2012

Proceedings from the International Conference on Aging in the Americas

J

PROCEEDINGS

2012 INTERNATIONAL CONFERENCE ON AGING IN THE AMERICAS (ICAA)

Jacqueline Angel
Kyriakos Markides
Fernando Torres-Gil
William Vega
www.utexas.edu/lbj/caa

Phone: 512.471.2956

Table of Contents

Program Acknowledgements

2012 ICAA Sponsors

We would like to thank each individual who contributed to the success of the 2012 ICAA including, the invited speakers, emerging scholar poster presenters, discussants, rapporteurs, as well as those who provided staff assistance. Our special appreciation to the following sponsors for their generous support of conference activities:

National Institute on Aging (NIA), R-13 Conference Grant

I. Background and Summary

Methodological Challenges of Conducting Cross-national Comparative Studies
(2012 ICAA Co-Organizers: Kyriakos Markides, University of Texas Medical Branch, Galveston, Mark Hayward, University of Texas at Austin, and William Vega, University of Southern California)

The 2012 International Conference on Aging in the Americas (ICAA) was held at the University of Southern California (USC) on September 11 to 13 to expand upon the previous CAA installments focusing on the health of aging Latinos.[1] The 2012 ICAA meeting convened leading scholars in the field to discuss a strategic framework for future transnational comparative research in the Americas, with a particular focus on identifying avenues for future research and data resources available for advancing a high quality research on the health of aging Latinos. Conference participants examined various demographic trends emerging in the North-South research agenda, including general population and wealth distribution patterns, longevity trends within diverse national populations, changing patterns of South to North migration, the capacity of the social services, public health, medical care, and long term care systems to adequately respond to the accelerating demands of aging populations, and improving community capacity for successful aging, including health, housing and food security. The most poignant example is the Mexico-U.S. contrast as these societies are contending with multiple demands for public use of scarce resources and have interdependent populations and family networks that transcend both nations.

Several presentations at the conference involved cross-national research and the value of new methodological approaches with NIA data sets for analyses of Hispanic aging populations in the U.S., Mexico, and Latin America, and Caribbean. The NIA data sets utilized by the participants included 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), 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). The participants also utilized other data sets that contain Mexican-origin and Hispanic respondents, such as the Hispanic Community Health Study – Study of Latinos (HCHS-SOL). The topics in this meeting represented a broad array of data and methodological approaches used in comparative and Hispanic aging research. Specifically, the papers presented at the 2012 ICAA examined issues related to survey measurement, data quality, new statistical analysis techniques, and longitudinal survey capabilities. The papers presented by the conference participants represent the important

[1] [1]The CAA Advisory Group used an NIA planning grant to meet prior to the fifth installment of the NIA-funded conference in Boston, MA (November, 2011), San Francisco, CA (May, 2011), and Denver , CO (August, 2011) to discuss the agenda for the September conference meeting in Los Angeles, CA. In addition, the Advisory Group held monthly conference calls throughout the year. Finally, a post-evaluation meeting took place in San Diego, CA (November, 16, 2011).

contribution interdisciplinary inquiry of new conceptual and methodological approaches in comparative studies (inter- group comparisons) of Hispanic aging and health research.

II. Conference Speakers

Fernando Torres-Gil presented after-dinner on the consequences of the Presidential election for aging Hispanics. In his remarks, he addressed the implications of the Affordable Care Act (ACA) for the Latino community with a particular focus on older Latinos. In particular, he spoke at length about the implications of failure of the Community Living Assistance Services and Supports (CLASS) Act, the national long-term care provision in the ACA, for Latino families. In his view, alternatives to long-term care and new institutional arrangements are needed urgently due to the tsunami of baby boomers approaching retirement age. This includes designing a home and community based system that is available to those who need services regardless of age, condition, and the ability to pay.

The opening keynote lecture by **Eileen Crimmins** addressed the consequences of changing social, economic, and technological contexts for human physiology. Specifically, her presentation considered whether humans are well adapted to their rapidly changing environments. She hypothesized that our bodies change with revolutionary changes in epidemiology and technology and argued that Mexico provides an interesting context in which to examine how rapid epidemiological and technological changes may influence human physiology She noted that analysts particularly should pay attention to urban/rural and regional differences in the overall level and rate of these changes. Over time, infant mortality has fallen and, consequently, life expectancy has risen in Mexico due to changes in the control of infectious disease, improved nutrition, and various social and economic improvements linked to industrialization. She noted that it is particularly instructive to look at trends in height over time. The Mexican population has gotten taller over time due to improvements in nutrition, public health infrastructure, and rising standards of living throughout the population. Moreover, stunting, which results from malnourishment in early life, once was common in the Mexican population. However, social and economic advancement has led to substantial reductions in stunting within the Mexican population. She cited Anemia as another example of a health problem resulting from poor nutrition that is occurs less often no than it once did within the Mexican Yet, she noted that despite relatively levels of under-nutrition in the Mexican population overall, under-nutrition is still relatively common in Mexico among rural residents and older persons. However, there currently are no significant differences in rates of underweight between the U.S. and Mexico.

In contrast, over-nutrition currently represents a greater threat to public health in both the U.S. and Mexico. Although differences in the prevalence of overweight among men in the U.S. and Mexico are not substantial, Mexican women as a whole are more overweight than American women. Moreover, in comparison to their counterparts in the United States, Mexican men and women have higher rates of elevated fasting plasma glucose and high cholesterol. Interestingly, high cholesterol is most prevalent among Mexican women who live in urban areas, have low SES, but who live in wealthier states.

In addition, high blood pressure, which shares a closer association with dietary factors (i.e., salt consumption) than it does with socio-environmental factors and/or technological change, is more prevalent at all ages in Mexico than it is in U.S This is has important consequences for population aging because poorer health among younger cohorts eventually may reduce recent gains in life expectancy. Physiological changes are occurring earlier in the life course than they were in previous generations. In particular, it is important to focus on physiological indicators among the population between the ages of 20 and 40 because persons in these age groups are good targets for policy change.

Finally, she noted the importance of comparing Mexico to other countries currently undergoing similar social, economic, epidemiological and technological transitions such as China, Taiwan, and Indonesia. Cross-national comparisons can help whether the socio-environmental and socio-cultural conditions present in certain countries better enable populations to adapt to the physiological changes going on? Japan appears to be a case in point. Japan has the highest life expectancy in the world. However, the prevalence of overweight in Japan, for example, is lower among the 20 to 60 age groups than it is other highly developed nations, but the prevalence of high blood pressure within the Japanese population closely resembles other highly developed nations. In conclusion, Crimmins noted that aging can occur much faster now than it has in the past, and, as a result, the problems associated with aging may also occur faster. Our bodies are not adapted to deal with rapid changes in our environments, e.g., abundance of food and over-nutrition.

Larissa Aviles-Santa provided an update on the Hispanic Community Health Study (HCHS) and identified opportunities for collaborative research with these data. The HCHS is a longitudinal study designed to examine the role of cultural adaption and the ecology of poverty in the development of chronic disease among Hispanics ages 18-74 in four American cities: Bronx, Chicago, Miami, and San Diego. Approximately 16,000 participants of Hispanic/Latino origin were given a series of physical examinations and interviews to help identify the prevalence of and risk factors for a wide variety of diseases, disorders, and conditions. The ultimate goal of the longitudinal study is to identify disparities in the prevalence and development of disease in Hispanics of diverse backgrounds. Despite the high burden placed on subject participation, recruitment and follow up strategies have been very successful. The willingness to participate in the time-consuming study is partly the result of extensive outreach efforts.

Hiram Beltran-Sanchez presented new data on smoking initiation and cessation in Mexico. The research is important because relatively few studies have examined smoking patterns in developing nations. The study employed data from the Mexican Family Life Survey (MFLS) to examine changing patterns in smoking behaviors among adults in Mexico, and how these behaviors vary by socioeconomic status (SES) and sex. The MFLS sample includes approximately 16,000 respondents and the participants were 20-70 years in age. His findings revealed that smoking prevalence increased between 2002 and 2010. The rate of increase in smoking prevalence during this period was greater for women than men and smoking initiation rates were highest among young people ages 15-19 started smoking than other age groups. Overall, the evidence supports

Commented [JLA1]: Is this age-range correct? The MFLS includes persons ages 20-70, correct?

the proposition that having higher economic resources is associated with higher odds of starting and continuing smoking, which could possibly be attributed to the higher price of cigarettes.

Hiram Beltrán-Sánchez presented new data on smoking initiation and cessation in Mexico. The research is important because relatively few studies have examined smoking patterns in developing nations. The study employed longitudinal data from the Mexican Family Life Survey (MxFLS) to examine changing patterns in smoking behaviors among adults in Mexico, and how these behaviors vary by socioeconomic status (SES) and sex. The MxFLS analytic sample includes approximately 16,000 respondents and the participants were 15-70 years in age at baseline. His findings revealed that crude smoking prevalence increased between 2002 and 2010. The rate of increase in crude smoking prevalence during this period was greater for women than men and young people, aged 15-19, showed the highest proportion of smoking initiation and lowest smoking cessation between baseline and follow-up. Overall, the evidence supports the proposition that having higher economic resources is associated with higher odds of starting and continuing smoking, which could possibly be attributed to the higher price of cigarettes.

It is very important to measure poverty accurately and reliably because public benefits are largely determined by economic need. **Steven Wallace** discussed two main approaches to assess income adequacy: the absolute poverty level used by the U.N. and the relative level used by the U.S federal government. The approach used to measure poverty in the U.S. has not changed much since the 1960s. The poverty rate is calculated by the cost of the most basic food plan (e.g., basic cost of food to sustain oneself). This cost was multiplied by three and this amount became the federal poverty line.

The standard poverty measure used in the U.S. is not adjusted for age and other various out-of-pocket costs including health care expenditures and cost of living, . Health care expenses are different for people of different ages. Health care is an important part of economic need for older adults. In addition, the poverty measure doesn't take into account differences in housing prices such as fair market rent. Housing costs vary widely in U.S. Housing costs vary not only by city, but also for owners and renters. Renters tend to pay higher housing costs. In Los Angeles, rent for a one room apartment is higher than the poverty level. There are also racial/ethnic disparities in housing costs. There is a high proportion of Latinos in California in poverty.

In sum, "the poverty level is not equivalent to a basket of foods." An alternative measure is called the elder economic security standard index or "elder index." It is more comprehensive, focused on need not spending levels.

There is an assembly bill in California that addresses use of the elder index for eligibility for social programs and for needs assessments. A survey of policymakers found that the least preferred method was the Federal Poverty Line (FPL). The Elder index is now used in 17 states.

The new methodology has important implications for elders in the U.S. and Mexico. For example, in California a larger share of older Mexican Americans live in or close to poverty, (17.1% 28.4%) than African Americans (17.2% and 21.7%, and a far higher rate than for non-Hispanic whites (9.1%, 17.5%, respectively).

Many costs associated with Hispanic aging are not factored into the Federal Poverty Line according to Dr. Wallace. Elders are more likely to live in urban than rural areas where expenses higher, to have more complicated family situations, e.g., multi-generation households, to have higher health care expenses, and to have a higher percentage of their income going to food (this is an issue w/ increase in food prices). In addition, elders could have additional expenses from having family members in Mexico to send money to or remittances. Latino social and family circumstances can be complicated. However, the Elder index does not take into account revenue components, including liquid and housing assets, which could have a substantial impact on health independent of income. Other assets to be considered are resources that flow through social networks and the informal economy.

Luis Gutierrez-Robledo outlined the demography of aging in Mexico with a special emphasis on socio-economic changes. The population in Mexico is heterogeneous in terms of income, access to services, urban/rural, and aging. The proportion of the population ages 60 and older is low is some states have a low rate of people over 60 and others have high rates. Half of population aged 60 and over is in poverty. Older adults tend to have low educational levels and earnings. Older adults also tend to live in urban areas and in multi-generational households Among adults over 60 years, main causes of death are heart disease, diabetes, and cancer. Among people with very high economic disadvantage, 14% die of other causes, including accidental and preventable deaths. Accidental deaths are rising among individuals 75 years and older. Homicide and suicide have also risen in the elder population.

He calls for more attention to be given to strategies of reducing accidental and preventable deaths. To do this, he suggests that the social determinants of health be identified more closely as they vary within and between certain geographic locales and contexts. The physical environment has different effects on older people's health and tends to be mediated by income and education. Data from the Mexican Health and Aging Study(MHAS) indicate a strong association between education, income, urban living, and physical disability and infirmity.

Primary care services are still needed in Mexico. Funding exists for universal health coverage. There are new sources of population data, including a specific health module of older adults in the National Survey on Health and Nutrition (ENSANUT). The survey includes a sample of 55,000 households in Mexico. The measures of dementia and cognitive impairment in the survey have been validated for older adults and those with low literacy.

In his presentation, **Eliseo Perez-Stable** presented the results from a policy simulation model designed t to assess the potential impact of tobacco control laws in Argentina

would have if similar policies were implemented in Latin American countries. The population parameters used to estimate the projections were historical patterns of population growth and items measuring the effectiveness of tobacco control legislation were based on those found in previous studies. The estimates derived from the model suggested that other Latin American countries would experience substantial decreases in both cardiovascular and non-cardiovascular morbidity and mortality, but models suggested that the impact of these policies would differ with respect to age and gender. Notably, the simulation models also indicated that Latin American governments would save substantially on health care expenditures by implementing policies designed to control tobacco use. Overall, the analyses demonstrate that computer simulation models can be a valuable tool in efforts to evaluate the potential impact of public policies related to smoking would differ with respect to age and gender.

Frances Yang employed an innovative methodology to assess the validity and reliability of a survey instrument designed to measure dementia among older Latinos. Specifically, she employed insights from Item Response Theory (IRT) to assess the extent to which social, cultural and/or linguistic differences influence diagnosis rates of cognitive impairment across older Latino and non-Latino populations. She hypothesized that cognitive impairment rates based on the criteria outlined in the Diagnostic Statistical Manual of Mental Disorders (DSM-4) are lower among older Latinos than they are in other populations. Yang's data were based on a sample of older adults from the USC Alzheimer's Disease Research Center. The study examined the influence that the language of the test assessment, socio-demographics factors, and chronic health conditions had on test performance. Overall, the results revealed the criteria outlined in the DSM-4 allow clinicians to accurately assess cognitive impairment across older Latino and non-Latino populations. However, older Latinos who were tested in Spanish did better on some areas of the neuropsychological tests Moreover, performance on the test was lower among persons who were older, depressed, and had Parkinson's disease. Surprisingly, African American performance in this sample was lower in comparison to Latinos.

Joseph Saenz's presentation touches on an intriguing question of whether ethnic enclaves have protective effects on CVD morbidity and mortality. Information on the health effects of ethnic enclaves is mixed. Some studies indicate that Hispanics living in ethnic enclaves, which often are impoverished and provide limited access to safe parks and healthy foods, are at increased risk for CVD because . However, research on Mexican Americans shows protective effects of living in area with high proportions of Mexican Americans because these environments provide access to social and economic resources within co-ethnic social networks, increase social capital, and provide social integration via cultural and linguistic similarity. Taken together, the socio-cultural resources provided by ethnic enclaves may improve diet and create less stressful environments. The results showed that Mexican Americans living in areas with high concentration have lower rates CVD. The results also suggested that access to health services within neighborhoods may play a role in determining morbidity rates. In sum, where we live matters, and this study highlights the positive impact of social support on health.

Jacqueline Torres explores the influence of early childhood conditions on mental health outcomes in later life, particularly depressive symptomatology. The analyses were based on the 2001 Mexican Health and Aging Study. Depression is a "hidden public health problem" among Mexican older adults. Even so, the issue is poorly understood. To fill this gap, the study investigated how childhood poverty -- defined as living without sanitation facilities in the household at age 10 -- influenced psychological well-being in later life. The results showed a positive association between poor sanitation and psychological distress . The findings are intriguing and underscore the recurring theme of the important role of early life conditions on the health of older people. Future research needs to re-examine this association with more refined measures of poverty and estimate the diversity of trajectories from childhood conditions to late adulthood.

Ladson Hinton spoke on the novel ways of combining qualitative and quantitative methods in clinical investigations of Latino mental health. Mixed-method research is important among older Latinos because of the influence of language and other cultural factors on reports of health and help-seeking behavior. Very often qualitative methods can be very helpful in developing health survey instruments for special populations, including Hispanic men. The information can be used to identify unique barriers to treatment for depression. Hinton's study of older Latino men demonstrated how mixed-method research can further our understanding of underlying processes and inform theoretical models for treatment of depression. Studies can draw on both patterns identified in qualitative data on barriers to treatment of depression identified through quantitative analyses of survey data. For example, family members can facilitate or impede access to mental health services. Taken together the approach can provide a more nuanced and comprehensive picture for treatment of depression in geriatric primary care settings.

International migration can be very stressful and studies show a higher prevalence rate of untreated mental health problems among Latinos in United States. **Emily Agree** presented new evidence from the Mexican Health and Aging Study on the mental health of temporary U.S. migrants and non-migrants. Contrary to her expectations, the study revealed that depressive symptomology in later life did not increase with short-term migration to the United States. Instead, the results suggested that good health, higher levels of educational attainment, and financial security reduce the risk of depression among older Mexican migrants to the United States. . However, the findings may underestimate the impact of the timing and duration of migration as its relates to family life and aging in the U.S. and Mexico.

Although we have entered a new era of compressed morbidity, **Mark Hayward** and colleagues presented new evidence suggesting that such a conclusion would be premature especially for certain subgroups of the elderly population, including U.S. Hispanics. The authors estimated Bayesian multistate life table models employing the National Health Interview Survey (NHIS-LMF 1989-2006 and NHIS 1997-2006), for men and women 50 and older in different race/ethnic groups. The results revealed that native born and foreign born Hispanics are highly divergent in their health and mortality

patterns. However, certain selection processes in terms of lung cancer, heart disease, and other chronic conditions were hypothesized to explain the mortality advantage among foreign born Hispanics. Future research is warranted into the Latino paradox and issues of nativity and health in the Latino population.

Explanations of the Latino Paradox are further examined by **Elizabeth Arias**. Previous studies have failed to fully establish whether the mortality advantage results from a possible methodological artifact (e.g., ethnic misclassification, age misstatement at older ages) or cultural and behavioral factors. To assess the assertion that the life expectancy advantage of 2.5 years in 2006 might be a data artifact, Arias used vital statistics data to construct life tables for subgroups of the U.S. Hispanic population disaggregated by nativity (numerator) combined with data from the 2007, 2008, and 2009 American Community Surveys (denominator). Preliminary estimates indicate that among Hispanics in the United States life expectancy is highest among Cubans followed by Mexican Americans. Consistent with prior research, the results suggested that that higher life expectancy for foreign-born Hispanics may be attributed to 1) healthy migrant effects , 2) biased estimates due to return migration among older immigrants to the country of origin (i.e., "salmon bias"), and/or 3) socio-cultural factors that protect against deleterious health outcomes.

Jennifer Salinas builds upon the growing body of literature on the Latino Paradox. The U.S. Mexican Border Health Commission was established in 2000 to improve health and reduce health disparities in the border region, yet few studies have examined the situation of older residents residing along the U.S./Mexico border with comparisons to older adults living in the interior. The topic is important because the majority of Mexicans live within 300 miles of the U.S. Mexico border. The border is socioeconomically and ethnically diverse in terms of household income, home value, home ownership rate, and Hispanic proportions. The results showed that older Mexican Americans in the border region were more likely to die of old age and more likely to transition into a disability. Future research needs to consider different states (e.g., California vs. Texas) and take into consideration of younger generations in terms of their economic situation and other long term health outcomes.

Ronald J. Angel's closing Keynote Address examined the fundamental problems that language and the need to translate survey instruments introduces into comparative research. Among animal species, humans are unique in the fact that they communicate using spoken and written language. A fundamental problem arises, though, from the fact that humans communicate using thousands of languages, each of which has its own metaphors, culturally-based references, and linguistic structure. The human linguistic repertoire consists of hundreds of family languages, many of which include hundreds of specific languages. Nearly five hundred languages are at risk of extinction since they have few native speakers left.

The number of comparative, multinational studies is growing. Studies such as the *Comparative Study of Electoral Systems* (CSES), the *Eurobarometer* and *Latino barometer* programs, the *European Social Survey* (ESS), the *European and World*

Values Surveys (EVS, WVS), the *International Social Survey Program* (ISSP), the *Survey on Health, Ageing and Retirement in Europe* (SHARE), the *Gallup World Poll* (GWP), the World Health Organization *World Mental Health Surveys* Program, and various surveys underway in Asia and Africa involve different language groups. These studies all require that a core instrument be translated into multiple languages. However, such translations can result in very different instruments and very different responses from those surveyed.

This basic problem arises from the fact that language is embedded within layered structures of meaning related to specific linguistic structures and culture. Individual words, and even larger units of communication, are ambiguous and can only be understood in their social and cultural contexts. The desire to compare specific psychiatric diagnoses across very different cultures, for example, immediately encounters the problem that comparable terms for a particular syndrome may not exist within a particular language or dialect, but the fact that the syndrome may not have any culturally meaningful sense.

Translation theory and practice have focused on whether translations should adhere as closely as possible to the original linguistic structure or whether the translator should adapt to preserve or replicate the intent of the original instrument. Although such considerations are important in literary translation, they become even more so in the translation of scientific survey instruments. Subtle differences in meaning in literary translations may be inevitable and even desirable, but differences in the response task introduced by translational differences in survey protocols can lead to serious misrepresentations.

Language remains the only means of collecting information on subjective states, yet language is a very imprecise instrument that is affected by individual, social, and cultural factors. Exact phenomenological equivalence among different linguistic communities is difficult to demonstrate and introduces principled limitations to our ability to compare subjective states among groups, even with a single country, that differ in significant social characteristics.

III. Consensus Building Session

The consensus building session for the fifth International Conference series on Aging in the Americas (ICAA) was held on the third day of the conference, September 13, 2013, between 12 and 1 pm. Conference Co-Presiders Drs. Kyriakos Markides and Bill Vega fielded questions from the audience. Two postdoctoral fellows, Dr. Lisa M. Yarnell (USC, Psychology) and Dr. Yura Lee (USC, Social Work) documented the session on laptop computers. After the session, conference notes were consolidated and reviewed by Principal Investigator Jacqueline Angel in order to generate a report. In addition to the main investigators and the rapporteurs, approximately 50 conference attendees participated, including academics, scientists, and policy makers from the U.S. and Mexico. Representation from a variety of intellectual perspectives, including sociology,

psychology, social work, gerontology, economics, biology, and medicine among others served to enrich the multidisciplinary conversation on critical methodological issues in studies of Hispanic health and aging, with a special emphasis on the U.S. and Mexico.

Overarching Question

In the 2013 ICAA consensus building session, participants addressed the following research question:

In synthesizing what we know and do not know about Hispanic health and aging, how can we can plan future research that will be the most meaningful? In particular, how might the Hispanic health paradox, which has become the new conventional wisdom, be challenged or advanced on theoretical and methodological grounds to achieve consistent explanations for improving healthful aging in Hispanics in the U.S. and Mexico?

Discussion surrounding this overarching question can be broadly organized into three major topical areas with fourteen underlying themes outlined in Table 1 and discussed in detail below.

Table 1 *Topic Areas of Consensus Discussion and Underlying Themes*

Theoretical Challenges and Areas of Advancement
1. The paradox is becoming the new conventional wisdom. However, it needs to be challenged. The paradox may not be a Hispanic paradox but an immigrant paradox.
2. Understand issues of positive and negative selection of migration and its health and social consequences.
3. Focus on specific chronic diseases and disease-related behavior, rather than general rates of morbidity and mortality.
Methodological Challenges and Areas of Advancement
4. Meta-analysis of compilation of previous work on the Latino paradox.
5. Refined analyses of Hispanic subpopulations.
6. Mix methods-f qualitative and quantitative studies.
7. Biographical and life event data.
8. Nature, timing, and duration of migration.
9. Ecology of Hispanic health, including issues of environment and place.

10. Hispanic health in terms of dyads and family units. 11. Genetic issues in Hispanic health, including gene-environment interactions. 12. Measurement, including language and indicators of health and SES. 13. Underestimating numbers of Hispanics in the U.S. and Mexico.
Implications for Policy and Social Research 14. Level of health interventions should be made. 15. National and bi-national plans in the U.S. and Mexico for translation of research findings into the promotion of public health, prevention, and the promotion of clinical care. 16. Opportunities for the sharing of information and collaboration among Hispanic health researchers.

Advancing New Theory Development: Challenges and Prospects

Three key themes emerged from the Consensus Building Session related to the theoretical challenges in the scientific study of Hispanic health and aging. Ten themes emerged on methodological challenges for advancement in research on Hispanic health and aging. The higher number of methodologically-focused themes reflects the emphasis of the 2012 ICAA meeting on applying both qualitative and quantitative approaches to empirical analyses of health and Hispanic aging in the U.S. and Mexico. Three themes emerged on the implications and applications of these challenges to public policy. Those themes are described briefly below.

1. ***The Paradox May Not Be A Hispanic Paradox, But An Immigrant Paradox.*** Researchers should challenge the notion of a counterintuitive health advantage among Hispanics and consider that the paradoxical advantage may apply to immigrants more generally. For example, drug and alcohol use tend to be associated with native-born rather than foreign-born people, including among Southeast Asian immigrants to the U.S. Immigrants tend to be in good health, but also tend to live in particular environments that lend themselves to higher levels of disability, lower rates of having insurance, and substandard medical care, such that health declines over time; this holds true not just for Latin American immigrants, but immigrants from other areas of the world. Capturing health data before immigrants move to the U.S. would aid in developing an understanding of these issues, including issues of selection.

2. ***Issues Surrounding Potential Selection Effects of Mexican migration.*** We lack a full understanding of the impact of migration on the health of aging in the United States and Mexico. Theory suggests that those who migrate tend to be the healthier members of society, and that those who become sick once in the U.S. tend to return to their native

country, creating a pool of Hispanic persons in the U.S. that is biased toward good health. Yet, we lack clear knowledge about selection issues in both countries, including at what specific health status immigrants are entering, at what age immigrants return to their country of origin or place of residence prior to migration, and the effects of segmented assimilation on potential *financial and social burdens*. Our understanding of *negative* selection is also not entirely clear. For instance, those with more extreme conduct disorders in Mexico may be more likely to separate from Mexican society and become immigrants, but research on this phenomenon is limited. Studying selection issues among immigrants from multiple areas of the world, including from Europe, Asia, and Australia, will help researchers gain perspective and identify best interventions, given immigration patterns.

3. ***Focus on Specific Chronic Diseases And Disease-Related Behavior, Rather Than General Rates of Morbidity and Mortality.*** The favorable mortality regime among Hispanics should be decomposed by rates of disease and also by nativity, duration of residence in the U.S., and ethnicity, which can be done with methodology from biostatistics. According to findings, for example, smoking alone explains close to 1 year of a 2.5 year advantage seen among Hispanics with regard to mortality. Researchers are currently assessing rates of specific health-related behavior among Hispanics, including smoking, and are finding that the longer a person has been in the U.S., the greater the probability of picking up these unhealthy behaviors. Rates of smoking among Hispanics in the U.S. are also much lower than in Mexico, especially among women. The lack of higher rates of cardiovascular disease and cancer among Hispanics in the U.S., despite their lower SES, may be strongly linked with these behavioral tendencies.

Methodological Challenges and Areas of Advancement

4. ***Meta-analysis of Previous Research Findings***. A review article with a meta-analysis should summarize the three decades of research existing on the health paradox and immigrant selection in the older Hispanic population. Such analyses can uncover robust findings from various studies using disparate designs and quality that offer confounding and often conflicting conclusions surrounding the Latino paradox. This review should go beyond a traditional quantitative meta-analysis, but also incorporate qualitative studies. The reviewed studies should also go beyond the micro-level to include macro-level studies. Yet, we as a field should not put all emphasis on selection, but continue to look for within-group variation on issues of immigration and health. meta-analysis, a statistical compilation of earlier work by others. It was a meta-analysis, for example, that revealed the effectiveness of aspirin in preventing the recurrence of heart attacks.

5. ***Comparative Studies of Older Populations of Mexican-Origin, Especially Intra and Inter-Group Analyses of Hispanic Subpopulations in the United States***. New studies are neede*d* of the unique differences between and within Hispanic populations in the United States and Mexico. This means moving away from the protected F test and putting forth specific hypotheses addressing issues that may be unique to Hispanic subpopulations, such as very specific reasons for immigration. Current data sets have large sample sizes and offer excellent statistical power, but lack this specificity. This goal of specificity

requires planning on both substantive and statistical grounds. Substantively, knowledge is needed about what subsets of health issues and reasons for death should be looked into for specific populations. Statistically, subpopulations analysis requires selection of subsamples or targeted recruitment. The challenge of smaller sample sizes for more localized studies may be overcome through the use of planned missingness in questionnaire design. Planned case missingness allows for longer assessment batteries, with the case missingness treatable via multiple imputation methods. Structural equation modeling will also help researchers to analyze data on multiple outcomes simultaneously as an economical form of analysis.

6. ***Mixed Methods Studies****.* Qualitative studies are important supplements to quantitative analyses, including in meta-analysis, because of the complex reality of Hispanic immigration and health. For instance, considering the psychology of language, researchers must consider how immigrant groups would describe their own illnesses. Qualitative studies would rely largely on self-report data, which is thought at times to introduce bias or inaccuracy, but is valid because health and disability are perceived by the individual.

7. ***Biographical and Life Event History Data.*** Current data are lacking sociological markers of the aging experience among older people of Mexican-origin, including changes in health literacy and the transnational aspects of family life. Multiple measurements across the life course may be preferable to retrospective memory, especially among older populations and in considering that certain issues such as marriages, number of children, and sicknesses can be emotional in nature and may not be well-reported retrospectively. Multiple measurement data also lends itself well to the modeling of longitudinal trajectories.

8. ***Age, Period, and Cohort Effects****.* Attention should be given to the differential information that can be revealed when data are analyzed by time, age, duration, historical period, or cohort. Most studies have focused on nativity but have neglected to focus on effects due to age of migration, or life course stage of migration. Interactions among these timing variables also exist, such as the effect of duration of time in the U.S. on acculturation being influenced by age. Sufficient attention has also not been given to cohort and historical effects, such as immigrating during the Bracero period.

9. ***Ecology of Hispanic Health, Including Notion of Neighborhood and Place****.* Immigrants are not evenly distributed across the United States, but tend to live in certain environments that magnify health disparities over time. Studies should consider the linkages of ethnic enclaves to population healthful aging. Studies should also consider how the structure of communities, including the presence of community health clinics, influences the healthy transition of families into the U.S., as well as health literacy. Understanding the role of community health clinics in Hispanic neighborhoods is a key to understanding the access gap at the forefront of current political debates on health care reform. Policy studies designed to assess the impact of changing rules for implementation of the Affordable Care Act, e.g., Accountable Care Organizations on elderly Latino well being would be especially informative.

10. ***Hispanic Health in Terms of Dyads and Family Units****.* Given the salience of family in Hispanic population, researchers should consider modeling outcomes at the level of the dyad/couple and the family using qualitative methods and quantitative multi-level modeling techniques. Aging individuals who are coupled can compensate for their own physical limitation with their couple's strength (e.g., a blind husband who is married to a deaf wife is limited as an individual, but may thrive in a unit with his wife). In another scenario, however, clinical depression occurring for one person can affect an entire family, which highlights that family effects can be negative. Family health can also be affected by the immigration experience, which can be stressful not only for adults but for young children. Care should be taken to model families in terms of their transitional state, including with regard to health, which can change over time.

11. ***Gene-Environment Interactions in Hispanic Health****.* Disease and disease-related behavior such as smoking should be analyzed at the genetic level, such as with twin studies. An important, novel area of research is the issue of resistance to disease as a genetic factor. Additionally, genetic factors may influence who is likely to immigrate, highlighting interplay between genes and the environment.

12. ***Health Measurement****.* In translating survey questions from one language to another, it is important to maintain consistency across forms if accurate cross-national comparisons are to be made. In addition to translation issues, scales may not be equivalent across countries for larger sociological issues, such as differences in the employment structure of two nations. For instance, Census codes for occupational level in the U.S. may not directly apply to the levels of occupations in Mexico, making comparisons of the effects of occupation on health difficult. More research is needed to resolve these discrepancies.

13. ***Undercounting and Underestimating Numbers of Hispanics in the U.S. and Mexico****.* Rates of morbidity and mortality among Hispanics are in need of more accurate denominators, reflecting the total Hispanic population. If there is undercounting of the Hispanic population, it is also likely that the number of deaths being counted is also undercounted, which may lead to misstatements of death rates. Reasons for undercounting the number of Hispanics in the U.S. include lack of clarity as to who counts as "Hispanic," a prevalence of undocumented and unknown persons, and low response rates, among other reasons. Several studies have addressed the issue of low response rates, including reasons for this nonparticipation and whether certain subsections of the Hispanic population are particularly likely to not participate. Issues of undercounting due to being an undocumented or unknown person are also important to address because the trajectories of those who are undocumented are very different than those of the documented.

Policy Implications and Application

14. ***Level(s) of health interventions****.* Researchers and policymakers should consider the best models, units of analyses, and context for intervention: genes, medicine, the

family, and, the community. In terms of policy interventions, findings from studies on Hispanic health that are addressed appropriately at the community, city, state, and national levels today should help create a better tomorrow. Identifying implications and points of intervention is also a pragmatic issue in applying for NIH funding.

15. ***A proposal for national and bi-national plans in the U.S. and Mexico for translation of research findings into the promotion of public health, prevention, and the promotion of clinical care***. Mexico and the U.S. should collaborate in translating research into national and bi-national plans that will address issues of aging and public health among Hispanics. Bi-national plans will set a road map for joint effort toward healthier Hispanic individuals, families, and communities.

16. ***Opportunities for knowledge advancement through collaboration among Hispanic health researchers***. Research conducted into the U.S. should be shared with schools of Gerontology and Public Health in Mexico to maximize the benefits of current research efforts. Books and publications of current work should be shared among researchers, including through online resources. Researchers should not lack in perspective by considering only their own data, but should balance their views with data from others. Finally, future installments of the conference series may be hosted by Gerontology schools in Mexico, and researchers should make efforts to collaborate in teams, including across disciplines. Greater NIH involvement in Mexico is also important to cross-national research collaboration efforts.

IV. Poster Session and Mentoring Program

Besides the invited scientific paper sessions, the conference organized a mentoring program for emerging scholars. 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. Travel vouchers were provided for seven participants. Additional funds were used to pay for printing of two posters. Three abstracts were accepted for oral presentation. A complete list of abstracts and conference presenters are available at the conference website www.utexas.edu/lbj/caa 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, health services practices, and social epidemiology of Hispanic aging. To facilitate one-one-one interaction and networking, back of Embassy room where all plenary sessions were located was set up for the poster presentation to assure maximum interaction. A mentoring program awards reception, "speed mentoring" session, and dinner immediately followed to facilitate further feedback on the work presented at the poster session.

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, Florida State University and employing the same convention as in the 2010 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 Dr. Hill 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, the poster session encompassed 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 aging

Seventeen 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, Florida State University, Dr. Maria Aranda, University of Southern California, Rubén Rumbaut, University of California, Irvine, and Sunshine Rote, University of Texas Medical Branch Galveston) 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 four raters) 20.00, 19.50, and 19.30, respectively. Overall, scores ranged from 12.00-20.00. The average poster score was 17.30. These scores suggest that we had substantial variability in poster quality. In future conferences, we are considering (1) expanding our e-mail lists to increase participation in the poster session and (2) providing score cards or summary feedback.

For a summary of the poster session, including abstracts and winners placing in the top three award categories http://www.utexas.edu/lbj/caa/2012/posterwinners.php

V. Publications

Major findings will be published in a special issue of the peer-reviewed journal *Cross-cultural Gerontology* (see Appendix B for Editor-in-Chief's Agreement). Eleven invited speakers and five emerging scholars (co-authored with an associated faculty or scientific research advisor) were invited to submit their papers for the special issue of the *Journal of Cross Cultural Gerontology*. Each paper is envisioned to be 20-25 pages. Appendix C provides a list of the papers to be reviewed by the subcommittee of the Publications Committee and the procedure for the peer-review process.

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, **"t**he conference was executed its entirety with few if any problems or "glitches." The conference facilities, meals and other amenities fostered a successful meeting and the educational objectives. The audience had a good mix of students and junior and senior investigators, and interactions among these groups were facilitated. Trainees attending the conference had ample time to show and discuss their research and the approach to mentoring was extensive and sound. Presentations were generally of high quality and all of value. Overall, the conference was a clear success and met or exceeded all of its learning objectives, and conveying the sense of excitement about the population work of aging across national borders. However, some challenges remain as for all similar successful enterprises: There are many substantive topics in American/ Latin American aging science, in both social and behavioral science and health, and it is very difficult to cover all of them. There was a healthy tension between those wanting to learn new scientific methods and those pursuing specific scientific topics. There was a need to more fully encompass Latin American scientists and perspectives, including varied health and social science perspectives, and with that a need to make bilingual discourse more accessible to accommodate Latin American guests." See Appendix D for a detailed evaluation of each presentation.

In the second approach, we employed an internal evaluation consisting of an on-line Conference Participant Survey administered at the end of the conference 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. The computer based evaluation, answered by 42 attendees, was overwhelmingly positive in all dimensions queried. All were satisfied or very satisfied with the conference, and this was a testimony to the both the breadth and depth of the content. With respect to topics suggested for future meetings, answers were very diverse (see Appendix E). However, several useful suggestions were made and the planning committee will follow-up on them.

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
_____

Appendix B

Proposal

Special Issue for *Journal of Cross-Cultural Gerontology*

From: Margaret Perkinson [mailto:mperkin7@slu.edu]
Sent: Monday, September 17, 2012 5:45 PM
To: Angel, Jacqueline L
Cc: Margaret Perkinson
Subject: Re: Journal of Cross-Cultural Gerontology- Proposal

Jacqui,

Thank you for your proposal for the special issue of *JCCG*, entitled "National, International, and Comparative Studies of Hispanic Aging: Methods, Measures, and Models." It looks stellar! I am very pleased to accept the proposal and look forward to working with you, helping as needed. The conference must have been quite exciting; I wish I could have attended. It is an honor that you chose *JCCG* as the venue to distribute the end results of that conference. I have no doubt that the special issue will represent a very solid contribution to the field. I can't wait to read it!

Would you have time for a brief phone call tomorrow, mid- or late afternoon? Let me know what works for you. I have your phone number from an earlier e-mail, so I could make the call. I'd like to discuss a few details, and it probably would be easier to do so by phone. However, if your schedule doesn't permit, e-mail is fine, too.

I look forward to working with you.
Best regards,
Peggy

Appendix C

Proposal for Special Issue: Journal of Cross-Cultural Gerontology

Title: National, International, and Comparative Studies of Hispanic Aging: Methods, Measures, and Models

Special Editors: Jacqueline L. Angel, Mark Hayward, Kyriakos S. Markides, and William Vega (authorship is listed in alphabetical order by last names)

Introduction

The premise for a special issue in the *Journal of Cross-Cultural Gerontology* comes from the lectures given as part of the fifth installment of the international Conference Series on Aging in the Americas (CAA): National, International, and Comparative Studies of Hispanic Aging and Related Methodological Challenges" to be convened from September 11 to 13, 2012 at the University of Southern California. The CAA is a conference series funded by a major grant from the National Institute on Aging (R13-AG029767-01A2; PI: Jacqueline Angel). One of the goals for the papers from the 2012 ICAA meeting is to have them featured in a peer reviewed periodical of the prominence of the *Journal of Cross-Cultural Gerontology*.

The conference examines critical trends emerging in the North-South research agenda. The primary drivers are changing demographics, including general population and wealth distribution patterns, longevity trends within diverse national populations, changing patterns of South to North immigration and return migration, the capacity of the social services, public health, medical care, and long term care systems to adequately respond to the accelerating demands of aging populations, and improving community capacity for successful aging, including health, housing and food security. The most poignant example is the Mexico- U.S. contrast as these societies are contending with multiple demands for public use of scarce resources and have overlapping, interdependent populations and family networks transcending both nations.

Several of the substantive topics at the conference involve cross-national research, and examine ways of promoting this type of research with both qualitative and quantitative methodologies, especially in the Latin American context. Altogether, the papers provide much needed information on several areas of interest related to a strategic framework for future transnational comparative research in the Americas, including issue identification and the available data resources for advancing a high quality research menu on this fundamental question.

The studies employ 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), 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, such as The Hispanic Community Health Study – Study of Latinos (HCHS-SOL). The topics in this conference represent a broad array of data and methodologies used in comparative and Hispanic aging investigations. The papers focus on measurement, data quality issues, new conceptual modeling techniques, and longitudinal survey capabilities and represent the important contribution interdisciplinary inquiry of new conceptual and methodological approaches in comparative studies (inter-group comparisons) of Hispanic aging and health research. Taken together they address a number of methodological issues that are highly relevant to *JCCG* readers.

Contents

The special issue will consist of a preface and 16 empirical papers, each of 20-25 pages in length plus a Preface. The proposed papers would include:

PREFACE

National, International, and Comparative Studies of Hispanic Aging: Methodological Challenges and Opportunities

Jacqueline L. Angel, The University of Texas at Austin, William Vega, University of Southern California, Kyriakos Markides, University of Texas Medical Branch at Galveston, and Mark Hayward, The University of Texas at Austin

MEASUREMENT

1. After Babel: Language and the Fundamental Challenges of Comparative Research

AU: Ronald J. Angel, University of Texas, Austin

Although many organisms engage in nonverbal communication, the essence of being human is the use of language. Culture, and the spoken and written language through which it is expressed, make it possible to transmit customs, norms, religious beliefs, world views, and the rest of organized social life from one generation to the next. Language, though, is not a precise instrument; it consists of figurative allusions, metaphors, culturally-specific references, and more, all of which are filtered through an individual speaker's subjective consciousness. This fact complicates the process of translation from one language to another. Although the translation of purely technical vocabulary may be straightforward, the translation of language related to subjective states, feelings, impressions, personal values, etc. is not. In addition to establishing equivalence in terms of vocabulary, the translator must deal with the underlying and often implied meaning of spoken or written communication. From a measurement perspective, the need for judgment and interpretation introduces potential bias. Much of the subject matter of social and behavioral research involves culturally-specific and subjective

information. In scientific inquiry the researcher engages in a conversation that is as culturally and socially grounded as any other, and his or her task is in reality no different than that of a literary translator. Many techniques, such as back translation, have been employed in the attempt to make the translation process as objective and precise as possible. Given the nature of language, though, it is unclear that complete conceptual equivalence and precision of meaning can be achieved. This essay addresses key considerations related to translation and instrument development that must be dealt with in all comparative research.

---

2. Measuring Economic Need among Latino Elders

Steve Wallace, University of California at Los Angeles

Research and policy on older adults often incorporates a widely used indicator of economic need, the Federal Poverty Guideline Level (FPL). This is a single national level based on the 1950s standard of living and is used widely in research, planning, and program eligibility. An alternative measure of economic security that better reflects current local costs and standard of living is the Elder Economic Security Standard ™ Index (Elder Index). It uses current publically available data on housing, food, medical care, and transportation to calculate the income needed by older adults at the county level based on a basic but decent standard of living. Calculations for 2011 show that in California the basic cost of living for older adults averages over twice the FPL. The analysis documents the impact of high housing costs in urban areas and high health care costs in rural areas. The amount needed in multigenerational families is similarly higher than the FPL, with the extra health care costs of the older adults an important component of costs. The importance of using an updated measure of economic needs is shown to be particularly important given the distribution of family types and geographic distribution of Latino elders, using California as a case study. A survey of California legislative staff show that policy makers want data more like the Elder Index and less like the FPL. Implications for research are also discussed.

---

3. Measurement Bias in Neuropsychological Tests Due To Socioeconomic, Race/Ethnic Differences, and Chronic Health Conditions Among Spanish and English-Speaking Populations

AU: Frances M. Yang

We examine measurement bias in neuropsychological tests associated with background differences in language, race/ethnicity, socioeconomic characteristics, and chronic health conditions of a sample of demented, MCI and selected older adult participants of the University of Southern California Alzheimer's Disease Research Center (USC ADRC; n=869). The standard ADRC neuropsychological battery of twelve tests were included in this study as a measure for general cognitive ability: digit span forward, digit span backward, digits forward length, digits backward length, category fluency, Digit Symbol

Subtest of the Wechsler Adult Intelligence Scale-Revised, Wechsler Memory Scale, Logical Memory Story A Immediate, Logical Memory Story A-Delayed, Boston Naming Test, Trails A, and Trails B. The chronic health conditions that were included were cardiovascular disease and risk factors, cerebrovascular diseases, Parkinsonism and/or seizures, brain trauma, hypertension, hypercholesterolemia, diabetes, major depressive disorder and thyroid disease. To simultaneously model how measurement bias on individual tests might be attributable to the participants' characteristics and how their general cognitive ability might differ by their background characteristics, we use the multiple indicators, multiple causes (MIMIC) model. While controlling for these characteristics, there was significant worsening in general cognitive ability with increasing age [-0.18 Standard Deviation (SD) units per SD of age, p<.001], having Parkinsonism and/or seizures [-0.11 SD units, p<.01], and having a major depressive episode within the past year [-0.11 SD units, p<.01]. Based on the current neuropsychological battery, it is inferred that African Americans had an overall cognitive performance that is lower than Latinos by 0.13 SD units [p<.001]. Although those with higher education had better overall cognitive ability [0.31 SD units per SD of attainment, p<.001], while controlling for all background characteristics, they scored worse on naming animals [-0.09 SD units, p<.01] and vegetables [-0.03 SD units, p<.001] than those who achieved lower educational levels. Though there were no differences in overall cognitive performance between males and females, we found that females scored 0.12 SD units higher on naming vegetables [p<.001], but worse on the Boston naming test [-0.08 SD units, p<.001]. Though there were no differences in overall cognitive performance by test language, those who were tested in Spanish performed better on the following five tests: naming animals [0.13 SD units, p<.001], naming vegetables [0.11 SD units, p<.001], Story A immediate [0.19 SD units, p<.001], Story A delayed [0.15 SD units, p<.001], and Boston naming [0.14 SD units, p<.001]. We utilized an innovative model and found that there are differences on the individual test performance due to sex, language, and education; while on the overall cognitive ability level there were differences due to age, education, race/ethnicity, and chronic health conditions. We expect that race/ethnicity is a proxy for cultural factors that need further investigation. The current USCADRC neuropsychological battery has trivial measurement bias when comparing the Cohen's effect size before and after estimating the direct effects of participant characteristics on individual tests. These preliminary findings are limited to the USC ADRC and allude to the need for further validation in other ADRC sites, with consideration of dementia status, in order to refine current neuropsychological tests to accurately assess cognitive impairment in older minority adults.

4. Border Health in the Shadow of the Hispanic Paradox: Issues in the Conceptualization of Health Disparities in Older Mexican Americans Living in the Southwest.

AU: Jennifer J. Salinas, Dejun Su, Bassent Abdelbary, Soham Al Snih, University of Texas Health and Science Center at Houston

Mexican Americans have demonstrated lower than what would be expected mortality rates and disease prevalence, given their overrepresentation among those living in

poverty. However, Mexican Americans living along the US-Mexico border have been documented as carrying a higher burden of disease and disability that seems to contradict or at least challenge evidence in support of a "Hispanic Paradox". The purpose of this paper is to evaluate the concept of border health as it relates to the measurement of and conceptualize of health outcomes in older Mexican Americans living in the Southwest United States.

Data for this study come from the Hispanic EPESE wave 1 and mortality files up to wave 6. Border residence was determined using La Paz Agreement county classifications. Statistical analysis was conducted to determine differences by socioeconomic conditions and ethnic concentration by border/non-border county . In addition analysis was conducted to predict cause of death, disability, disease prevalence and premature mortality. Adjusted regression models will be produced to predict cause of death, disability and disease-free life expectancy and premature mortality (i.e. occurring before life expectancy).

Initial results reveal that older Mexican Americans residing in the border region were more likely to be immigrants, have diabetes, report poorer health, and have higher average Body Mass Index (BMI) than non-border residing participants. Border resident subjects were less likely to smoke, had lower average MMSE, lower average systolic blood pressure and less likely to report having had a stroke previously. In the adjusted regression model, subjects who resided in a border county at wave 1 had approximately 30% greater odds of surviving to wave 6 than non-border participants. Further modeling will be conducted that examines issues of measurement and the extent to which how we measure outcomes and risk factors impacts our interpretation of disease and mortality risk in Mexican Americans.

Relative to non-border residing participants, border residing Mexican Americans in the Hispanic EPESE did not carry a uniformly higher burden of disease, however had a significantly greater odds of 10 year survival. These findings bring up issues of measurement and how we evaluate disease burden and mortality in Mexican Americans living in the United States.

DEMOGRAPHIC AND EPIDEMIOLOGIC MODELS

5. New Estimates of Race/Ethnic Life Expectancy with Functional Loss and Chronic Morbidity

AU: Mark D. Hayward, Robert A. Hummer, Phillip Cantu, and Chi-Tsun Chiu, The University of Texas at Austin

U.S. native- and foreign-born Hispanics' long life combined with an extended period of life with disability stands in marked contrast to the healthy life experiences of whites and blacks. Whites' survival experience is similar to that for Hispanics but whites experience a relatively compressed period of disability compared to Hispanics. Blacks live fewer

years than both Hispanics and whites, but blacks' also experience an extended period of disability. The pattern for Hispanics, thus, runs counter to the idea that longer life is achieved by delaying morbidity and disability into older ages, a pattern that is more characteristic of whites compared to blacks. Here, we assess how race/ethnic groups differ in the relationships between lifetime mortality, functioning status, and chronic morbidity to better understand the anomalous pattern for U.S. foreign-born and native-born Hispanics. Prior research has largely focused on race/ethnic differentials in survivorship and life with disability, with little attention to morbidity differentials. Attending to morbidity differentials allows us to evaluate the extent to which Hispanics' unusually long period with disability is potentially less reflective of chronic disease experiences compared to the other major race/ethnic groups. Drawing on the National Health Interview Survey (NHIS-LMF 1989-2006 and NHIS 1997-2006), Bayesian multistate life table models are estimated for men and women 50 years of age and older, documenting the length of life with morbidity and functional loss for the major race/ethnic groups in the United States. We obtain estimates for Hispanics as a whole, differentiated by nativity status, and also for native- and foreign-born Mexican Americans. The Bayesian multistate life table approach allows us to generate interval estimates of health expectancies and survivorship that are critical in determining whether race/ethnic groups differ statistically from one another in their lifetime morbidity, functioning and mortality experiences. Prior life table analyses of these issues have not relied on interval estimates, preventing a statistical assessment of race/ethnic differences. Life table estimates of healthy life expectancy are supplemented with statistical models assessing how morbidity and functional status are linked both with each other and with the risk of mortality. Specific attention is paid to the functional and mortality consequences of chronic morbidity across the race/ethnic and immigrant groups.

---

6. Links between Socio-Economic Circumstances and Changes in Smoking Behavior in the Mexican Population: 2002-2010

AU: Hiram Beltran-Sanchez, Harvard University, Duncan Thomas, Duke University Graciela Teruel, Universidad Ibero-Americana, Felicia Wheaton, University of Southern California, and Eileen M. Crimmins, University of Southern California

While deleterious consequences of smoking on health, particularly in later life, have been widely publicized, in many countries in Latin America, smoking prevalence is high and increasing. Little is known about the dynamics underlying changes in smoking behavior in these countries. This project examines the socio-economic and demographic characteristics associated with smoking initiation, quitting and continued smoking in Mexico during the first decade of this century. The roles of age, gender, education, household economic resources and location of residence are highlighted.

Data are drawn from the Mexican Family Life Survey, a rich population-based longitudinal study of individuals ideally suited for investigating changes in health and health-related behaviors. Individuals are categorized as regular smokers and non-smokers at baseline in 2002 and at the time of

the 2010 follow-up. In order to examine dynamics of smoking behavior, these individuals are further grouped into four mutually exclusive categories indicating constancy or change over the period (non-smoker, quitter, starter and continuing smoker). Baseline characteristics associated with changes in smoking behavior are estimated using multinomial logistic models.

There are three main findings. First, many studies have established an association between education and smoking. We replicate that finding but also show that part of this relationship reflects the role of economic resources on changes in smoking behavior. As these countries prosper, more people can be expected to be smoking unless effective policies that mitigate this effect are introduced. Second, associations of smoking with education and economic resources are significantly stronger for females than males indicating that greater prosperity is likely to be accompanied by larger fractions of female smokers. Third, there is considerable heterogeneity in smoking behavior in Mexico indicating that the smoking epidemic is at different stages for males and females, across cohorts and among those living in rural areas, towns and cities. It will be important to take these into account in the course of designing policies. To wit, Mexico has recently implemented fiscal policies and public health campaigns aimed at reducing smoking prevalence and discouraging smoking initiation. These programs are likely to be more effective if they target particular socio-economic and demographic sub-groups.

---

7. Age, Heart Conditions, and Co-Ethnic Concentration among Aged Mexican-Americans in the Southwestern U.S.

AU: Joseph L. Sáenz and Karl Eschbach, The University of Texas at Galveston

Mexican-American enclaves have been attributed with protective effects across various health behaviors and outcomes. The aim of this analysis is to determine if co-ethnic concentration in census tracts modifies the classical positive relationship between age and the prevalence of heart conditions (heart attack, coronary/myocardial infarction and coronary thrombosis) amongst Mexican-Americans age sixty-five and above.

The analysis uses Wave 1 (1992-1993) of the Hispanic-Established Population for the Epidemiologic Study of the Elderly (H-EPESE). Respondents are nested in census tracts and linked with 1990 census data to obtain estimates for tract percentage Mexican-American. Population average models (with HLM 6.04 software) are used to estimate the prevalence of self reported cardiovascular morbidity in relation to age, census tract co-ethnic concentration, and their interactions.

Population average models show the classical micro-level relationship between age and heart conditions and the cross-level interactions with co-ethnic concentration are statistically significant. Age increases the odds of reporting a heart condition and this micro-level "age-reported heart condition" slope decreases as Mexican-American co-ethnic concentration increases. Each 1% increase in tract percentage Mexican-American

is associated with a -0.07 decrease in odds of reporting cardiovascular morbidity OR: 0.93 CI: (0.88-0.98).

Mexican-American co-ethnic concentration may influence the prevalence of reported heart conditions for aged Mexican-Americans. These results suggest the need for more research on the underlying mechanisms. The findings support the hypothesis that high co-ethnic concentration provides benefits for residents in Mexican-American ethnic enclaves in the United States.

---

8. Modeling the Transition to Home After a Nursing Home Stay: Issues of Gender, Race and Hispanic Ethnicity

AU: Stipica Mudrazija, Mieke Thomeer, and Jacqueline L. Angel, The University of Texas at Austin

Older Hispanics have a lower likelihood of entering nursing homes than non-Hispanic whites, and those who enter it are generally in much worse health. However, few studies to date have examined the issue of the duration of stay and discharges from nursing homes as well as post nursing home living arrangements. In this paper, we examine how the intersection of health, gender, and socio-economic factors affects the duration of stay in nursing homes across racial and ethnic groups. Furthermore, we examine what post nursing home living arrangements can tell us both about the need for informal care after a transition from a nursing home to the community as well as any differences in preferences for informal and formal provision of care among Hispanics as opposed to other racial and ethnic groups. Data come from 1998-2010 waves of Health and Retirement Study, and include all Hispanics and non-Hispanic whites and blacks who were admitted to a nursing home during that period (N=2,536). We use Cox proportional hazard model to estimate the duration of stay in a nursing home controlling for the competing risk of death, and multinomial logistic regression to model post nursing home living arrangements. Results reveal that Hispanics stay a shorter period in nursing homes than other racial and ethnic groups even though they are admitted in comparatively worse health. After leaving nursing homes, Hispanics, and Hispanic men in particular, are most likely to live with children, their families or other relatives who can care for them, which is not the case for other racial and ethnic groups that are more likely to either live alone or with a spouse/partner only. With the rapid increase in the number of elderly Hispanics in the United States the importance of understanding patterns of discharge planning and their implications for ethnic-based health care disparities grows.

---

9. The Mexican Physiological Revolution: Putting Mexico in an International Perspective

AU: Eileen Crimmins, University of Southern California

Mexico has undergone a physiological revolution over the last few decades. Extensive physiological changes have accompanied reductions in infection, increases in calorie

consumption, and decreases in manual labor. These changes appear to have resulted in increases in weight, hypertension, and dyslipidemia. Mexico's changes exceed those of most other countries undergoing similar changes indicating that Mexican diets and behaviors may put them at unusually high risk in the contemporary world.
This presentation uses newly available biomarker data to examine physiological status in Mexico and comparable countries. Methods of collection and analysis of data will be part of this presentation. In addition, methodological approaches to summarizing biological risk will be developed.

NEW DATA AND METHODS ON AGING AND HISPANIC MENTAL HEALTH

10. Combining Qualitative and Quantitative Methods in Research on Depression in Older Latinos: Results from the Men's Health and Aging Study

AU: Ladson Hinton, University of California, Davis School of Medicine

This presentation will give an overview and results from the Men's Health and Aging Study, an interdisciplinary and National Institute of Mental Health funded mixed-method observational study of barriers and facilitators of depression care among older Mexican-origin and white non-Hispanic men in several primary care settings in California's Central Valley. A consecutive sample of 364 men age 60 and above was screened for depression and depression treatment. The screening process identified 108 men with a past year history clinical depression and/or receipt of depression treatment who were then asked to participate in an in-depth qualitative interview and a structured survey of treatment preferences (i.e. conjoint survey). At total of 80 completed the qualitative interview and 63 completed the survey of depression treatment preferences. Eighteen primary care physicians from participating recruitment sites were also interviewed qualitatively to elicit their views on treating depression in older men. A central finding of the study, supported by analyses of both the qualitative and quantitative data, is the importance of family as both a barrier and facilitator of older men's depression care. The relevance of these findings for intervention research to close gaps in depression treatment for older Latinos will be discussed. This presentation will also highlight methodological considerations (choice of qualitative approach, sequential ordering of qualitative and quantitative approaches, conducting research in interdisciplinary teams, design and analytic issues) and well as the value of combining qualitative and quantitative methods in research with older Latinos.

---

11. Testing Sociocultural Explanations For Latino Health Paradoxes: The Case of Social Support and Depression
AU: Edna Viruell-Fuentes and Flavia C. D. Andrade, The University of Illinois at Urbana-Champaign

Greater availability and better quality of social support have been suggested as possible explanations for the better-than-expected health outcomes observed among Latino

immigrants relative to their U.S.-born counterparts. However, few studies have directly tested this proposition, and even fewer have examined the relative contribution of different sources of support for explaining nativity differences in health outcomes. We first assessed whether Latino immigrants experienced higher levels of social support from spouses, friends/relatives, and children than U.S.-born Latinos. We then examined whether social support from these sources explained nativity differences in depression symptoms among Latinos. We analyzed data from the 2001-2003 Community Adult Health Study. We used multivariate regression methods to assess the effect of nativity status on positive social support and negative interactions with spouses, children, and friends/relatives. We then addressed whether social support from these sources influenced levels of symptoms of depression. Our models controlled for demographic, socioeconomic, and neighborhood characteristics. Immigrants and U.S.-born Latinos report similar levels of positive support from spouses and friends/relatives. Relative to immigrant Latinos, U.S.-born Latinos reported higher levels of negative interactions with spouses and friends/relatives. In general, U.S.-born Latinos reported higher levels of depressive symptoms. Regardless of nativity status, individuals with positive social support reported lower levels of depression symptoms. Negative interactions with spouses and friends/relatives were associated with higher levels of symptoms of depression. Negative interactions with children did not influence depression symptom levels. Marital support helped explain nativity differences in mental health outcomes. Negative interactions with friends/relative also helped explain differences in depressive symptoms among U.S.-born and immigrant Latinos in Chicago. Our study shows that availability and quality of social support by nativity in the United States is multifaceted, and that explanations for immigrant and Latino health outcomes require deeper examination.

12. United States Migration Experience and Depressive Symptoms among Older Mexicans: Evidence from the Mexican Health and Aging Study

AU: Emily M. Agree and Maria J. Perez-Patron, Johns Hopkins University

Depression, anxiety, and substance abuse have all been found to be common responses to the stress associated with migration. Several epidemiological studies have found that the mental health of Mexican immigrants to the U.S. deteriorated as the duration of their migration experience increased. Yet, it is difficult to understand the consequences of migration for health outcomes because immigrants can rarely be compared to the appropriate comparison group (those who never migrated.) In this presentation we explore how the migration experience and its consequences for fertility and union formation are related to depressive symptoms later in life among a sample of U.S. migrants who returned to Mexico, compared with non-migrants.

We analyze data from the Mexican Health and Aging Study (MHAS), a longitudinal study of older Mexicans begun in 2001. The baseline survey is a nationally representative sample of Mexicans ages 50+ at the time of the survey, and includes both returned migrants and non-migrants. The MHAS contains a broad array of information on demographic characteristics, health status, union formation, and migration history.

Poisson regression models, run separately by gender, were used to identify the characteristics associated with the mean number of depressive symptoms among older Mexican men and women.

Contrary to expectations, results show that temporary migration to the U.S. does not appear to be significantly related to the number of depressive symptoms later in life. Having more years of education, being in "good health", and in a union appears to be protective against symptoms of depression. Being divorced or widowed, having a financial situation perceived as poor, limitations in Activities of Daily Living, and being in severe pain all were associated with higher levels of depressive symptoms. These relationships did not differ by sex-- coefficients were similar in both direction and magnitude for both men and women.

Temporary migration to the US does not appear to be a significant factor related to depression later in life, once health and family characteristics are taken into account in models. However, to the extent that migration episodes affect the life course trajectory of migrants, especially in their family life and health, we may be underestimating the effects of the migration experience. Additionally, migrants who remain in the US and do not return to Mexico may differ from both return and non-migrants. Further research on the timing and duration of US migration experience will help to elucidate these issues.

---

13. Childhood Poverty and Depressive Symptoms For Older Adults in Mexico: A Life-Course Analysis

AU: Jacqueline M. Torres, UCLA and Rebeca Wong, The University of Texas Medical Branch at Galveston

Recent health research has turned its focus to childhood circumstances in order to explain later-life outcomes. However, less work has been done in the developing country context, and particularly on mental health outcomes. This study applies life-course theories of latent (direct), pathway (indirect) and conditional effects in an analysis of childhood poverty on later-life depressive symptoms among older adults in Mexico. Data are from the 2001 Mexican Health and Aging Study (MHAS), a nationally representative sample of older adults born before 1951 (n=8697). Respondents had a mean of 3.6 past-week depressive symptoms (9-item CES-D scale) and 71% had no household sanitation facilities before age 10, indicating poverty. Childhood poverty is significantly related to scores on the 9-item CES-D scale in the full model ($b=0.20$, $p<0.01$). This effect is partially mediated by four adult socio-economic status measures, although decomposition analysis reveals the mediation effect to be primarily driven by education, and minimally by occupation, wealth or income. Results for conditional effects of childhood poverty and education on CES-D scores are negative. The negative results instead suggest that material deprivation during childhood has a consistently adverse impact on depressive symptoms later on regardless of years of education, although education has important implications for health outcomes generally. These findings have important implications for Mexico's rapidly aging population as well as efforts for childhood poverty reduction.

POLICY AND PRACTICE MODELS

---

14. Social Determinants of Health and Functional Status In Mexico. Socio-Medical Research on Old Age And Aging At The Instituto Nacional De Geriatría.

AU: Luis Miguel Gutiérrez-Robledo, César González G, Mariana López Ortega, Liliana Giraldo, Sara Torres, Nidya Torres, Instituto Nacional de Geriatría México

Mexico is a diverse country where profound social inequality still prevails and tends to deepen. At the same time it is a rapidly ageing society. Thus, individuals 60 years and older in Mexico, represent a very peculiar population that has survived the profound demographic, social, economic and epidemiological changes that we have endured during the past century and yet today. All this is happening in a difficult context of growing violence and social exclusion. A wide array of social determinants interacts to determine the health and the aging profile of our population. In this context, the Instituto Nacional de Geriatría's mission statement is to promote our population's healthy and active aging throughout knowledge production, enhancement, dissemination and translation into common knowledge and public policies. The aim of this work is to introduce our social research team most recent results in the field of the social determinants of health. Results will be presented on social exclusion and abuse; the geography of aging, social and family networks, mortality, morbidity, functional status and disability, internal and external migration and long term care from the perspective of the social determinants of ageing and health. We will elaborate on how this research is feeding the development of a Public Policy on aging and health in Mexico. We will be presenting as well new data sets readily available for further research and collaborations in the field.

---

15. Chronic Disease Prevention in Latin America: Examples from the Use of the Coronary Heart Disease Policy Model.

AU: Eliseo J. Perez-Stable, University of California, San Francisco

Chronic non-communicable diseases are the leading cause of death and disability in Latin America. Implementation of preventive interventions may have significant impact on the public's health to modify risk factors leading to coronary artery disease, heart failure and stroke. Using computer simulation model developed in the US but with data from Argentina, we present two examples of how preventive interventions can save lives. We will present the impact of implementation of a tobacco control law that would enforce 100% smoke free environments for the entire country, strong and pictorial health warnings on tobacco products and a comprehensive advertising ban on cardiovascular disease. Similarly, the effect on cardiovascular disease on of implementing a three grams reduction in dietary sodium intake by modifying added salt by industry will be presented.

The Coronary Heart Disease (CHD) Policy Model was used to project future cardiovascular events. Data sources for the model included vital statistics, morbidity and mortality data, and tobacco use estimates from the National Risk Factor Survey. Estimated effectiveness of interventions was based on a literature review. Results were expressed as life-years, myocardial infarctions and strokes saved in an 8-year period between 2012 and 2020. In addition we projected the incremental effectiveness on the same outcomes of a tobacco price increase. We also modeled the impact and cost of reducing salt intake in the population by three grams per day by reducing salt content in processed food for 10 years and the effect on cardiovascular outcomes..

In the period 2012-2020, 8500 CHD deaths, 19,500 myocardial infarctions and 6700 strokes could be avoided with the full implementation and enforcement of this law. Annual percent reduction would be 4.9% for myocardial infarctions, 1.5% for stroke and 4.6% for CHD deaths. If a tobacco price increase is implemented the projected avoided CHD deaths, myocardial infarctions and strokes would be 15,500, 34,400 and 11,800, respectively. The salt reduction intervention would result in 656,657 more quality adjusted life years even with sensitivity analysis of low efficacy. If one assumes higher efficacy, there would be reductions in coronary artery disease incidence by 24%, myocardial infractions by 21.6%, strokes 20.5%, CHD deaths by 19.9% and all-cause mortality by 6.4%.

Implementation of the tobacco control law or a reduction in salt content of processed food would produce significant public health benefits in Argentina.

---

16. Presidential Campaigns and Implications for Aging Policy

AU: Fernando Torres-Gil, University of California at Los Angeles

This session will update conference participants on current policy proposals that are being set forth by presidential candidates and policy responses to current federal aging initiatives. With a likely push toward entitlement reform in both political parties due to budgetary pressures, and the implementation of the ACA, there are multiple contingencies impacting legislation in 2013 in the United States. And we may also see progress/movement on issues of the Dream Act and Immigration Reform that could affect aging foreign-born individuals in various ways from social security to health care. Together, the policy responses to aging have important implications for serving low income older persons. This session will outline the current status of national policy debates and proposals with specific attention to Hispanics and cultural diverse underserved populations experiencing severe economic conditions.

Submissions

1. Mark D. Hayward, Chi-Tsun Chiu, Phillip Cantu, Robert A Hummer. "New Estimates of Race/Ethnic Life Expectancy with Chronic Morbidity and Functional Loss: Evidence from the National Health Interview Survey"- MARKIDES

2. Hiram Beltrán-Sánchez, Duncan Thomas, Graciela Teruel, Felicia Wheaton, Eileen M. Crimmins "Links between Socio-Economic Circumstances and Changes in Smoking Behavior in the Mexican Population: 2002-2010"- MARKIDES

3. Ronald J. Angel "After Babel: Language and the Fundamental Challenges of Comparative Research"- VEGA

4. Emily Agree and Maria J. Perez-Patron. "United States Migration Experience and Depressive Symptoms among Older Mexicans: Evidence from the Mexican Health and Aging Study"- VEGA

5. Jennifer Salinas. "Border Health in the Shadow of the Hispanic Paradox: Issues in the Conceptualization of Health Disparities in Older Mexican Americans Living in the Southwest"-HAYWARD

6. Joseph L. Sáenz and Karl Eschbach "Heart Conditions, and Co-Ethnic Concentration among Aged Mexican-Americans in the Southwestern U.S. " HAYWARD

7. Jacqueline (Jackie) M. Torres and Rebeca Wong "Childhood Poverty and Depressive Symptoms For Older Adults in Mexico: A Life-Course Analysis" HAYWARD

8. Steve Wallace "Measuring Economic Need among Latino Elders" (draft by October)- J. ANGEL

9. Fernando Torres -Gil (graduate student)- "Presidential Campaigns and Implications for Aging Policy"- J. ANGEL

10. Ladson Hinton- Combining Qualitative and Quantitative Methods in Research on Depression in Older Latinos: Results from the Men's Health and Aging Study"- VEGA

11. Alberto Palloni- J. Angel- New Models of the Compression of Morbidity in the MHAS- ANGEL

12. Eliseo Perez-Stables- A Global Perspective of Chronic Disease (non-communicable diseases) in Latin America: New Evidence from the CHD policy model methods- MARKIDES

TIMELINE

An aggressive timeline can be proposed because most of the presenters have already completed drafts of their papers. The sixth installment of the CAA meeting will be held in September 17-19, 2013 and copies of the volume would be distributed to conference participants. The timeline we believe that could be accomplished would be as follows:

Letters of invitation	September 20, 2012
Revised Paper Submission	October 31, 2012
Peer Review Completed	March, 31, 2013
Final Drafts	June, 30 2013
Publish	September 1, 2013
2013 ICAA	September 17-19, 2013

Appendix C (continued)

PEER REVIEW

To insure that the papers are of high quality, we will follow these steps:

1) Solicit unbiased reviews of each paper from two independent scientists (with expertise in minority aging and Hispanic populations) 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). Starting from the first submission, each paper will conform to the format (abstract format, APA reference citation, etc.) for scientific papers typically accepted for review by the journal.

2) The reviews will evaluate significance, methodological approach, and the appropriateness of interpretations. Reviewers will be given 8 weeks to provide a review of the manuscripts they agree to evaluate.

3) The Co-editors will serve as a third reviewer in cases of unbalanced reviews (one positive review and one negative) and help to clarify revisions needed to get papers to the standards of excellence typical of the journal. The co-editors will only accept papers of the highest scientific quality.

4) Feedback will be sent to the authors of each paper and, if the review is encouraging, authors will be given 30 days to respond.

5) Each author will provide a written response to the critique with their revised manuscript.

6) The Co-Editors will then serve as the final review and evaluate the revision to assure that all critical features of the review have been addressed. The editors will strive to keep the process moving to produce a timely publication. Thus to guarantee this, we are prepared to leave some authors out of the special volume, and to replace reviewers quickly as needed.

1. Internal review- send to appropriate decision editor-
2. Send out for review; Is it reviewable?); no (reject without review)
3. Make suggestions for possible external reviewers
4. Decision editor sends to two reviewers
5. Make final decision: 1) Accept as is, 2) Revise and resubmit with minor revisions; 3) Reject

Appendix D

October 12, 2012

Evaluation Report
2012 International Conference on Aging in the Americas
Evaluated by Robert B. Wallace, MD, MSc
University of Iowa College of Public Health

The report below summarizes each of the activities and presentations (within the text, some suggestions for future conferences are made in italics). The evaluation ends with general topics for the future, to be addressed by the conference planning committee."

Day 1: 11 September 2012

This consisted of a welcoming dinner, introductions the leadership of the conference, and a talk by Fernando Torres-Gil. The talk considered the forthcoming US presidential election, but maintained a balanced approach, focusing on the policy implications of changing federal funding for health and social programs related to Latino populations. This was insightful because it allowed the identification of American and Mexican research questions related to policy as well determining the impact of some of the larger programs, related to payment for medical care of elders (including Medicare and Medicaid-like programs), social security support of older people, and other similar helping programs. Torres-Gil set the tone for the conference and gave a sense of urgency and immediacy to these issues and the need for aging-related research.

Day 2: 12 September 2012

1. William Vega and Jacqueline Angel – Welcoming Introduction

Both Drs. Vega and Angel offered useful information on the scientific future of the collaborations and future directions. This was important not only for setting the stage for the conference, identifying the educational strategies and explaining the emphasis on mentoring, but the presentations also served as a call for new scientific projects and new investigative themes related to aging in the Americas. There was also an important call for worldwide dissemination. One important follow-up to the meeting is a special session on Aging in the Americas at the annual Gerontological Society of America meeting this coming November 16th. A substantial representation from all over the US and from Mexico was noted.

2. Eileen Crimmins -- Keynote Address: The Mexican Revolution: Putting Mexico in an International Perspective

Dr. Crimmins described an important and interesting cross national study of the role of nutrition in economic development, covering issues such as changing nutrition, anthropomorphics and lifespan characteristics. This was a combined epidemiological and demographic look at the role of changing body characteristics and health states and risk factors for cardiovascular disease and other conditions related to obesity and over-nutrition. The focus was on what can be learned from the epidemiological transitions that countries are sustaining and rapidly sustaining now, and particularly what can be learned from the variations from the common patterns in this transition. The discussion provoked a substantial amount of interesting discussion. This is a very complex area which is not easy to address. *There would be value in the future on focusing on how both formal and informal public health programs can address these problems in both the USA and Mexico,* as part of an emphasis on behavioral change, as well as for better data collection in population surveys to address the issues with more breadth and precision. The presentation also emphasized the value of bio-demography and epidemiology in these larger health trends.

3. Larissa Avilas-Santa; The Hispanic Community Health Study

The presenter delivered this speech from a remote location, but it worked reasonably well. (NB: it is sometimes difficult to sense audience responsiveness using this mechanism, but it was unavoidable). The presentation focused on a study of about 16,000 Hispanics living near four US study centers, founded in 2006 and sponsored by NIH. The goal is to examine pulmonary and cardiovascular disease rates and correlates. *There were many challenges in recruitment in this study, lessons for future work.* The presentation was mainly to introduce the audience to the study resource, for future application. The core health measures seem fairly conventional at this point, but there are ancillary studies may change this. This is a volunteer sample and not population based in the usual sense. It would have useful to provide more information on the availability of data for other analysts, but the study will add information for those interested in cross-cultural and cross-national research.

4. Hiram Beltran Sanchez: Links between Socioeconomic Circumstances and Changes in Smoking Behavior in the Mexican Population: 2002-2010

Using the Mexican Family Life Survey, the investigator looked at dynamics and change in smoking patterns in this representative Mexican sample. The slides were too busy and often did not project well. Better graphic data reduction would have been helpful. However, the ideas and study design are important and useful, and not otherwise widely available. Important SES patterns were present and these have implications to tobacco control. Thus, it is important to have this information for tobacco control, and exploit Mexican and other Latin research as an example of how epidemiological data needs to be extended to inform public health interventions and modifying personal and population behavioral. *The study of the relation of smoking to other important public health exposures and interventions, particularly across national borders, is needed.*

5. Steven Wallace: Measuring Economic Need among Latino Elders in the US

This was a very well delivered, engaging discussion on measuring need and economic means among American Latino elders, but it has implications for many cultural and ethnic groups. The notion of the "poverty line" was introduced in historical and conceptual terms, and its meaning explored, relative to the analytical approach of using economic means as a continuous variable. The descriptive data on Latino elders in California was not detailed but of interest. *This is an area that needs to be played out in several ways, including: a) how different cultures alter the meaning of the poverty index, b) the categorical impact on health outcomes, c) the evolution of the indices over time, and d) how the index translates into policy applications.*

6. Mark Hayward: Discussant for Presentations 3-5 Above.

This was a useful presentation aiming at summing the lessons from the presentations Dr Hayward raised an important issue on who is really being studied in population context. Important survey issues included: data being rapidly outdated; and the variation in national and cultural characteristics. *The issue of future characteristics of current populations surviving is important, over and above age, period and cohort effects, and needs special study.* A general issue is the variation within populations, as well as the unavoidable variation of who volunteers for surveys. A provocative and interesting talk that will trainees well.

7. Luis Miguel Gutierrez-Robledo: Social determinants of health and functional status in Mexico. Socio-medical research on old age and aging at the Institutio Nacional de Geriatrica.

This presentation addressed a large resource of data describing the health and social status of older Mexicans, using vital and other administrative records, and survey information where available. Great socioeconomic variation exists in Mexican elders, and data were presented suggesting that this translates into similar variation in important health differences, the illnesses and conditions of older persons. Many of the associations between SES and health are not linear, begging for more complex explanations. With or without complex health variation with varying SES, there is a difficult problem in translating the findings into policies that attempt to assure social support for all. *This talk raised the issue of how data can be extended into policy decisions a future topic at this conference. It also raised the issue of data availability for cross-national investigators.*

8. Eliseo J. Peres-Stable: Chronic disease prevention in Latin America: Examples from the use of the Coronary Heart Disease Policy Model.

This was an interesting discussion of the general prospects within Latin American countries for cardiovascular disease (CVD) risk factor control, given the emerging epidemiological transitions. A policy model to deal with CVD was adapted, including forecasting capacity and the ability to do sensitivity analyses with prediction of disease and death rates (CVD) depending the assumptions of risk factor and medical care

changes. A particular tobacco control "law" was evaluated for the amount of prevention, including some non-CVD diseases. *While it remains to be seen whether prediction models will change regional or national health policy, this was an extremely useful example of a research direction for future conferences, because it bridges science and policy in the Latin context.* There could be population health projection models on all sorts of elder health and disability issues. A related issue is how can local outcome surveys be created that would be more predictive of local situations.

9. Kathleen Wilber: Discussant of Presentations 8 and 9, Above

This was a useful commentary on how to move policy forward, raising again the cosmic issue on whether data matter in policy decision-making. No one at the conference, particularly from Latin America, has had experience as a policy maker, and this whole topic might be of great value for a future conference topic on cross-national decision-making. *Some representation of those with public health responsibilities ("on the ground") would be of value as future speakers, particularly addressing the challenges of improving health and dealing with multiple, competing health priorities for elders.*

10. Session Podium Presentations from "Emerging Fellows"

Here, of the 24 fellows who presented posters (see below), three were selected for podium presentations:

A. Frances Yang: Measurement bias in neuropsychological tests.

B. Joseph Saenz: Heart disease and co-ethnic concentration

C. Jacqueline Torres: Childhood poverty and depressive symptoms of older adults.

This was a very effective approach to encouraging trainees to proceed with their work, and was one of several examples of effective mentoring during the conference. The "award" of plenary presentation is a great encouragement to go forward with important work. The presentations were of high quality and the questions from the audience were well defended, a testament to the judging process and to the skill of the trainees. *Another way to enhance reinforcement of this process would be to encourage and facilitate publication of the findings, perhaps with prior arrangement with a journal. Alternatively, it is possible to provide the presentations on the website or some other similar venue.*

Poster Session

This was very successful for those trainees displaying their work, and the participating reviewers, scientific visitors, and displayers all benefitted from the process. It is something to promote in future conferences, as it allows more individual comment to trainees. The work was important and useful, and trainees in particular seemed to get a lot out of it. While the poster content was important, some were too busy and cluttered,

containing too many words, tables and figures; this is typical for new investigators and some additional instruction to displayers would be of value.

11. "Ten-Minute Mentoring"

Before the dinner this evening, trainees (pre-and post-doctoral) were invited to meet with a series of pre-selected mentors, one-on-one, for 10 minutes each, for a total of 4-5 visitations. This overall was an innovative and good idea. In interviewing four of the mentees (by this reviewer), all liked the idea of being exposed to experienced mentors outside of their own institutions and were positive about the opportunity. However, some ways to improve this process were suggested: a) more time was needed with mentors. All commented that there wasn't enough time to get important questions addressed; b) while all of the mentees had received a list of faculty mentors prior to the meeting, a brief vita of each of the mentors in advance would be useful to the trainees to facilitate and focus discussion; and c) the students should also provide a brief "vita" with their backgrounds and interests, so the mentor can better respond in a timely manner. However, the process the well-received and useful, and with improvements, should be continued.

Day 3: Thursday September 13th

12. Keynote Address: Ronald Angel: After Babel: Language and the Challenges of Comparative Research.

This was an interesting and important presentation on conducting research across national and cultural divides. It dealt directly with the linguistics of cross-national research and the difficulties of translating and interpreting cross-language phenomena, such as symptom and health profile instruments. This goes beyond conventional measurement issues, such as reliability and validity, and is a special problem in detecting and measuring mental illness. There was some use of jargon in the beginning of the presentation that was probably beyond some of the audience, but the overall goal of the presentation was well-achieved. *On balance, more work of this type should be included in among the core methods of cross-national research, and would be of value in future conferences.*

13. Ladson Hinton: Combining qualitative and quantitative methods in research on depression in older Latinos—Results from the Men's Health and Aging Study.

This was an interesting and important presentation in using mixed methods for studying an important clinical problem. While clinical practice by health professionals is in part semi-structured, it is fundamentally a qualitative process, one that goes beyond goes beyond the patient to include families, caregivers, friends and other health professionals. Further, this presentation emphasized the clinical and well as the population approaches to cross national illness. This is a critical approach to understanding a conditions such as depression, where all the manifestations are behavioral, in cross-national perspective. As

was true of the R. Angel presentation above, this adds to the methodological repertoire that is available to conference attendees.

14. Emily Agree: United States migration experience and depressive symptoms among older Mexicans. Results from the Mexican Health and Aging Study

This was a thoughtful and advanced approach to late life depression in older Mexican men analyzed according to the extent of the periodic migration experience to the US. It takes advantage of the MHAS survey on Mexicans who are living in their home country, but may have migrated one or more times. Gender contrasts were performed, as well as a series of risk factor evaluations on which men get depression. Life stage issues were emphasized, useful to the audience. While there seemed to be little impact of migration on depression levels in men, that finding still has important policy implications. It also raises the issue of how Mexican clinicians can take advantage of such information. This was a good example of a specific substantive research question addressed with a dataset that "crosses" national borders.

15. Mark Hayward: Race-ethnic life expectancy with functional loss and chronic morbidity

An examination of the mortality outcomes associated with prevalent illness and ethnicity at baseline. Hayward pointed out that there are differences among never smokers compared to the general mortality experience, adding a new perspective on the interpretation of the "Hispanic paradox," as well as on the interpretation of the health advantage of foreign-born Hispanic migrants in the USA. This was really an hypothesis-generating exercise and needs to develop a set of specific studies in the future, depending on the scientific goals.

16. Elizabeth Arias: Estimating period life tables for US Hispanic subpopulations

In this presentation, Arias attempted to "unpack" the Hispanic paradox and explain some of the findings of Hispanic greater survivorship in the US by exploring linked vital records (births and deaths) and the American Community Survey, to develop life tables for Hispanic subgroups. Correction factors were used for ethnic misclassification and misclassification of older ages. With this methodology, the survival advantage of Hispanic remains, and some differences remain among Hispanic subgroups. This is one step toward better understanding of Hispanic health in the US, and was a good example of an advanced approach, even if all of the methods problems were not solved. This may be a topic for a larger session at the next meeting, with greater emphasis on how to go hypothesis development and not on existing studies. This presentation showed that more methods development is needed.

17. Jennifer Salinas: Border health in the shadow of the Hispanic paradox: issues in the conceptualization of health disparities in older Mexican Americans living in the southwest

This was a useful overview of where the "Hispanic paradox" work has gone recently. US-Mexican border health issues have received little attention and there is little literature on this topic, especially about elders. This study explored the characteristics of Mexican-Americans living in the border areas, contrasting them with those living farther from the border, and using the Hispanic-EPESE dataset. While no clear findings were apparent, it added to the understanding of the "paradox," but it may have later scientific and policy implications.

18. Consensus Building Session

This was very useful in covering details and discussed issues from the conference and in taking stock of what was learned and where the conference should go next. Such sessions are not often held, but they contribute importantly, at a time when the issues are still in mind, to determining continuing educational and research needs.

Appendix E

Recommendations from the External Reviewer

The conference is very likely to grow, and is now able to build on an excellent precedent and an excellent planning committee. The following are suggestions for future conferences that build on the strengths of past conferences:

1. Continue to work on refining the ability of trainees attending the conference to meet with experts and seasoned faculty in order to promote short term mentoring, exchange modern themes and methods, and become socialized in the important fields represented.

2. Devote some increased amount of time at the conference for expert didactic presentations on important, modern methodological issues relevant to conducting cross-national and cross-cultural research relevant to aging and American minority populations. Such topics might include: ethnic ancestry and genetics/ genomics; the genetics of behavior in aging; new approaches to biomarkers and ethnicity; linguistic applications in cross-national research (see comment above); new methods of measuring health and disease; the measurement of cultural variables quantitative models; and the harmonization of data in cross-national studies.

3. Support methodological topics with web-based information and resource materials, in both English and Spanish.

4. As suggested by a participant, bring more Latin American investigators to the meeting in order to hear their methods and issues in more detail, and provide translation where necessary.

5. Explore the relation of demographic, social, economic and epidemiological data to policy decisions. These policies may be clinical or governmental, but students need to understand how their data can be used in decision-making, and not just occur in unattended isolation.

6. In keeping with suggestion #5 above, consider attempting to have one or more policy-makers from Latin American and US present their views on how scientific data are used in policy decisions.