its Implications for Preventive Long-term Care in the Mexican-origin*. His lecture covered long-term trends in the demography of Hispanic-Americans and the political and social implications to this group as well as to the nation as a whole. The population subgroup that expresses that most doubt and concern about the new health care law is the Hispanic population aged 65+. As a general trend, Hispanics have less insurance coverage than any other ethnicity, and those who are covered tend to rely on public programs, such as Medicaid, which are under high scrutiny for change in the new healthcare bill. Although the goal of reform is to expand coverage, such as through expanding Medicaid eligibility, there is a general lack of knowledge and understanding among the population, particularly among Hispanic communities, which leads to the doubt surrounding the current notion of healthcare reform.

The Community Living Assistance Services and Supports (CLASS) provision mandates that a long-term care insurance program be created in order to provide benefits to help those individuals who have non-medical expenses (i.e. home care, to retain their independence). The only enrollment qualification is that one must be a working adult with a taxable income, but in order to begin reaping the benefits, an enrollment period of about five years is in place, with premiums estimated at about \$200/month. The dilemma here is the evaluation of risk, and assessing if you can work and stay healthy long enough to attain the benefits in the long run. This is the first national long-term care program available to anyone, and it has helped increase awareness of the need for more long-term care planning.

The response thus far has been widely segregated; Democrats have taken a firm unsupportive stance, with reasoning that this long-term care emphasis will hinder passage of the overall healthcare bill in the future. Latino advocacy groups, on the other hand, have no issue whatsoever with the CLASS Act, and have been looked to for representation at the national level. Noting these observations, it is even more apparent that outreach to the general Latino communities needs to occur to educate them about the healthcare bill. It has been found in several instances that individuals from these populations become much more receptive and supportive of the bill after the complexities and legal jargon are broken down for them.

There are many overlapping strands in the evaluation of Latino healthcare and caregiving, such as age, disability, and diversity amongst population subgroups. Although there are many positive implications for the healthcare bill in the future, these overlapping factors, as well as the danger in assuming that the next generation of aging Latinos will have similar needs and respond in the same way as their predecessors, are issues that need to be evaluated carefully on the healthcare reform pathway.

III. Consensus Building Session

The consensus building session for the 2010 ICAA was held on the third day of the conference, September 17, 2010, between 2-4 pm. As in the past, this was an important and useful mechanism to get detailed feedback on the substance and conduct of the conference, provide suggestions for future conferences, discuss topics of continuing interest, and make new scientific acquaintances. Conference questions were fielded from the audience by Co-Presiders Fernando Torres-Gil and Jacqueline Angel. Kyriakos Markides and Keith Whitfield also engaged in the panel discussion along with more than 50 members of the audience, including academics, scientists, and policy makers from the U.S. and Mexico. Three Scribes documented the session on laptop computers and a mark-up board for the audience to view. After the session, graduate student scribes consolidated the notes recorded by computer and on the mark-up board in order to generate a report (notes were reviewed by Principal Investigator Jacqueline Angel). This combination of different disciplinary perspectives, including sociology, psychology, economics, biology, medicine among others served to enrich the multidisciplinary conversation on critical new directions in Hispanic health and aging with an emphasis on people of Mexican-origin.

Major themes were delineated from the two hour session: these included a systematic analysis of the following major points that were reached by consensus by participants, shown in Table 1 below. Many of these issues were animated in conference papers and presentations.

1. *Examine options in long-term care from a life course and generational perspective.* For example, studies need to focus on both the older person and young people who will give care—that is more research on caregiving dyads, using an intergenerational approach. Often the Mexican American family is over-romanticized, whereas in reality, younger Mexican Americans may not desire or be able to provide care for elders; there is the potential for elder neglect. Considering the changing environment (“aging in place”) is a key factor in determining caregiving status. Additionally, cross-sectional data may be misleading; we cannot assume that people who are old now will be the same, or have the same needs, as people who are young now but will be old later.

2. *Assess how cultural factors and language influence the response task.* For one, some items are hard to translate from English to another language. Second, proxies often answer questions on disability for those who are cognitively impaired or who may have limited English proficiency, so there is often a discrepancy between the capacity as indicated by the respondent (often the child) and the capacity as experienced by the elderly person him- or herself. The same issue of a proxy responding for the elderly individual arises with report of financial information.

3. *Develop comparative research agendas.* The growth of research on aging, morbidity, and mortality for this population group is just as slow as for African Americans. Studies on Latinos have been even less vocalized and distributed than for other groups, including translation of research for the generalized public to understand. Currently, there is an underrepresentation of Latinos in the disability-rights movement. Research on aging among Mexican Americans and African Americans should be synergistic and not independent.

4. *Identify the unique social determinants and context of Latino disability and dependency*—for example, immigration, housing and other ecological issues, micro-aggressions that Latinos face on a daily basis (including anti-immigrant sentiments), and the stress of having a loved one sent back to the country of origin. Qualitative but also quantitative data can provide insight on these unique Latino experiences, in order to prevent early onset of disabling factors.

5. *Extend Latino Paradox.* Although Latinos do live longer despite lower socioeconomic status important measurement issues may be confounding these data.² For example, there is not enough variation in SES among Latinos to separate SES from ethnicity for this group. In addition clarification is needed on the definition of SES, specifically, where “lower class” ends and “middle class” begins. Latinos tend to be segregated into dangerous physical occupations, so it is important to disaggregate the effect of occupation from the effect of “ethnicity.” As of yet, however, few representative studies include a sufficient number of middle-class Mexican-origin families, the majority of Latinos, in late life. In addition to looking at disability and mortality

²Analyses of death rates in 2006 by Hispanic origin reveal a life expectancy advantage at birth of 2.5 years over the non-Hispanic white population and 7.7 years over the non-Hispanic black population. (Arias, E., 2010. United States Life Tables by Hispanic Origin. National Center for Health Statistics, *Vital Health Statistics*, 152(2): 2011–1352).

rates across SES levels, researchers should also assess disability and mortality within Latino subgroups, and disaggregate by immigrant status.

6. *Assessments of the impact of proxy respondents* on disability estimates. Specifically, there may be a discrepancy between what the child or other proxy wants for the parent, and what the parent wants for him- or herself.

7. *Analysis of caregiving at the macro-system level.* There is growing recognition of much needed information to evaluate the unique long-term care needs of aging Latinos. Issues of expanding long-term care financing and quality of care are among two issues of interest. Currently, less than eight percent of the population has private long-term care insurance. The economic recession has weakened support system capabilities. Policy research should consider how social policies affect the risk of functional dependency and pathways into the long-term care. At the micro-scope level, the increased vulnerability of Mexican-origin families affects the quality of relationships between care-receivers and caregivers. Some older Latinos are uncomfortable, fearful, and untrusting about taking a nurse or other stranger into their home. A potential solution is to train nurses in the U.S. for bicultural competence, but also to make international, bilingual caregivers available to frail and disabled older Latinos.

Table 1. Consensus on Issues of Epidemiology of Latino Disability and Trajectories: Risks, Trends, and Implications for Hispanic Long-term Care

- Longitudinal cohort studies of the effects of aging, generational status, and membership on needs and preferences for assistance, and in giving assistance to older members of the Hispanic family
- Comparative and synergistic research on minority aging, disability, and cognitive function across cultures, including African Americans and Latinos, and among Latino subgroups
- Issues of cross-cultural validity in measurement, including response task and linguistic equivalence in interview guides
- Role of Latino family members in mobilizing assistive support, the social network in “kinless societies,” both formal and informal caregiving systems, and how these affect the dynamics of help-seeking and options
- Refine measurement and models of “Latino Paradox”
- Multimethod approaches of caregiving that integrate numbers with narratives
- Impact of proxy respondents on estimates of dementia, cognitive function, physical health, and financial strain/well being
- Caregiving at the micro-and macro analytic levels

IV. Mentoring Program

In addition to the invited scientific paper sessions, the conference organized a mentoring program for emerging scholars, including a poster session, oral presentation, and tutorial. The

poster session was designed to attract students and post-doctoral trainees to the meeting. The event showcased poster presentations by emerging scholars whose abstracts were reviewed and selected for display at the conference. For a complete list of abstracts and conference presenters see www.utexas.edu/lbj/caa

According to the external reviewer, the poster session was well-received and one of the highlights of the conference. The main reason for this is that the scientific poster session gave graduate students, post-doctoral trainees, and geriatric fellows a venue for presenting their original work to the community at large. In this setting, the interaction between faculty and emerging scholars helped to foster intellectual development and mentoring opportunities among emerging scholars. Organized again by Dr. Terrence Hill and employing the same format as the 2009 conference, the poster session served as a medium for conveying information to emerging, mid-career, and senior Hispanic health and aging scholars as well as policy makers. The procedure of selection and appropriate content of the posters was determined by a panel of peer-reviewers which consisted of one Advisory Group member and other selected experts on the topic. The criteria used to accept abstracts included empirical research projects that reported actual, not promised, results about aspects of healthful aging among people of Mexican origin or Hispanic background in the United States and Latin America. To promote and ensure continuity across conferences, each poster session included the following thematic areas: 1) Aging and Health in Mexico and the United States; 2) Hispanic Health and Long-term Care, and 3) Social and behavioral determinants of Hispanic healthful aging.

The poster session also provided individuals an opportunity to present a poster on applied research they have conducted on new or different methodological techniques used to improve understanding and knowledge that may inform effective behavioral interventions, preventive health practices, and geriatric care arrangements. To facilitate one-one-one interaction and networking, the poster presentation was held just outside the Lecture Hall where all participants were located to assure maximum interaction. A mentoring program awards reception and dinner event was held immediately following the invited speakers on Wednesday to facilitate further feedback on the work presented at the poster session. Keith Whitfield gave an After-Dinner Talk *Mentoring New Scientists*.

Sixteen emerging scholars from the United States and Mexico presented peer-reviewed research on Hispanic health and aging in a poster format. Three judges (Dr. Terrence Hill, Dr. Kristen Peek, and Dr. Nestor Rodriguez) evaluated the work based on a set of criteria listed in Appendix A). Poster scores ranged from 0-25 points. Our top three posters averaged (across three raters) 22.33, 17.33, and 17.00, respectively. Overall, scores ranged from 11.33-22.33. The average poster score was 16.03. These scores suggest that we had substantial variability in poster quality. In future conferences, we are considering providing score cards or summary feedback.

For a summary of the poster session, including abstracts and winners placing in the top three award categories see <http://www.utexas.edu/lbj/caa/2010/posterwinners.php>

V. Evaluation

We use two methods to assess conference outcomes and overall productivity: both internal and external evaluation procedures. The evaluation focuses on three key dimensions of the conference: the topics, the speakers, and the logistics. The first approach consists of an external evaluator (an individual not involved in conference planning, but with knowledge of the substantive topical areas).

Dr. Robert Wallace, MD, MS and the Irene Ensminger Stecher Professor of Epidemiology and Internal Medicine, Department of Epidemiology at the University of Iowa Hospitals and Clinics attended the three day conference to provide an overall external assessment of the conference. In his opinion, the willingness to formally evaluate the program using an outside observer provides some additional objectivity. In his report he stated that “This was another very successful conference. The program themes were well packaged and the quality of the scientific presentations was generally high. The presentations also stimulated several ideas for subsequent conferences and sessions. The inclusion of bi-national issues and presenters was thoughtful and useful. The format of the conference was appropriate, and there was adequate time for questions and comment on the presentations. The pace of the conference allowed adequate time for informal discussion and personal needs. Importantly, there was adequate time for students and other trainees, and that was a significant positive for the meeting. The mentoring discussion and the poster presentations were particularly useful in that regard. The availability of all presentations and related resources on the conference web site after the meeting is very useful.”

Besides the invited speaker presentations, the posters were well-executed and conducive for discussion and scientific interchange. This format is particularly useful for trainees and appeared to be appreciated by them. All of the trainees evaluated were in command of their topics and welcomed helpful comments. Dr. Wallace also noted that the mentoring dinner program was “an excellent idea and enabled selected scholars attending the meeting to hear advice from senior faculty attending the meeting, all of whom having substantial mentoring experience. This took place after a long, active day and still was very well received. Dr. Whitfield was a thoughtful and engaging discussion leader who got the most out of the audience, who participated freely.”

His comments concerning logistics were equally as favorable. In his judgment, the staff was very helpful and facilitated the maximal utilization of professional time. “The staff was very helpful and facilitated the maximal utilization of professional time. The facilities were comfortable and congenial for learning. Occasional lapses in the audio-visual system can be corrected, but the system and facilities allowed easy vision and hearing of the presentations and discussions.”

Overall, he concluded that it was a very successful conference in all respects. He stated that the themes of this conference were richly detailed and presented, and they offer many suggestions for new themes and directions for future conferences. Some general directions and ideas for the planning committee to consider are listed below. They are not necessarily related to each other and include both substantive and methodological areas:

1. The social, political and health outcomes of undocumented Hispanics in the United States. This topic was addressed tangentially in some presentations, but never addressed directly and fully. This is a large group of individuals that could deserve more attention.

2. The methodological problems of conducting cross-national comparative studies. Several substantive topics at the current conference were involved cross-national research, and there may be value in a fuller discussion of how to promote this type of research, especially in the Latin American context.

3. Development of interdisciplinary research teams that more fully encompass biomedical as well as socio-behavioral research, including the bi-national context. Ways of promoting biomedical with social and behavioral research.

4. Building particularly on the Hazuda presentation, developing a session on how to develop credible measures of cultural characteristics of individuals and populations for health and social outcomes research could promote a new and exciting research direction.

5. Consider the possibility of all-Mexican (investigator) program. Bring in a number of established investigators who can present their cutting edge work, and use this approach to promote more cross-national research and dialog. This might require having continuous translational services.

6. Explore the possibilities of presenting more instruction and presentations on qualitative research. One way to highlight this would be to conduct some qualitative interviewing in front of the audience, by bringing in Mexican American and Mexican families to discuss in a "focus group" manner issues of interest.

7. Consider presentations from persons other than academics, such as health system administrators, public health officials or health professionals from the southwestern U.S. and Mexico to take a public and programmatic perspective on health and social matters.

8. Social and political science is far behind biomedical science in conducting intervention studies on relevant populations, but some do exist. Perhaps there would be value in having a session on social and behavioral intervention studies relevant to the health care delivery issues in Hispanics.

9. Another area of research that is directly relevant to this conference but not addressed is the use of health services research techniques to enhance the wide variety of themes that were addressed. For example, adding measures of quality of health care and patient assessment of health care would go a long way to enhance the interpretation of the studies and the utility of the research for Hispanic health policy.

10. Lastly, studies designed to improve understanding of the influences of the immigrant family experience on healthful aging are needed. Audience members mentioned various aspects of the immigrant experience: worksite raids, establishment of detention centers, parents not knowing the status of their children, hatred against immigrants, adapting one's understanding of health to that of a new country, immigrants as a cheap source of caregiving, etc.

All of these factors have a profound important impact on stress. Health problems may be declining in Mexico because of emigration, and rates of return to Mexico should also be taken into account. Researchers studying immigrant health should consider influences of immigrant selection, including lower rates of immigration among the elderly.

In the second approach, we employ an internal evaluation consisting of a Conference Participant Survey administered towards the end of the conference and also available on-line to all attendees. The formative evaluation consists of approximately nine questions for three of the following dimensions: (1) Effectiveness (assessing how well the sessions were conducted and how useful they found the overall conference and in terms of knowledge gained from individual presenters); (2) Cohesion (how well they fit together), and (3) Future Directions (what substantive aspects and topics of each session could be more fully developed for future conferences). The summative evaluation includes a quantitative assessment of the impact of the Conference, defined in terms of dissemination of research.

The data collected in the internal evaluation were analyzed independently by Dr. Wallace and by Lisa Yarnell, a doctoral candidate in Educational Psychology at The University of Texas at Austin. Preliminary analyses reveal that nearly three-quarters of invited speakers had NIA or other NIH funding in the past 5 years and over one-half of the participants are currently working on applications to be submitted this year. Furthermore, one-third of participants have grant applications pending NIH/NIA funding. More than twenty percent of invited speakers actively serve as research consultants on NIA projects.

Besides grant activity, conference participants had an average of 6.76 peer-reviewed publications and many chapters, reports, and other works on minority aging, Hispanic health, and health disparities. Examples of useful products resulting from the NIA/R-13 funded conferences include three major publications:

VI. Measures of Productivity

One of the goals for the papers from the 2010 ICAA is to have the papers featured in a peer-reviewed edited collection. In light of the exciting findings and valuable insights gained from the conference, we have submitted a prospectus to be edited by Jacqueline Angel, Kyriakos Markides, and Fernando Torres-Gil. This volume will present new findings on research outlining the important implications of the rapid growth of the older Hispanic population in the U.S. and in Mexico for trends in home and community-based long-term care. In both Mexico and the United States most elderly people live outside institutions designed specifically for their care. For emotional as well as for material support, informal sources that include relatives, friends, and neighbors are vital supplements to the available formal support systems, especially in situations in which the formal support system is underdeveloped. Comparisons of how institutional and social factors influence the situation of elderly Mexican Americans in the United States to elderly Mexican nationals in Mexico offers new insights in areas where health and social service coordination is needed for Hispanic families. Perhaps for the first time this volume builds upon research on Latino aging by presenting state-of-the-art empirical quantitative and qualitative research on the unique health and dependency concerns of older Latino populations not just in the United States, but in Mexico as well.

Although the literature on Latino elders in the United States is growing, few of these studies or publications offer the breadth and depth contained in the second edition of this book. The contributors to this volume will present a sophisticated examination of the complex and multifaceted health concerns facing Latino families and caregivers in late life with a bi-national treatment. The recently held conference on *Aging in the Americas: Key Issues in Hispanic Health and Health Care Policy Research* investigates the health and disability levels of individuals with roughly similar socioeconomic and cultural profiles in Mexico and the U.S. The proceedings shed valuable insights on how structural factors relate to overall socioeconomic well-being and access to acute and chronic care services for older Latinos and their families.

The papers will provide vital information on numerous factors that affect the health security of Mexican-origin families and individuals as they face the burdens of decline in health status and caring for children and the elderly simultaneously. In addition, several chapters will address the ways in which population aging affects the quality of caregiving and intergenerational relationships, including how Mexican American families experience and cope with challenging behaviors associated with dementia. Previous research discussed in the original volume shows that children whose parents invest more in education, health, and other social capital in their upbringing will be more likely to make financial transfers to their parents, while children who received fewer opportunities will be more likely to provide time transfers (elder care and assistance) to their parents. Because established networks on both sides of the U.S./Mexico border have made the migration process easier, researchers anticipate that families will not be as selective in choosing which family members should migrate and, because of a lack of selectivity, current levels of health and education of Mexican-born individuals in the United States will decrease compared to earlier migrants.

Additionally, we include material that address important issues related to the contemporary political debate on immigration and health care reform in the United States and in Mexico. In the last section of the book, three papers will address critical issues and legislative developments that will influence our ability to address the pending long-term care challenges facing the Latino and Mexico communities in the U.S. and throughout Latin America. Longevity, alongside changing family structures and traditions, will conspire to integrate long-term care into the personal longevity planning of middle aged and younger Latino populations. Recent legislative developments in the United States in particular provide a public framework for filling the void when families are no longer able or willing to provide traditional home care and personal comprehensive services.

A unique perspective of the *Aging in the Americas* project and a signature of the proposed edited book series is that it focuses on the problems and challenges of eliminating health disparities, and concrete solutions designed to protect and improve aging Latinos. For example, the recently passed health reform measure provides important benefits and opportunities to establish an infrastructure of home and community based programs and services to Latino families and elders, in particular the CLASS Act, a publicly fund long-term care insurance program. Furthermore, as the Latino population ages, they will face increasing likelihood of disabilities and chronic conditions. These demographic trends—aging, care-giving and disability—may lend themselves to potential coalitions among younger disabled, older

persons and Latino families. The crux of these diverging issues will be seen with the aging of 8 million Latino Baby Boomers who transcend the aging of the Hispanic population and the aging of the overall US cohort of baby boomers. Lessons, insights and policy prescriptions flow from this analysis.

This edited volume will address several areas of interest and consist of a preface and 26 empirical papers, each of 25-30 pages in length. Paper topics would encompass those listed below:

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Preface

Kenneth Shine, The University of Texas Health System

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2. National Health and Aging Trends Study and its Implications for Harmonization and Comparative Research in Latin America

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3. A Comparison of Disability Trends and Patterns for Older Mexicans in the United States and Mexico

Rebeca Wong, University of Texas Medical Branch, Galveston-
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4. Genetic and Cultural Influences on Obesity among Aging Mexican Americans

Toni Commuzie, Southwest Foundation for Biomedical Research

5. Major Contextual and Individual Predictors of Functional Decline and Rates of Disability in Older Mexican Americans: Results from the Sacramento Area Latino Study on Aging (SALSA).

Mary N. Haan, University of California, San Francisco, CA
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6. The Latino Health Paradox and its Impact on Late-Life Disability in the Older Mexican-origin Population

M. Kristen Peek, University of Texas Medical Branch Galveston

7. Transitions in Disability in Mexico and the United States (TBC)

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Fernando Torres-Gil, University of California, Los Angeles

Diana Lam, University of California, Los Angeles

The manuscript timeline is as follows:

Abstract	September 15, 2010
Draft Completed	February 1, 2011
Peer Review Completed	March 2011

Final Drafts

May 2011

Publish

October 2011

Below is a summary of CAA products:

1. 2009 ICAA symposia papers will appear in a special issue of the *Journal of Aging and Health* (June 2011) on biobehavioral dimensions of aging in the Mexican-origin population in the U.S. and Mexico edited by Keith Whitfield, Jacqueline Angel, Rebeca Wong, and Héctor González. While much has described about the health of older Mexicans in the United States, few have examined the complex relationship between biology, culture and behavior. The papers in this Special Issue of the *Journal of Aging and Health* represent important transdisciplinary work into the biological and behavioral aspects of health among older Mexicans in the United States. We contend that the term “biobehavioral” is quickly becoming a popular manner of characterizing this broad area of research encompassing biological underpinnings of behavior or behavioral implications for biological phenotypes. This broad conceptualization reflects the interest in providing a deeper level of understanding of how a complex phenomenon like aging can be understood in an ecologically valid, multivariate fashion. Biobehavioral inquiries are now a widely accepted approach used to improve understanding of age related changes in health and disease in late life. How these relationships occur in the Hispanic population, unique caveats, and the impact of language, culture, and immigration to known biobehavioral relationships have not been well studied. More specifically, while much has described about the health of older Hispanics in the United States, few have examined the complex relationship between biology, culture and behavior in the older-Mexican-origin population.

To insure that the papers are sound and of high quality, we are soliciting unbiased reviews of each paper from two independent scientists who are at “arms reach” from each publication they are reviewing (meaning they don’t have direct connection/collaboration with the authors of papers they are asked to review). Each paper conforms to the format (abstract format, reference citation, etc) for scientific papers typically accepted for review by the journal. The reviewers evaluate significance, methodological approach, and the appropriateness of interpretations. Each author is providing a written response to the critique with their revised manuscript. The editors, then, are serving as the final review and evaluate the revision to assure that all critical features of the review have been addressed.

2. Forthcoming Research Report of 2009-2010. This report includes an overview of major issues in the field of Hispanic health and aging with a special emphasis on Mexican Americans, conference findings (all abstracts), discussion of the results of the consensus building session, and major recommendations for future research. The report is being published by the National Alliance for Hispanic Health, the premier science-based nonprofit organization that focuses on improving the health and well-being of Hispanics. Copies of the report are to be distributed to its membership and other groups affiliated with the conference, such as participants in the NIA Technical Workshop on Minority Aging at the 2010 GSA annual meeting in New Orleans.

3. 2010 ICAA papers will be featured in a second edition of a peer-reviewed edited collection by Springer (received book contract with Springer). This volume will present new findings on research outlining the important implications of the rapid growth of the older Hispanic population in the U.S. and in Mexico for trends in home and community-based long-term care. Perhaps for the first time this volume builds upon research on Latino aging by presenting state-of-the-art empirical quantitative and qualitative research on the unique health and dependency concerns of older Latino populations not just in the United States, but in Mexico as well.

4. Other Research Products. Other products include two NIA final reports, a conference website linked to other significant websites, such as RCMAR and Center Affiliates that includes research publications, such as Symposia papers and power point presentations, a summary of conference proceedings, Selected Highlights, Issue Briefs, Essays, list of sponsors, taped discussions at focal points of both conference sessions, and a Photo Gallery. Altogether, the materials available on the conference website are used as a vehicle to elevate the visibility of past, current, and future work www.utexas.edu/lbj/caa.

Finally, and perhaps the most significant and singularly unique aspect of the conference is that it has attracted at least 38 new scholars with research programs on aging less than five years old.

VII. Future Conferences

To elevate the visibility of the topic worldwide, we are proposing three new installments of the conference series. Specifically, the conference will focus on two main areas of healthful aging that will contribute to the development of innovative research and social policies. The following are some general directions and ideas for the planning committee to consider.

1. Methodological Challenges of Conducting Cross-national Comparative Studies. The field of Hispanic health and aging in particular is urgently calling for research from an interdisciplinary and comparative perspective to inform specific public health interventions related to disease prevention and to identify improvements to public health systems that will protect the health of this understudied group. Several substantive topics at the current conference involved cross-national research, and there may be value in a fuller discussion of how to promote this type of research with both qualitative and quantitative methodologies, especially in the Latin American context. To do this, we propose to hold a conference on employing NIA data sets for analyses of Hispanic aging populations in U.S., Mexico, and Latin America, and the Caribbean, such as the Hispanic Established Populations for Epidemiologic Studies of the Elderly (H-EPESE), San Antonio Longitudinal Study of Aging (SALSA), Sacramento Area Latino Study on Aging (SALSA Study), SALSA, Mexican Health and Aging Study (MHAS), Health and Retirement Study (HRS), Assets and Health Dynamics among the Oldest-Old (AHEAD), Puerto Rican Elderly Health Conditions (PREHCO); and other data sets that include the Mexican-origin and Hispanic respondents. The papers would focus on data quality issues, in particular longitudinal survey capabilities. The major findings would result in a special issue of the *Journal of Aging and Health*. Participants would be offered \$500 who prepared completed papers for the conference.

2. Demographics of Aging in Mexico and the U.S.: How Should We Prepare for an Aging Population in Mexico and the U.S.A.? The conference will focus on the changing demographics in Mexico and its impact on the health and well being of aging Mexicans and Mexican Americans. Research points to a dramatic demographic transformation in Mexico: that country is aging rapidly and their fertility rate is now about 2.0. This means Mexico will not be a young country much longer, their older population will increase rapidly and they are not reproducing themselves. The conference will build on past meetings by translating the basic scientific knowledge into best practice models in Latino Communities. To this end, the conference syllabi will include papers addressing the development of interdisciplinary research teams that more fully encompass biomedical as well as social and behavioral research, including a bi-national context. The papers will also address the economic consequences of the demographic transition and the extent to which it results in a “demographic dividend.”

3. Influences of the Immigrant Family Experience on Healthful Aging. Immigration reform will be higher on the national agenda next year and it will be important to address key issues on Mexican migration, aging and the intersection of the two. The papers will explore the ways in which these two issues—immigration and the age profile of the population are related—and explore the potential consequences of the changing makeup of the population for families in late life. Various aspects of the immigrant experience: worksite raids, establishment of detention centers, parents not knowing the status of their children, hatred against immigrants, adapting one’s understanding of health to that of a new country, immigrants as a cheap source of caregiving, etc. All of these factors have a profound important impact on stress. Health problems may be declining in Mexico because of emigration, and rates of return to Mexico should also be taken into account. Researchers studying immigrant health should consider influences of immigrant selection, including lower rates of immigration among the elderly.

The conferences will consist of 10 plenary speakers and three keynote lectures. Each conference will conclude with a consensus building session on next steps and reviewing key issues raised during the conference.

VIII. Funding

In addition to the NIH/National Institute on Aging (R-13) Conference Grant Award we received supplemental funding for the conference to cover the expenses for travel awards, prizes, mentoring program activities, honoraria, administrative support, and other items.

- Population Research Center, University of Texas at Austin
- Policy Research Institute, LBJ School of Public Affairs, University of Texas at Austin
- Office of Graduate Studies and the George W. Jalonick, III and Dorothy Cockrell Jalonick Centennial Lectureship, University of Texas at Austin
- Foundation for Insurance Regulatory Studies

Appendix A

Evaluation of Poster Presentations

1. BACKGROUND

0 1 2 3 4 5

Does the poster present relevant/ appropriate background research/theory?
Are the aims of the project, including research questions and hypotheses, clearly stated?
Are the aims of the project relevant/ original/ appropriate/ important?

2. METHODS

0 1 2 3 4 5

Does the poster adequately describe the data source?
Are the data appropriate given the aims of the project?
Does the poster provide an analytic strategy?
Is the analytic strategy appropriate given the data source and project aims?
Does the poster adequately describe the data analytic procedures?
Are the data- analytic procedures appropriate given the data source and project aims?

3. RESULTS

0 1 2 3 4 5

Are the results clearly presented?
Are the results adequately described in text format?
Is the presentation of results relevant/ appropriate given the aims of the project?

4. CONCLUSION

0 1 2 3 4 5

Are key results adequately summarized?
Is each project aim/research question/hypothesis adequately discussed?
Are ambiguous results adequately addressed?
Does the poster adequately consider relevant theoretical and/or policy implications?
Does the poster discuss reasonable avenues for future research?
Are all concluding remarks valid (i.e., supported by the data)?

5. PRESENTATION

0 1 2 3 4 5

Is the poster adequately designed (i.e., clearly organized and easy to navigate)?
Are tables and text readable/neat/attractive?
Are tables and text free of spelling and/or grammatical errors?
If questions were asked, were they adequately addressed?

TOTAL POINTS _____