



The 2010
International
Conference on

*Ageing
in the
Americas*

*Key Issues in Hispanic Health
and Health Care Policy Research*

Issues of Disability, Caregiving,
and Long-term Care Policy

September 15–17, 2010
AT&T Executive Education
and Conference Center
Austin, Texas

Lyndon B. Johnson School of Public Affairs
The University of Texas at Austin



SINCE TIMES BEFORE MEMORY, *la mariposa monarca* (or monarch butterfly) journeys through the Americas to sustain its life. In cool, clear skies of October, indigenous people reverently welcome returning souls on wings aloft, reuniting in central Mexican forests and valleys. So the cycle continues from beginnings unknown to no ends . . .

The *Aging in the Americas Conference* selected *la monarca* to symbolize the threads that unite us *across the Americas* in understanding and reverently preserving the dignity and integrity of life's cycle that knows no beginnings or ends. Roberto Salas was commissioned by the *Conference* to create *la monarca*. *La monarca* was drawn from pre-Columbian images and images from industrialized and post-industrialized *Americas*. He is a Chicano artist who received his Masters in Fine Art from the University of New Mexico. Roberto Salas is Director of the art galleries *El Taller Cruzando Traques* (<http://www.robertosalas.com/roberto-salas-home.htm>), which is located in San Diego, California and Studio Maguey, in El Paso, Texas.

Conference Overview

THE 2010 INTERNATIONAL CONFERENCE ON AGING IN THE AMERICAS is the fourth installment of a successful series of meetings on aging in the Mexican population. This latest conference co-organized by Drs. Jacqueline Angel, Kyriakos Markides, Fernando Torres-Gil, and Keith Whitfield emphasizes issues pertaining to disability, caregiving, and long-term care policy for Latinos in the United States and Mexico. (www.utexas.edu/lbj/caa).

The Conference Series on Aging in the Americas (CAA) was established in 2001 at The University of Texas at Austin. The Conference Series has several goals. One is to promote interdisciplinary collaboration by gathering a broad array of researchers in the fields of Hispanic health, health care policy, and behavioral and social aspects of aging into a single forum to foster exchange of ideas and collaborative efforts aimed at addressing key issues affecting the health of aged Latinos. Specifically, the papers examine dimensions of healthful aging as opposed to strictly epidemiologic studies of illness, morbidity, and mortality in the Mexican-origin population, including identifying the social, biobehavioral, and psychological determinants of health among Mexican Americans and Mexican immigrants. The ultimate objective of the Conference Series is to develop consensus on the best means of ensuring healthful aging of individuals of Mexican ancestry in the United States to inform research and public policy.

Latinos, especially those of Mexican ancestry, are re-shaping the demographic composition of the US. Latinos are the fastest growing demographic group in the country and at the dawn of the 21st century became the nation's largest minority category. What is unclear is how social, biological, and behavioral factors work in concert to create unique patterns of aging for this underserved and understudied ethnic group. As the Latino population ages, the health and well-being of this group is a critical public policy concern. This vital conference called "Issues of Disability, Caregiving, and Long-term Care Policy" will provide the opportunity for scientists involved in the study of Latino health and aging to set the research agenda on a large and growing segment of the US population that has been long overlooked. Keynote presenters include: Dr. Eduardo Sanchez, Vice President and Chief Medical Officer, Blue Cross/Blue Shield of Texas, is the After Dinner Speaker; Dr. William Vega, Executive Director, Edward R. Roybal Institute on Aging, University of Southern California, who will open the conference; Dr. Emily Agree, Director of the John Hopkins Center for Population Aging and Health, will be the Luncheon Keynote Speaker; and Dr. Fernando Torres-Gil, Director Center for Policy Research on Aging, University of California, Los Angeles, who will deliver the closing ICAA address.

The 2010 International Conference on Aging in the Americas will have a poster session organized by Dr. Terrence Hill, Florida State University, which brings together emerging scholars' work that demonstrates how social, psychological, and biological factors profoundly impact the health and long-term care of Latino people in late life.

Health disparities are complex and multifaceted. Thus, organizers hope to begin an interdisciplinary discussion of the unique situational factors and cultural behaviors that interact to impact the health and functioning of aging Mexican Americans. Research along these lines will inform specific public health interventions related to disease prevention and ultimately inform public policy decisions that will protect the health of aging Latinos.

Program

September 15-17, 2010
AT&T Executive Education and Conference Center
The University of Texas at Austin

Wednesday, September 15, 2010

Cocktail Reception and Dinner (by invitation only)
Bob Bullock Texas History Museum
1800 North Congress Avenue
Austin, Texas

- 6:00 pm **Cocktail Reception and Dinner**
Jacqueline Angel, Ph.D., The University of Texas at Austin
Kyriakos Markides, Ph.D., The University of Texas Medical Branch at Galveston
Fernando Torres-Gil, Ph.D., The University of California at Los Angeles
Keith Whitfield, Ph.D., Duke University
- 7:00 pm **Welcome**
Jacqueline Angel, Ph.D., The University of Texas at Austin
Kyriakos Markides, Ph.D., The University of Texas Medical Branch at Galveston
Fernando Torres-Gil, Ph.D., The University of California at Los Angeles
Keith Whitfield, Ph.D., Duke University
- 7:30 pm **Welcome**
Robert Hutchings, Ph.D., The University of Texas at Austin
- 7:45–9:00 pm **After Dinner Speaker**
Introduction of After Dinner Speaker
David Warner, Ph.D., The University of Texas at Austin
William Sage, M.D., The University of Texas at Austin
Keynote Speaker
Eduardo Sanchez, M.D., Blue Cross Blue Shield of Texas

Thursday, September 16, 2010

AT&T Executive Education and Conference Center
1900 University Avenue
Austin, Texas

- 7:30–8:30 am **Breakfast**
Conference Welcome (Amphitheater 204)
- 8:30–9:00 am **Introductions and Welcome**
Jacqueline Angel, Ph.D., University of Texas at Austin
Kenneth Shine, M.D., University of Texas System
Victoria Rodriguez, Ph.D., University of Texas at Austin

Opening Keynote Speaker

- 9:00-10:00 am **Introduction of Opening Keynote Speaker**
Kyriakos Markides, Ph.D., University of Texas Medical Branch at Galveston
- Keynote Speaker**
Latinos Aging in Place: Issues and Potential Solutions
William Vega, Ph.D., University of Southern California
- 10:00 – 10:15 am **Break**
- Panel Discussion I—Epidemiology of Latino Disability.** Presentations will focus on key determinants and longitudinal patterns of physical disability and cognitive function among older people of Mexican origin in the US and Mexico.
- 10:15 am-12:00 pm **Presider—Hector González , Ph.D., Wayne State University**
- Major Contextual and Individual Predictors of Functional Decline and Rates of Disability in Older Mexican Americans: Results from the Sacramento Area Latino Study on Aging (SALSA)*
Mary Haan, Ph.D., The University of California at San Francisco
Adina Zeki Al-Hazzouri, University of Michigan at, Ann Arbor
Allison Aiello, University of Michigan at, Ann Arbor
- Does the Latino Paradox in Mortality Extend to Disability? A Comparison of Older Mexicans in the United States and Mexico*
César González, Mexican Institute of Geriatric
Mark D. Hayward, The University of Texas at Austin
Rebeca Wong, University of Texas Medical Branch at Galveston
Chi-Tsun Chiu, The University of Texas at Austin
- Nativity, Immigration, and the Cognitive Functioning Trajectories of Older Mexican Americans*
Terrence D. Hill, Ph.D., Florida State University at Tallahassee
Jacqueline Angel, Ph.D., University of Texas at Austin
Kelly S. Balistreri, Ph.D., Bowling Green State University
- Transitions in Disability in Mexico and US: Does Physical Activity Matter?*
Kerstin Gerst, University of Georgia
Alejandra Michaels-Obregon, University of Texas Medical Branch at Galveston
Rebeca Wong, University of Texas Medical Branch at Galveston
- 12:00 -12:10 pm **Break**
- Lunch and Keynote Speaker (Salon A & B)***
- 12:15-1:15 pm *National Health and Aging Trends Study and its Implications for Harmonization and Comparative Research in Latin America*
Emily Agree, Ph.D., John Hopkins University

Panel Discussion II (*Amphitheater 204*)

Contextualizing Disability in the Latino Population. Presentations will focus on the influences of the complex interaction of demographic, social, and cultural factors on the risk of dependency in the Latino population.

1:30-3:00 pm

Presider—Peter Ward, Ph.D., The University of Texas at Austin

Demographic, Socio-economic and Health Interactions between the Mexican-origin Population in the United States and the Population in Mexico

Roberto Ham-Chande, Ph.D., El Colegio de la Frontera Norte, Tijuana Mexico

Cumulative Effects of Sociocultural Status on Disability in Aging Mexican Americans: Findings from the San Antonio Longitudinal Study of Aging

Helen Hazuda, Ph.D., The University of Texas Health Science Center at San Antonio

Migration Selection, Protection, and Acculturation: A Bi-national Perspective on Older Adults

Fernando Riosmena, Ph.D., The University of Colorado at Boulder

Rebeca Wong, Ph.D., The University of Texas Medical Branch at Galveston

Alberto Palloni, Ph.D., The University of Wisconsin at Madison

Access to Vaccines for Latin American and Caribbean Older Adults with Disability

Carlos Reyes-Ortiz, M.D., Ph.D., The University of North Texas Health Science Center, Forth Worth, TX

Diabetes and Employment Productivity: Does Diabetes Management Matter?

Shelton Brown, Ph.D., The University of Texas Health Science Center at Houston, School of Public Health, Austin Regional Campus

Adriana Pérez, Ph.D., The University of Texas Health Science Center at Houston School of Public Health

Lisa Yarnell, M.A., The University of Texas at Austin

Jose A. Pagán, Ph.D., University of Texas Health Science Center at Forth Worth

Craig Hanis, Ph.D., University of Texas Health Science Center at Houston

Susan P. Fisher-Hoch, Ph.D., University of Texas at Brownsville Health Science Center at Houston

Joseph McCormick, Ph.D., University of Texas Health Science Center at Houston

3:00-4:00 pm

Oral Presentations by Emerging Scholars

Presiders—Mary Haan, Ph.D., The University of California at San Francisco

Adina Zeki Al-Hazzouri, University of Michigan at Ann Arbor

Kate Chambers, The University of Texas at Austin

César González, Mexican Institute of Geriatric

Veronica Montes de Oca, National University of Mexico

4:00-5:00 pm

Peer-Reviewed Poster Session

Presider—Terrence Hill, Ph.D., Florida State University, Tallahassee

Judges—

Nestor Rodriguez, Ph.D., The University of Texas at Austin

Kristen Peek, Ph.D., University of Texas Medical Branch at Galveston

5:00–5:45 pm

Poster Awards and Reception (*Courtyard*)

6:00-8:00 pm

Mentoring Dinner (*by invitation only*)

Presider—Keith Whitfield, Ph.D., Duke University

Friday, September 17, 2010

Bass Lecture Hall, LBJ School of Public Affairs
2315 Red River, Sid Richardson Hall, Building 3
Austin, Texas

7:30–8:30 am

Breakfast

Panel Discussion III—Contextualizing Disability and Long-term Care in the Latino Population. Presentations will focus on how the dynamics of disability impact caregiving systems, including nursing homes among elderly Latinos, with a special emphasis on Mexican-origin families.

8:30–10:00 am

Presider—Flavia Cristina Drumon Andrade, Ph.D., The University of Illinois at Urbana-Champaign

Trends in Racial Composition of Nursing Home Residents: 2000-2007

Mary Fennell, Ph.D., Brown University
Zhanlian Feng, Ph.D., Brown University
Vincent Mor, Ph.D., Brown University
Denise Tyler, Ph.D., Brown University
Melissa Clark, Ph.D., Brown University

Latino and Non-Latino Elderly in Los Angeles County: Demographic Trends for Disability and Long-Term Care

David Hayes-Bautista, Ph.D., The University of California, Los Angeles

The Role of Sociocultural Factors in Latino Family Dementia Caregiving: Lessons from Qualitative and Quantitative Research

W. Ladson Hinton, M.D., University of California, Davis

Aging and Long-term Care in Mexican-American Families

Jacqueline Angel, Ph.D., The University of Texas at Austin

10:00-10:15 am

Break

Closing Keynote Speaker

10:30-11:30 am

Introduction of Closing Keynote Speaker
Ronald Angel, Ph.D., The University of Texas at Austin

Keynote Speaker

Aging Policy and its Implications for Preventive Long-term Care in the Mexican-origin
Fernando Torres-Gil, Ph.D., The University of California, Los Angeles

11:30 am-12:30 pm

Lunch

12:30- 3:00 pm

Consensus Building Session

Fernando Torres-Gil, Ph.D., The University of California, Los Angeles

Jacqueline Angel, Ph.D., The University of Texas at Austin

Scribes

Lisa Yarnell, The University of Texas at Austin

Anna Kate Moen, The University of Texas at Austin

César Martinez, The University of Texas at Austin

The purpose of the consensus building session is to summarize conference discussions and provide a forum for synthesizing, prioritizing and charting future directions of research, practice and policy analysis. The ultimate goal is to develop a consensus framework for advancing knowledge on risk of long-term care in the Mexican-origin population for risk of dependency. It will provide the basis for the next steps and ensure implementation of conference recommendations.

3:00-3:30 pm

CAA Advisory Group Publication Meeting

Información de la conferencia

LA CONFERENCIA INTERNACIONAL ENVEJECIMIENTO EN LAS AMÉRICAS DEL AÑO 2010 es el tercer encuentro de una exitosa serie de congresos acerca del envejecimiento en la población hispana. Esta última conferencia, co-organizada por los doctores Jacqueline Angel, Keith Whitfield, Kyriakos Markides y Fernando Torres-Gil se centra en la intersección de la discapacidad, el cuidado y las políticas de asistencia médica a largo plazo en la población latina en los Estados Unidos y México. La conferencia se llevará a cabo del 15 al 17 de Septiembre de 2010 en el campus de la Universidad de Texas en Austin. (www.utexas.edu/lbj/caa).

La serie de conferencias acerca del Envejecimiento en las Américas (CAA) comenzó en 2001 en la Universidad de Texas en Austin. La CAA (por sus siglas en inglés) es organizada por cuatro académicos expertos en el envejecimiento de minorías (Jacqueline Angel, Keith Whitfield, Kyriakos Markides y Fernando Torres-Gil) orientados por un Comité Asesor que consta de ocho académicos líderes en salud hispana y envejecimiento de diversas partes de los Estados Unidos y México (<http://www.utexas.edu/lbj/caa/advisorygroup.php>). Esta serie de conferencias tiene varias metas: la primera es promover la colaboración interdisciplinaria al reunir en un único foro a una amplia gama de investigadores en las áreas de salud hispana, políticas de salud pública y aspectos sociales y conductuales del envejecimiento para intercambiar ideas y fomentar esfuerzos de colaboración dirigidos a abordar los temas clave que afectan la salud de los latinos de la tercera edad. Específicamente, las ponencias examinan las dimensiones de envejecimiento saludable en contraste con los estudios estrictamente epidemiológicos de las enfermedades, morbilidad y mortalidad en la población de origen mexicano, e identifican los factores bioconductuales clave en la salud entre México-Americanos e inmigrantes mexicanos. El objetivo primordial de esta serie de conferencias es desarrollar consenso en cuanto a los mejores medios que aseguren que el envejecimiento saludable de los individuos de ascendencia mexicana en los Estados Unidos esté presente en la investigación y las políticas públicas acerca del envejecimiento.

Los hispanos, especialmente aquellos de ascendencia mexicana, están reconfigurando la composición demográfica de los Estados Unidos. Los latinos son el grupo demográfico de más rápido crecimiento en el país y en el año 2000 se convirtieron en la minoría con mayor población de la nación. Lo que queda poco claro es cómo los factores sociales, biológicos y de comportamiento actúan conjuntamente para crear modelos exclusivos de envejecimiento en este grupo étnico subatendido y poco estudiado. A medida que la población hispana envejece, la salud y el bienestar de este grupo son una preocupación básica de la administración pública. Esta conferencia imprescindible, titulada "Cuestiones de discapacidad, cuidado, y políticas de asistencia médica a largo plazo", proporcionará la oportunidad, a los científicos comprometidos con los estudios de la salud y el envejecimiento de los latinos, de establecer objetivos de investigación centrados en este segmento grande y en proceso de crecimiento en la población de los Estados Unidos que ha sido pasado por alto por mucho tiempo. Las conferencias magistrales estarán a cargo el Dr. Eduardo Sanchez, Vice Presidente y Director General de Salud, Blue Cross/Blue Shield of Texas, quien habla de la ponencia después de la cena; el Dr. William Vega, Director Ejecutivo del Instituto para el Envejecimiento Edward R. Roybal de la Universidad del Sur de California quien hará la ponencia inaugural; el Dr. Fernando Torres-Gil, Director del Centro para la Investigación de Políticas del Envejecimiento de la Universidad de California Los Ángeles dará el discurso de clausura del ICAA.

La Conferencia Internacional Envejecimiento en las Américas del año 2010 tendrá una sesión de posters organizada por el Dr. Terrence Hill de la Universidad Estatal de Florida, que reunirá el trabajo de nuevos académicos que demuestra cómo los factores sociales, psicológicos y biológicos afectan profundamente la salud y el cuidado a largo plazo de la población latina de la tercera edad. Las diferencias de salud son complejas y multifacéticas, y por ello, los organizadores esperan dar inicio a una discusión interdisciplinaria sobre los factores exógenos únicos y los comportamientos culturales que interactúan afectando la salud y el desenvolvimiento de los ancianos México-Americanos. La investigación bajo estos puntos de vista servirá de base a las intervenciones específicas de salud pública relacionadas con la prevención de enfermedades y finalmente fundamentará las decisiones de políticas públicas que protegerán la salud de los latinos de la tercera edad.

Programa

15–17 de Septiembre de 2010
 Centro de Conferencias y Educación de ejecutivos AT&T
 Universidad de Texas en Austin

Miércoles, 15 de Septiembre de 2010

Cóctel de bienvenida y Cena *(por invitación)*

Biblioteca y Museo Lyndon Baines Johnson
 Bob Bullock Museo de Historia de Texas
 1800 North Congress Avenue
 Austin, Texas

6:00 pm

Bienvenida

Jacqueline Angel, Ph.D., Universidad de Texas en Austin
 Kyriakos Markides, Ph.D., Universidad de Texas Rama Médica en Galveston
 Fernando Torres-Gil, Ph.D., Universidad de California en Los Ángeles
 Keith Whitfield, Ph.D., Universidad de Duke

7:30 pm

Introducción

Robert Hutchings, Ph.D., Universidad de Texas en Austin

7:45–9:00 pm

Conferencia magistral después de la cena

David Warner, Ph.D., Universidad de Texas en Austin
 Eduardo Sanchez, M.D., Blue Cross Blue Shield de Texas

Jueves, 16 de Septiembre de 2010

Centro de Conferencias y de Ejecutivos AT&T
 1900 Avenida Universidad
 Austin, Texas

7:30–8:30 am

Desayuno

Bienvenida a la conferencia (Anfiteatro 204)

8:30-9:00 am

Bienvenida y presentaciones

Jacqueline Angel, Universidad de Texas en Austin
 Kenneth Shine, M.D., Sistema de la Universidad de Texas
 Victoria Rodriguez, Universidad de Texas en Austin

Conferencia magistral de apertura

9:00-10:00 am

Presentación del ponente principal

Kyriakos Markides, Ph.D., Universidad de Texas Rama Médica en Galveston

Conferencia Magistral

El envejecimiento de los latinos en un lugar: problemas y posibles soluciones

William Vega, Ph.D., Universidad del Sur de California

10:00 – 10:15 am

Receso

Mesa 1: La epidemiología de la discapacidad latina: Las presentaciones se centrarán en los determinantes clave y patrones longitudinales de la discapacidad física y la función cognitiva de las personas mayores de origen mexicano en los EE.UU. y México.

10:15 am-12:00 pm Moderador—Hector González, Ph.D., Universidad Estatal de Wayne

Principales predictores contextuales e individuales en el deterioro funcional y el índice de discapacidad en los Mexico-Americanos: resultados del estudio sobre envejecimiento en latinos en el área de Sacramento (SALSA).

María N. Haan, Universidad de California en San Francisco
Adina Zeki Al-Hazzouri, Universidad de Michigan en Ann Arbor
Aiello Allison, Universidad de Michigan en Ann Arbor

¿Se puede extender la paradoja de la mortalidad en hispanos a la discapacidad? Una comparación de mexicanos mayores de edad en los Estados Unidos y México

Mark D. Hayward, de la Universidad de Texas en Austin
Rebeca Wong, Universidad de Texas Rama Médica, Galveston
Chiu Chi-Tsun, Universidad de Texas en Austin
César González, Instituto Mexicano de Geriatria

Nacimiento, Inmigración, y las trayectorias del funcionamiento cognitivo de los de la tercera edad

Terrence Hill, Ph.D., Universidad Estatal de Florida
Jacqueline L. Angel, Ph.D., Universidad de Texas en Austin
Kelly S. Balistreri, Ph.D., Universidad Estatal de Bowling Green
Ronald J. Angel, Ph.D., Universidad de Texas en Austin

Transiciones en discapacidad en México y EE.UU.: ¿Importa la actividad física?

Kerstin Gerst, Universidad de Georgia
Alejandra Michaels-Obregon, Universidad de Texas Rama Médica en Galveston
Rebeca Wong, Universidad de Texas Rama Médica en Galveston

12:00 -12:15 pm

Receso

Almuerzo Conferencia Magistral (Salón de baile A e³ B)

12:15-1:15 pm

Estudio de la salud nacional y las tendencias del envejecimiento y sus implicaciones para la armonización e investigación comparada en América Latina

Emily Agree, Ph.D., Universidad John Hopkins

Mesa 2 (Anfiteatro 204). Contextualizando la discapacidad en la población latina

Las presentaciones se centrarán en las influencias de la compleja interacción de factores demográficos, sociales y culturales sobre el riesgo de dependencia en la población latina..

1:30-3:00 pm

Moderador: Peter Ward, Ph.D., Universidad de Texas en Austin

Interacciones de salud, demográficas, y socioeconómicas entre la población de origen mexicano en Estados Unidos y la población en México.

Roberto Ham-Chande, El Colegio de la Frontera Norte, Tijuana México

Los efectos acumulativos del estado sociocultural en la discapacidad del envejecimiento de Mexico-Americanos: Resultados del Estudio Longitudinal de Envejecimiento de San Antonio.

Helen Hazuda, Ph.D., Universidad de Texas en San Antonio, Centre de Ciencias y Salud

La selección de migración, protección y aculturación: Una perspectiva binacional de adultos mayores

Fernando Riosmena, Ph.D., Universidad de Colorado en Boulder
 Rebeca Wong, Ph.D., Universidad de Texas Rama Médica en Galveston
 Alberto Palloni, Ph.D., Universidad de Wisconsin en Madison

Acceso a las vacunas para adultos mayores latinoamericanos y caribeños con discapacidad
 Carlos Reyes-Ortiz, M.D., Ph.D., Universidad de Texas Centro de Ciencias y Salud en Forth Worth, TX

La diabetes y la productividad del empleo: ¿Importa el control de la diabetes en la Pre-Edad de Jubilación en poblaciones mexicoamericanas?

Shelton Brown, Ph.D., Universidad de Texas, Centro de Ciencias y Salud en Houston School of Public Health, Austin Regional Campus
 Adriana Pérez Pérez, Ph.D., Universidad de Texas, Centro de Ciencias y Salud en Houston School of Public Health
 Lisa Yarnell, M.A., Universidad de Texas en Austin
 Jose A. Pagán, Ph.D., Universidad de Texas, Centro de Ciencias y Salud en Forth Worth
 Craig Hanis, Ph.D., Universidad de Texas, Centro de Ciencias y Salud en Houston
 Susan P. Fisher-Hoch, Ph.D., Universidad de Texas, Centro de Ciencias y Salud en Houston
 Joseph McCormick, Ph.D., Universidad de Texas, Centro de Ciencias y Salud en Houston

Presentaciones orales de académicos emergentes

3:00-4:00 pm Moderador—Mary Haan, Ph.D., Universidad de California en San Francisco

Adina Zeki Al-Hazzouri, Universidad de Michigan en Ann Arbor
 Kate Chambers, Universidad de Texas en Austin
 César González, Instituto Mexicano de Geriatria
 Veronica Montes de Oca, Universidad Nacional Autonoma de México

Sesión de posters

4:00-5:00 pm Moderador: Terrence Hill, Ph.D., Universidad del Estado de Florida en Tallahassee

Jurado:
 Nestor Rodriguez, Ph.D., Universidad de Texas en Austin
 Kristen Peek, Ph.D., Universidad de Texas en Galveston

6:00–8:00 pm **Premiación de posters y Recepción**

6:00–8:00 pm **Cena para mentores (por invitación)**
 Moderador: Keith Whitfield, Ph.D., Universidad de Duke

Viernes, 17 de Septiembre de 2010

Sala de Conferencias Bass, Escuela de Asuntos Públicos LBJ
 2315 Red River, Sala Sid Richardson Hall Edificio 3
 Austin, Texas

7:30–8:30 am **Desayuno**

Mesa 3: Contextualizando la discapacidad y el cuidado a largo plazo en las poblaciones latinas. La presentaciones se enfocarán en cómo las dinámicas de la discapacidad tienen un impacto a los sistemas de cuidado, incluyendo las casas-

hogar entre latinos de la tercera edad, y con un énfasis en las familias de origen mexicano.

8:30–10:00 am

Moderador: Flavia Cristina Drumon Andrade, Ph.D., Universidad de Illinois en Urbana-Champaign.

Tendencias en la composición racial de hogares para ancianos: 2000-2007

Mary Fennell, Ph.D., Universidad de Brown
Zhanlian Feng, Ph.D., Universidad de Brown
Vincent Mor, Ph.D., Universidad de Brown
Denise Tyler, Ph.D., Universidad de Brown
Melissa Clark, Ph.D., Universidad de Brown

Latinos y no latinos de edad avanzada en el Condado de Los Ángeles: Tendencias demográficas para la discapacidad y cuidados a largo plazo

David Hayes-Bautista, Ph.D., Universidad de California en Los Ángeles

El papel de los factores socioculturales en el cuidado de la demencia en la familia latina: Lecciones de la investigación cualitativa y cuantitativa

W. Ladson Hinton, M.D., Universidad de California en Davis

Envejecimiento y cuidado a largo plazo en familias mexicoamericanas

Jacqueline Angel, Ph.D., Universidad de Texas en Austin

10:15-10:30 am

Receso

Conferencia magistral de clausura

10:30-11:30 am

Presentación del conferencista invitado
Ronald Angel, Ph.D., Universidad de Texas en Austin

Ponencia Magistral

Políticas del envejecimiento y sus implicaciones para cuidado preventivo a largo plazo en la comunidad de origen mexicano

Fernando Torres–Gil, Ph.D., Universidad de California en Los Ángeles

11:30-12:30 pm

Almuerzo

12:30-2:30 pm

Sesión de consenso

Fernando Torres–Gil, Ph.D., Universidad de California en Los Ángeles
Jaqueline Angel, Universidad de Texas en Austin

Scribes

Lisa Yarnell, Universidad de Texas en Austin
Anna Kate M, Universidad de Texas en Austin
César Martínez, Universidad de Texas en Austin

El propósito las sesiones de consenso es resumir los debates de la conferencia y crear un foro para sintetizar, priorizar y trazar el futuro de la investigación, la práctica y el análisis de políticas. El objetivo es desarrollar un marco de consenso para aumentar el conocimiento sobre el riesgo del cuidado a largo plazo en la población de origen mexicano en riesgo de dependencia. Además, proporcionará la base para las próximas etapas y garantizará la implementación de las recomendaciones de la conferencia.

Conference Organizers



Jacqueline L. Angel is Professor of Sociology and Public affairs at the University of Texas at Austin. She received her Ph.D. from Rutgers University in 1989 and completed her post-doctoral training at Rutgers in mental health services research and the Pennsylvania State University Program in Demography of Aging. She is particularly interested in evaluating the impact of policies on the health and well being of Latinos, immigrants, and other vulnerable groups, and how cultural heterogeneity among the elderly affects the design of programs for the cost-effective delivery of health services. Dr. Angel is a Co-Investigator on an NIH/national Institute on Aging-funded benchmark study of the longitudinal health of older Mexican Americans in the Southwestern United States. Since the inception of the project, she has assessed the impact of nativity and the migration process on health outcomes, and examined their implications for family living arrangements and long-term care policy. She is currently developing a research agenda that focuses on the role of civil society and non-governmental organizations on the care of low-income elderly in the United States and Latin America.

Dr. Angel has published extensively in the field of sociology of aging and how it is affected by the life course and social policy, including numerous articles, chapters, and books. Her most recent books are *Latino Families at Risk: The New Economy, Work, and the Welfare State* co-authored with Ronald Angel (Springer, 2009); *Inheritance in Contemporary America: Social Dimensions of Giving Across Generations* (Johns Hopkins University Press, 2008); and *The Health of Aging Latinos: The Mexican-Origin Population*, co-edited with Keith Whitfield (Springer Publishing, 2007).

She also serves as an advisor to professional committees, non-governmental organizations and other agencies that provide basic services to the elderly. Dr. Angel currently serves on the editorial board of *The Gerontologist*, and is past associate editor of the *Journal of Gerontology: Social Sciences* and member of the *Journal of Health and Social Behavior* Editorial Board. The International Association for Gerontology and Geriatrics (LAGG) recently selected her to be Treasurer for the World Congress meeting in San Francisco, California in 2017. Previously she served on the US Public Health Service; National Institutes of Health NIA Behavior and Social Science of Aging Review Committee, which she also chaired for two years; Chaired the American Sociological Association (ASA) Section on Aging and the Life Course; and Co-organized the 2005 Conference Series on Aging in the Americas (CAA). Additionally, she sat on the Board President of Family Eldercare, Inc. and was elected to the President's Council in 2003.

At the LBJ School, she teaches courses on policy development with respect to health care, population diversity with a special emphasis on Latino families, and inequality in an aging society.

In 2000, she was awarded Fellowship Status by The Gerontological Society of America.



Kyriakos Markides (Ph.D.) an Annie and John Gritzinger Distinguished Professor of Aging and Director of the Division of Sociomedical Sciences in the Department of Preventive Medicine and Community Health and at the University of Texas Medical Branch in Galveston. In addition, he is editor of the *Journal of Aging and Health*, which he founded in 1989, and Editor of the *Encyclopedia of Health and Aging* published by SAGE Publications in 2007. His professional affiliations include the American Public Health Association, American Sociological Association, International Society for Urban Health, Population Association of America, Southwest Social Science Association, and Population Reference Bureau.

Dr. Markides received his Ph.D. in Sociology in 1976 from Louisiana State University. He is currently Principal Investigator of the *Latino EPESE* (Established Population for the Epidemiological Study of the Elderly), a longitudinal study of the health of older Mexican Americans from the five Southwestern states. Dr. Markides is credited with coining the term 'Latino Epidemiological Paradox' (with J. Coreil) which is currently the leading theme in Latino health. He is the author or co-author of over 280

publications most of which are on aging and health issues in the Mexican American population as well as minority aging issues in general.

Dr. Markides is a Fellow in the American College of Epidemiology and in the Gerontological Society of America. The Institute for Scientific Information (ISI) has listed Dr. Markides among the most highly cited social scientists in the world. Dr. Markides is the 2006 recipient of the Distinguished Mentorship Award of the Gerontological Society of America, Behavioral and Social Sciences Section and the 2009 Distinguished Professor award in gerontology and geriatrics from University of California at Los Angeles (UCLA). His most recent publications include:

1. *Mexican Americans and Frailty: Findings from the Latino Established Populations Epidemiologic Studies of the Elderly*. (2009) Authors: Ottenbacher, Kenneth J.; Graham, James E.; Al Snih, Soham; Mukaila, Raji; Samper-Ternent, Rafael; Ostir, Glenn V., and Markides, Kyriakos S. *American Journal of Public Health* 2009;99(4):673-9. Division of Rehabilitation Sciences, University of Texas Medical Branch, Galveston, TX, USA.
2. *Vascular Risk and Depression in the Latino Established Population for the Epidemiologic Study of the Elderly (EPESE)*. (2009) Authors: Zimmerman, Jennifer A.; Mast, Benjamin T.; Miles, Toni; and Markides, Kyriakos S. *International Journal of Geriatric Psychiatry* 2009;24(4):409-16. Department of Psychological and Brain Sciences, University of Louisville, Louisville, KY, USA.
3. *Relationship between Frailty and Cognitive Decline in Older Mexican Americans*. (2008) authors: Samper-Ternent, Rafael; Al Snih, Soham; Raji Mukaila A.; Markides, Kyriakos S.; and Ottenbacher, Kenneth J. *Journal of the American Geriatrics Society* 2008;56(10):1845-52. Division of Rehabilitation Sciences, University of Texas Medical Branch, Galveston, TX, USA.



Fernando Torres-Gil (Ph.D.) is a professor of social Welfare and Public Policy at the University of California Los Angeles (UCLA). In addition, he is an associate Dean of Academic Affairs at the UCLA School of Public Affairs and is the Director of the Center for Policy Research on Aging. Before joining UCLA, he was a Professor of Gerontology and Public Administration at the University of Southern California, where he continues as an adjunct Professor of gerontology. Dr. Torres-Gil has served as a board member of the National Steinbeck Center in Salinas, California and currently sits on the Board of Directors of Elderhostel, the National Committee to Preserve Social Security and Medicare, the AARP Foundation, the Older Women's League, the National Academy of Social Insurance, and the California Endowment.

Dr. Torres-Gil received his Ph.D. in Social Policy, Planning and Research from the Heller Graduate School in Social Policy and Management at Brandeis University in 1976. He is an expert in the fields of health and long-term care, the politics of aging, social policy, ethnicity and disability. He is the author of six books and more than 80 articles and book chapters, including *The New Aging: Politics and Change in America* (1992), and lessons from *Three Nations*, Volumes I and II (2007).

His academic accomplishments parallel his extensive government and public policy experience, including being appointed by President Clinton as the first Assistant Secretary for Aging in the US Department of Health and Human Services (HHS). He also worked with HHS Secretary Donna Shalala in overseeing aging policy throughout the federal government, managing the Administration on Aging and organizing the 1995 White House Conference on Aging, in addition to serving as a member of the President's Welfare Reform Working Group. Los Angeles mayor Antonio Villaraigosa appointed him to the Board of Airport Commissioners and by governor Arnold Schwarzenegger as a delegate to the 2005 White House Conference on Aging. His selected publications include:

1. Treas, Judith and Torres-Gil, Fernando. 2008. Immigration in an Aging Society. *Generations*. 32 (4).
2. Carmel, Sara; Morse, Carol A.; and Torres-Gil, Fernando M. 2007. The Art of Aging Well. *Lessons on Aging from Three Nations. Society and Aging Series, Vol. 1*. Amityville, NY: Baywood Publishing.
3. Carmel, Sara; Morse, Carol A.; and Torres-Gil, Fernando M.. 2007. The Art of Caring for Older Adults. *Lessons on Aging from Three Nations, Vol. 2*. Amityville, NY: Baywood Publishing.



Keith Whitfield (Ph.D.) is a Professor in the Department of Psychology and Neuroscience at Duke University. He is a leading expert on aging minorities, with a primary but not sole focus on health disparities in the African-American population, and behavioral genetic epidemiology. Dr. Whitfield has had a long-standing role in the development of junior scholars from his work as Chair of the Task Force on Minority Issues for Gerontological Society of America (GSA) as well as the organizer of the American Psychological Associations Minority Aging Networks in Psychology program and the GSA Emerging Scholars and Professions organization (ESP) Program by GSA. He was the co-organizer of the second Conference on Aging in the Americas. He has served on the National Academy of Sciences “Aging Mind” committee and the “Research Agenda for the Social Psychology of Aging” committee as well as on the Institute of Medicine’s committee on “Assessing Interactions among Social, Behavioral, and Genetic Factors on Health.” He is currently a member of NIA’s Board of Scientific Counselors, on the editorial board for *Journal of Applied Developmental Psychology* and *Healthy Aging and Clinical Care in the elderly* and serves as an Associate Editor for *Experimental Aging Research*.

Dr. Whitfield received his Ph.D. in Life Span Development from Texas Tech University in 1989. In 1992, he continued as a Postdoctoral Fellow at the Institute for Behavioral Genetics from University of Colorado. Dr. Whitfield’s research on individual differences in minority aging employs a two prong approach that includes studying individual people as well as members of twin pairs. Dr. Whitfield’s research examines the individual variation in health and individual differences in cognition due to health conditions. Dr. Whitfield has worked with researchers from Sweden, Russia, and the United States to examine how social, psychological, and cultural factors of cognition and healthy aging. He has completed a study that involves examining health and psycho-social factors related to health among adult African American twins from North Carolina. His current research project is a longitudinal study of cognition and health among older African Americans. He has written numerous peer-reviewed publications. He is also the editor of *Closing the Gap: Improving the Health of Minority Elders in the New Millennium*. In 2004, Dr. Whitfield was titled as Gerontological Society of America Fellow. His most recent publications include:

1. *Concordance Rates for Cognitive Impairment among Older African American Twins*. (2009) Authors: Whitfield Keith E, Kiddoe Jared, Gamaldo Alyssa, Andel Ross, and Edwards Christopher I. *Alzheimer’s & Dementia : the Journal of the Alzheimer’s Association* 2009;5(3):276-9. Department of Psychology and Neuroscience, Duke University, Durham, NC, USA.
2. *Mild Cognitive Impairment and Objective Instrumental Everyday Functioning: the Everyday Cognition Battery Memory Test*. (2009) Authors: Allaire Jason C, Gamaldo Alyssa, Ayotte Brian J, Sims Regina, and Whitfield Keith. *Journal of the American Geriatrics Society* 2009;57(1):120-5. Department of Psychology, North Carolina State University, Raleigh, North Carolina, USA.
3. *Analysis of Candidate Genes and Hypertension in African American Adults*. (2009) Authors: Whitfield Keith E, Yao Xiaopan, Boomer K B, Vogler George P, Hayward Mark D, and Vandenberg David J. *Ethnicity & Disease* 2009;19(1):18-22. Department of Psychology and Neuroscience, Duke University, Durham, NC, USA

Advisory Group Members

The CAA Program Committee was established to provide input from various leading experts in population issues, geriatric service provision, and health care policy and advocacy with respect to Latino ethnicity. This committee will play an integral part in planning upcoming conferences.

Elena Bastida

Dr. Bastida is Chair and Professor of the Department of Health Promotion and Disease Prevention at the Robert Stemple College of Public Health and Social Work, Florida International University in Miami. She is Principal Investigator of the Border Epidemiologic Study of Aging (BESA), a study funded by the National Institutes of Health, Institute on Aging. Her research examines diabetes among middle-aged and older adult Latinos residing along the Texas/Mexico border. In this work, she examines mental and physical health disparities, particularly the effect of immigration on mental health outcomes. She is also investigating the social and economic costs of diabetes and its impact on health care utilization in the United States and Mexico.

Eileen Crimmins

Dr. Crimmins is Associate Dean of Davis School of Gerontology, and the Edna M. Jones Professor of Gerontology and Sociology. She is currently working on a number of projects. “The Role of Biological Factors in Determining Differences in Health by Education and Income Level” is currently being undertaken with Teresa Seeman of UCLA. This project examines how aging is linked to markers of biological functioning and how the pace of change in these markers is related to education and income. Factors such as high blood pressure, cholesterol, homocysteine, antioxidants, fibrinogen, and immune function indicators are among the factors being investigated.

Crimmins also works on Healthy Life Expectancy in the Older Population, defining healthy in a variety of ways. In addition, she is working on male/female differences in health and mortality as well as differences by gender in life stresses and strains. Crimmins is the director of the USC/UCLA Center on Biodemography and Population Health (CBPH). The purpose of the Center is to integrate medical, biological, and epidemiological information to model and predict population health trends. The Center provides pilot project money for relevant research and supports a series of seminars and workshops on the two campuses.

Hector González

Hector M. González, Ph.D. is an Assistant Professor of Family Medicine and Public Health Sciences and Gerontology at Wayne State University in Detroit, Michigan. He is also a faculty associate in the Program for Research on Black Americans at the University of Michigan. He is a neuroepidemiologist and psychiatric epidemiologist with clinical and research training in neuropsychology and epidemiology. His work is focused on the health and aging of Latinos. In addition, Dr. González examines Latino healthcare utilization in the United States. His NIMH work the Epidemiology of Late-life Depression and Ethnicity Research Study (ELLDERS) is funded by NIMH (R01 84994).

Mary Haan

Dr. Haan's primary research interests are in the epidemiology of chronic diseases in aging populations. This involves study of the etiology and natural history of chronic diseases and cognitive and functional impairment across the life course. Her research career has encompassed disease prevention in old age, the etiology of neurodegenerative diseases and the influence of cardiovascular disease on dementia. Her central focus has been on race and ethnicity as factors in explaining the heterogeneity of disease and functioning in aging. As PI for the Sacramento Area Latino Study on Aging (SALSA), she is conducting research into the associations between diabetes, dementia and cognitive impairment. This research concerns the influence of cultural, social, psychological, dietary, genetic and biological risk factors on the development of these conditions in older Latinos across the life course. She is interested in inter-generational factors that influence the transmission of risk factors and disease. She remains involved in clinical research in women's health, especially on the influence of hormones on the aging process, gene-environment interactions between estrogen and Apolipoprotein E, and the role of estrogen in preventing cardiovascular disease, neurodegenerative diseases and cognitive decline. Dr. Haan is the Director of a T32 doctoral training program – “Interdisciplinary Research Training in Aging and Public Health” that promotes cross training in aging and public health.

Mark Hayward

Mark Hayward's primary research interests center on the influence of life cycle socioeconomic achievement on the health experiences of the American older population. Presently, he is involved in several studies focusing on the origins of health disparities at older ages: early life influences on socioeconomic and race disparities in adult morbidity and mortality, the demography of race/ethnic disparities in healthy life expectancy; social inequality in the biomarkers of aging, and the health consequences of marriage, divorce, and widowhood. Recent publications have focused on health as a determinant of racial inequality in the retirement life cycle, changes in morbidity and mortality determining trends in healthy life expectancy, socioeconomic and race/ethnic differences in healthy life expectancy, the association between childhood health and adult morbidity, and the socioeconomic origins of the race gap in chronic disease morbidity. His recently published work has appeared in the *American Sociological Review*, *Demography*, the *Journal of Gerontology: Social Sciences*, the *Journal of Health and Social Behavior*, and *Social Science and Medicine*.

Alberto Palloni

Dr. Palloni's current research interests investigate the relationship between early health status, social stratification and inequality and poverty in the United States, determinants of health and mortality disparities among ethnic groups in the United States, families and households in Africa and Latin America, aging and mortality in Latin America and the Caribbean, and the application of mathematical and statistical models to the study of health and mortality determinants, fertility, social stratification, and the spread of disease, in particularly HIV/AIDS.

Palloni is a member of the American Academy of Arts and Sciences, a National Institutes of Health Merit Scholar, and a past president of the Population Association of America. He has been a Guggenheim Fellow and a fellow at the Center for Advanced Study in the Behavioral Sciences in Stanford, Calif.

V. Nelly Salgado de Snyder

Dr. V. Nelly Salgado de Snyder is former director of Determinants and Challenges of the Health System at the Mexican National Institute of Public Health (INSP). She is a professor and researcher at the INSP where she leads the research line "Health and Vulnerable Groups" and coordinates the Global Health program. She has published over 100 journal articles, books and book chapters about social vulnerability and health, and has conducted research with groups such as undocumented immigrants, elderly, and those living in poverty. She is a member of the Mexican Academy of Scientific Research, a Fellow of the American Psychological Association, a Fulbright Fellow, and New Century Scholar by the Fulbright Program on Health in a Borderless World. Currently she is on sabbatical leave as a Balzan Fellow at the International Institute for Society and Health, Department of Epidemiology and Public Health, University College London.

Rebeca Wong

Dr. Rebeca Wong is P. & S. Kempner Distinguished Professor in Health Disparities, and Director of the World Health Organization/ Pan American Health Organization Collaborating Center on Aging and Health at the University of Texas Medical Branch (UTMB). Dr. Wong's research agenda focuses on the economic consequences of population aging, particularly in Mexico and among immigrant Latinos in the US. She has completed recent work on lifestyle transitions among elderly in the US and Mexico, poverty and utilization of health services among the elderly, international migration and later old age well-being in Mexico, and the impact of the social security reform in Mexico. She served as co-Principal Investigator in the Mexican Health and Aging Study, funded by the National Institute on Aging of the National Institutes of Health to locate research on Mexico's unique health dynamics in a broad socioeconomic context. The study included a national longitudinal survey of multiple purposes populations of middle and old age individuals.

Speaker Biographies

Emily M. Agree, Ph.D. is Director of the Johns Hopkins Center for Population Aging and Health, Associate Director of the Hopkins Population Center and Associate Professor in the Bloomberg School of Public Health. She has been engaged in research on the disability and long term care for over twenty years. In the United States, she has focused most recently on the potential of assistive and information technologies to improve the capacity of older persons to live independently and reduce the burden on caregivers. She is a Senior Co-investigator on the new National Health and Aging Trends Survey (NHATS), a new resource for the scientific study of functioning in late life. NHATS is intended to foster research that will guide efforts to reduce disability, maximize health and independent functioning, and enhance quality of life at older ages. Dr. Agree also has examined the well being and family support of older persons cross nationally. In Latin America, she has studied the living arrangements of Brazilian elderly and compared Asian and Latin American fertility patterns, family support, and later life health. She also has developed social network measures of family support in Asia, and is presently examining the effects of marriage and reproduction on gender differences in later life health and family care in the Middle East.

Flavia Andrade is an Assistant Professor at the University of Illinois at Urbana-Champaign. Prior to coming to UI, she was a postdoc at the University of Chicago. A native of Brazil, Dr. Andrade has taught at several universities in Brazil and worked as a consultant for many organizations, including research and governmental institutions in Brazil and the United Nations. Currently, Dr. Andrade's research focuses on the demography of health and aging. Current projects focus on the social, behavioral, economic, and biological determinants of population health over the life course, with a focus on Latin America and the Caribbean. Dr. Andrade holds an MA in Demography from the Federal University of Minas Gerais in Brazil, and an MS (Population Health) and a Ph.D. (Sociology) from the University of Wisconsin-Madison.

Dr. Mary Fennell is Professor of Sociology and Community Health at Brown University, and Senior Investigator with the Center for Gerontology and Health Care Research. She has also served on the faculties of Penn State University and the University of Illinois at Chicago. From 2000 – 2004 she served as Dean of the Faculty at Brown. Her earlier research focused on the diffusion of medical treatment innovations through hospital networks, and studies of linkages between rural hospitals and long term care providers, examining how linkage strategies can improve care and decrease the cost of care for elderly rural patients. She is currently engaged in research (with Vince Mor) on racial/ethnic patterns of segregation in nursing homes, and the effects of nursing home closure on local long term care markets and displaced residents. Dr. Fennell is also working with the National Cancer Institute on a large national intervention to enhance community-based cancer care and research. Her most recent publications have appeared in *health affairs* (2010), the *journal of the national cancer institute* (2010), *implementation science* (2009), and *equal opportunities international* (2008). Her teaching focuses on both research methodology (for undergraduates) and theories/concepts from organizational theory applied to a wide range of organization types. Dr. Fennell's graduate teaching spans organizational theory, health services research, and the linkage between theory and research. She has served as Editor of the *journal of health and social behavior* (1990-1993), and she is currently a Senior Associate Editor for *health services research*. She holds a Ph.D. in Sociology from Stanford University, and is a member of the American Sociological Association, the Academy of Management, and AcademyHealth.

Dr. Zhanlian Feng is an Assistant Professor of Community Health in the Center for Gerontology and Health Care Research at Brown University. He received a B.A. in Sociology from Peking University and both his M.A. and Ph.D. degrees in Sociology and Population Studies from Brown University. Dr. Feng specializes in social demography of aging and quantitative research methods. His current research focuses on long-term care and health services for the elderly, with recent work addressing nursing home staffing issues, racial segregation and disparities in nursing home access and quality of care. Dr. Feng has published over 30 peer-reviewed journal articles and served regularly as a peer reviewer for leading health care and policy journals in the field. More recently, Dr. Feng has expanded his research portfolio to include aging and long-term care issues in developing societies, with a particular interest in the emergence of institutional elder care in China.

Kerstin Gerst, Ph.D. became an assistant professor at the University of Georgia in August, 2010. Prior to joining UGA, she worked for two years as a postdoctoral fellow at the Sealy Center on Aging at the University of Texas

Medical Branch. Dr. Gerst received her Ph.D. in gerontology from the University of Massachusetts Boston in 2008. Before pursuing her doctoral degree, Dr. Gerst worked as a policy analyst for Thomson-Medstat where she researched long-term care issues in the United States and produced policy reports for the Centers for Medicare and Medicaid Services.

As a gerontologist interested in minority aging issues, Dr. Gerst's research focus is specifically on older Latino immigrants. Dr. Gerst has presented her research findings at national and international conferences, and has given several invited lectures on topics related to diversity within an aging population. Dr. Gerst serves as the assistant editor for the *journal on aging and health*. She has received frequent recognition as a scholar, and has recently been awarded the Gerontology Service Award as well as the Ruth Weg Emerging Scholar Award.

César González, Ph.D. is currently working as a Researcher at the Mexican Institute of Geriatric and finishing his Ph.D. on Population Studies (2006-2009) at El Colegio de Mexico. He received his master degree in Demography in August 2004 at El Colegio de la Frontera Norte in Tijuana. His primary research interests focus on population aging, especially the issues associated with health status, economic conditions and living arrangements. His most recent publication is *Discrimination of the aged population in Mexico*, published in *Papeles de Población*, 2008.

Dr. **Helen P. Hazuda** is a Professor of Medicine and Chief of the Division of Clinical Epidemiology at the University of Texas Health Science Center at San Antonio, where she has been a faculty member since 1979. She has over 30 years of experience carrying out cross-cultural population-based research with Mexican Americans and European Americans in San Antonio, Texas; and is nationally recognized for her expertise in cross-cultural adaptation of research instruments for use with non-English-speaking populations, classification of individuals as Mexican American, and assessment of acculturation in Hispanics. Dr. Hazuda served as Principal Investigator of the NIA-funded Hispanic Healthy Aging Center (1993-1998), Co-Principal Investigator of the NIDR-funded OH: SALSA Research Center on Oral Health in Aging (1993-1999), and Director of the Cross-Cultural Assessment Team and Co-Director of the Research Resource Core of the AHCPR-funded Mexican American Medical Treatment Effectiveness Research Center (MERECE) (1993-1996). She is Principal Investigator of the San Antonio Longitudinal Study of Aging (SALSA) (1991-2007), a large, population-based study of the disablement process in elderly Mexican Americans and European Americans, which is testing pathways from disease to impairments, functional limitations and disability to identify optimal targets for intervention to slow, prevent, or reverse progression toward disability, particularly, disability triggered by diabetes. Dr. Hazuda is also Principal Investigator of the UTHSCSA clinic center for the NIDDK-funded Look AHEAD study and the Diabetes Prevention Program Outcomes Study. Dr. Hazuda is a member of the Observational Safety and Monitoring Board of the multi-center NHLBI-funded Multi-ethnic Study of Atherosclerosis (MESA), the External Scientific Advisory Board of the NIA-funded Study of Women's Health Across the Nation (SWAN), the NIE-funded Los Angeles Latino Eye Study, and just completed a 4-year term as a member of the NIH Kidney, Nutrition, Obesity and Diabetes Epidemiology Study Section.

Terrence D. Hill is an assistant professor of sociology at Florida State University, with a secondary appointment in the Department of Public Health. He received his Ph.D. in sociology at the University of Texas at Austin in 2006. His research focuses on health patterns in the general population and within socially disadvantaged groups, including women, race/ethnic minorities, people of low socioeconomic status, and the elderly. He draws from several disciplines, including sociology, psychology, public health, medicine, and biology, to examine the effects of religious involvement (religious behaviors and beliefs), social relationships (social support, social demands, victimization), neighborhood conditions (neighborhood disorder), and socioeconomic status (education, employment, financial standing) on health-relevant behaviors, physical and mental health, and mortality risk. His published work appears in a range of peer-reviewed journals, including, for example, the *Journal of Health and Social Behavior*, *Social Science & Medicine*, the *American Journal of Public Health*, and the *Journals of Gerontology*.

Dr. Ladson Hinton is a board-certified geriatric psychiatrist, clinical researcher, and social scientist. He received his M.D. from Tulane University and his psychiatric residency at the University of California, San Francisco and postdoctoral training in the Robert Wood Johnson Clinical Scholars Program at the University of California, San Francisco and in the National Institute of Mental Health (NIMH) funded Clinically-relevant Medical Anthropology at Harvard Medical School. He is currently the Principal Investigator for an NIMH study entitled "Reducing Disparities in Depression Care for Ethnically Diverse Older Men" and directs the Education Core for the National Institute on Aging (NIA) funded U.C. Davis Alzheimer's Disease Center. He is the past recipient of a career

development award from the NIA. Prior to coming to U.C. Davis, Dr. Hinton served on the faculty at Harvard Medical School.

Dr. Hinton is nationally recognized for his expertise on the cultural aspects of geriatric mental health, particularly Alzheimer's disease and late life depression. His principal interests are culture and psychopathology in older adults, gender influences, ethnicity, access and quality of care, and qualitative methods. His ethnogeriatric research has included work with Asian American (Chinese and Vietnamese), African American, Latino and Euro-American populations. His work has focused on delivery of mental health care to older adults in primary care settings and has engaged the perspectives of both patients and providers. He was a Co-Principal Investigator for the Sacramento Area Latino Study on Aging and published research examining the frequency, impact and sociocultural context of dementia-related behavioral symptoms in Mexican American families. His current research includes a mixed method qualitative study examining barriers and facilitators of depression care for ethnically diverse older men in primary care settings and community based research to develop innovative culturally tailored interventions for Asian American and Latino family caregivers. He is also examining how the DSM cultural formulation can be adapted to improve cross-cultural psychiatric diagnosis in older adults. Dr. Hinton gives many local community presentations on Alzheimer's disease, caregiving, and geriatric depression for lay and professional audiences.

Robert Hutchings is dean of the Lyndon B. Johnson School of Public Affairs at The University of Texas at Austin. Before joining the LBJ School in March 2010, Hutchings was Diplomat in Residence in the Woodrow Wilson School of Public and International Affairs at Princeton University. He was also faculty chair of the Master in Public Policy program and served for five years as assistant dean of the school.

During a public service leave from Princeton University in 2003-05, he was Chairman of the US National Intelligence Council in Washington. His combined academic and diplomatic career has included service as Fellow and Director of International Studies at the Woodrow Wilson International Center for Scholars, Director for European Affairs with the National Security Council, and Special Adviser to the Secretary of State, with the rank of ambassador.

Ambassador Hutchings also served as deputy director of Radio Free Europe and on the faculty of the University of Virginia, and has held adjunct appointments at the Johns Hopkins University School of Advanced International Studies and Georgetown University's School of Foreign Service. He is author of *At the End of the American Century* and of *American Diplomacy and the End of the Cold War*, which was published in German as *als der Kalte Krieg zu Ende war*, along with many articles and book chapters on European and transatlantic affairs.

While chairing the National Intelligence Council, he directed the year-long "NIC 2020" project resulting in a report called *Mapping the Global Future*, examining the forces that will shape world affairs out to the year 2020. His current research springs from that project and aims at developing a global policy agenda, based on a series of structured strategic dialogues over the past two years with leaders in China, Russia, India, Brazil, South Africa, and a dozen other key countries around the world.

Hutchings is a director of the Atlantic Council of the United States and of the Foundation for a Civil Society, a member of the Council on Foreign Relations and the British-North American Committee, and an At-Large member of the Association of Professional Schools of International Affairs Executive Committee. A recipient of the National Intelligence Medal and the US State Department Superior Honor Award, he was also awarded the Order of Merit (with Commander's Cross) of the Republic of Poland for his contributions to Polish freedom. He is a graduate of the United States Naval Academy and received his Ph.D. from the University of Virginia.

Dr. Carlos A. Reyes-Ortiz became Associate Professor at the University of Texas Health Science Center, Department of Social and Behavioral Sciences, School of Public Health at Fort Worth on June 1, 2008. Prior to coming to UNTHSC, he was a Fellow and Research Scientist at the Sealy Center on Aging, Department of Internal Medicine and Assistant Professor at the Division of Rehabilitation Sciences, University of Texas Medical Branch in Galveston, Texas. He received his MD degree in 1982, and Family Medicine residency training in 1987 at the University of Valle in Cali, Colombia. He was a fellow in geriatric medicine at the Red Cross Hospital, in Madrid, Spain, in 1988 and at the Medical College of Virginia, in Richmond, VA in 1994-96. He served as a Member of the Geriatrics Medical Education Committee of the Colombian Association of Medical Schools, Bogota, Colombia, 1989-92. He was a clinical geriatrician, created a geriatric medicine program, and edited-authored a textbook in geriatric medicine in his university in Colombia until 2002. He completed a Ph.D. in Preventive Medicine and Community Health, at the UTMB (2002-

05), and was trained in health disparities research related to aging and cancer. His recent research has been focused on disparities related to health insurance status and access to cancer screening or other preventive services among the older Latino populations in the United States and Latin American and the Caribbean countries.

Dr. Fernando Riosmena is Assistant Professor in Geography and the Population Program at the University of Colorado at Boulder since August 2007. He previously was research associate at the Center for Demography and Ecology at the University of Wisconsin, Madison and Research Scholar at the Population Program in the International Institute for Applied Systems Analysis in Laxenburg, Austria. Dr. Riosmena holds a B.A. from ITESM Guadalajara (Mexico) and a M.A. and Ph.D. in Demography from the University of Pennsylvania. His research deals with several aspects of the international migration process, including the health status and trajectories of immigrants in the US.

Victoria E. Rodríguez, Ph.D. is Vice Provost and Dean of Graduate Studies at The University of Texas at Austin and holds the University's Ashbel Smith Professorship at the LBJ School. She teaches courses in policy development, women in politics and public policy, and theory and philosophy of public policy. Prior to joining UT Austin in 1991, she held teaching positions at the University of California, San Diego, and the University of Texas at El Paso. She was also a Research Associate at the University of Cambridge and has served as a consultant for the World Bank.

Professor Rodríguez received a bachelor's degree from the Instituto Tecnológico y de Estudios Superiores de Monterrey, Mexico, and a Ph.D. in Political Science from the University of California, Berkeley. Her scholarly work has focused on governance, democratization, and political change in Mexico. In addition to numerous books, articles, and book chapters on Mexican politics and public policy, she is the author of *Decentralization in Mexico: From Reforma Municipal to Solidaridad to Nuevo Federalismo* (1997). Her current work includes path-breaking research and two books on women in Mexican politics: *Women's Participation in Mexican Political Life* (1998) and *Women in Contemporary Mexican Politics* (2003). Her books have also been published in Spanish in revised and updated editions.

In 2000 Professor Rodríguez received jointly with Professor Peter Ward the *Obtli* Medal, the highest honor granted by the Mexican government outside Mexico. In 2002 *Hispanic Business* named her as one of the 100 most influential Hispanics in the United States.

Eduardo J. Sanchez, M.D., M.P.H. is a Vice President and the Chief Medical Officer for Blue Cross and Blue Shield of Texas. He served as Director of the Institute for Health Policy at The UT School of Public Health from 2006 to 2008. Dr. Sanchez served as Commissioner of the Texas Department of State Health Services from 2004 to 2006 and the Texas Department of Health from 2001 to 2004.

Dr. Sanchez received his M.D. in 1988 from the UT Southwestern Medical School. He holds an M.P.H. from the UT School of Public Health and an M.S. in biomedical engineering from Duke University.

Dr. Sanchez chairs the Advisory Committee to the Director of the Centers for Disease Control and Prevention and is Chair of the National Commission on Prevention Priorities. Dr. Sanchez served on the Institute of Medicine (IOM) Committee on Progress in Preventing Childhood Obesity and currently serves on the IOM Standing Committee on Childhood Obesity. He recently chaired the IOM Committee on Local Government Actions to Prevent Childhood Obesity and co-chaired the National Governors' Association Shaping a Healthier Generation Advisory Council, which released reports with recommendations for local and state governments, respectively, to address childhood obesity.

Kenneth I. Shine, MD, joined The University of Texas System as Executive Vice Chancellor for Health Affairs. In that capacity he is responsible for the six UT System health institutions and their aggregate operating budget of almost \$7.1 billion.

Kenneth I. Shine, MD, was President of the Institute of Medicine (IOM), from 1992-2002. Under Dr. Shine's leadership, the IOM played an important and visible role in addressing key issues in medicine and healthcare. IOM reports on quality of care and patient safety, heightened national awareness of these issues. IOM researchers led studies on nutrition, food safety, child development; and examined availability and side effects of vaccines.

Dr. Shine also focused attention on meeting the healthcare needs of all Americans: he organized symposia to underscore the importance of cultural sensitivity in healthcare and supported programs to increase immunization rates, decrease use of tobacco among adolescents, and improve care of the dying. He emphasized communication of scientific findings and recommendations. Under his guidance, IOM staff developed CDs, videotapes, guidelines for community-based research, and publications for researchers, practitioners, policymakers, and the public.

Dr. Shine was the founding Director of the RAND Center for Domestic and International Health Security. He led the Center's efforts to make health a central component of US foreign policy and guide the Center's evolving research agenda. Dr. Shine brought to this new role decades-long experience working with international health experts on global issues such as emerging infectious illnesses, bioethics, and access to care.

Dr. Shine is Professor of Medicine Emeritus at the University of California, Los Angeles (UCLA) School of Medicine. A cardiologist and physiologist, he received his M.D. from Harvard Medical School in 1961. Before becoming president of the IOM, he was Dean and Provost for Medical Sciences at UCLA.

Dr. Shine is a member of many honorary and academic societies, including Phi Beta Kappa and Alpha Omega Alpha, Fellow of the American College of Cardiology, Master of the American College of Physicians, and was elected to the Institute of Medicine in 1988. He served as Chairman of the Council of Deans of the Association of American Medical Colleges from 1991-1992, and was President of the American Heart Association from 1985-1986.

William Vega, Ph.D. is Provost Professor at the University of Southern California, and holds appointments in Social Work, Preventive Medicine, Psychiatry, and Family Medicine. Dr. Vega is an elected member of the Institute of Medicine, National Academies of Science, and Emeritus Professor at the University of California, Berkeley. He is also Co-Director of the Network for Multicultural Research on Health and Healthcare at UCLA. He has conducted field and clinical research projects on health, mental health, and substance abuse in various regions of the United States and Latin America. His specialty is multi-cultural epidemiologic and services research with adolescents and adults, work that has been funded by multiple public and private sources. He has published over 180 articles and chapters on these topics, in addition to several books. Dr. Vega was cited in ISI Highly Cited.com Web of Science in 2006 in the top one-half of one percent of most highly cited researchers in the social science literature world-wide. In 2002, he was awarded the Culture, Community, and Prevention Science Award by the Society for Prevention Research, and the National Award for Excellence in Research by a Senior Scientist by the National Latino Science Network. He was formerly a Council member of the Fogarty International Center of the NIH, a founding member of the International Consortium of Psychiatry Epidemiology of the World Health Organization, and a member of the Institute of Medicine Board of Population Health and Disease Prevention, and a member of the Robert Wood Johnson Foundation National Advisory Group for Health Policy Scholars, and is the current Chair of the IOM Health Inequities Roundtable.

Dr. Peter M. Ward earned his Ph.D. in geography from the University of Liverpool in 1976. He held senior teaching positions at the Universities of London and Cambridge before moving in 1991 to The University of Texas at Austin, where he is a Professor in the Department of Sociology and at the LBJ School of Public Affairs. He was the Director of the Mexican Center of the Institute of Latin American Studies at UT Austin from 1992 to 1996 and 2000-05. In 2000 he was appointed C.B. Smith Sr. Centennial Chair in US-Mexico Relations. Since 1997 he has coordinated the Mellon Sociology of Latin America Ph.d. Program.

In addition to over one hundred articles and book chapters on public policy in Mexico and Latin America, he has written twelve books: *Housing, the State and the Poor: Policy and Practice in Latin American Cities* (with Alan Gilbert), *Welfare Politics in Mexico: Papering Over the Cracks*, and *Mexico City: The Production and Reproduction of an Urban Environment* (all translated into Spanish); *Self-Help Housing: A Critique, Corruption, Development and Inequality* (editor), *Methodology for Land and Housing Market Analysis* (coeditor), *Political Change in Baja California: Democracy in the Making?* (with Victoria Rodriguez), and *Opposition Governments in Mexico: Past Experiences and Future Opportunities* (with Victoria Rodriguez). Among his most recent texts are *Mexico City* (second edition), *New Federalism and State Government in Mexico: Bringing the States Back In* (with Victoria Rodriguez), *Colonias and Public Policy in Texas: Urbanization by Stealth*, and in 2008, *Governance in the Americas: Decentralization Democracy and Subnational Government in the USA, Mexico, and Brazil* (with Robert Wilson, Peter Spink and Victoria Rodríguez.) University of Notre Dame Press. A "sister" volume will appear in *2010 Metropolitan Governance in the Federalist Americas: Case Studies and Strategies for Equitable and Integrated Development* (with Peter Spink and Robert Wilson), also with The University of Notre Dame Press. He is currently completing a book entitled: *Informal America: Colonias, "Wildcat" Settlements and Homestead Subdivisions*.

His principal research interests are Latin American urbanization, contemporary Mexican politics, housing policy and planning, Mexico City, and colonia-type agencies. In 2000, he and Victoria Rodriguez were jointly awarded the “Ohtli Medal and Recognition” from the Government of Mexico for their research and academic services to improving bi-lateral relations.

He also serves as the Ph.D. Adviser.

Dr. David C. Warner’s major teaching and research interests are in economics, health policy, and health finance. A graduate of Princeton University and Syracuse University (Ph.D. in economics), he formerly taught at Wayne State University and Yale University and was Deputy Director of the Office of Program Analysis of the New York City Health and Hospitals Corporation.

Professor Warner has served as a consultant to a number of organizations in the health sector, and for six years was a member of the Board of Directors of Austin’s Brackenridge Municipal Hospital. In addition, he was Chairman of the Texas Diabetes Council from January 1985 to December 1989. He has also served on several editorial and advisory boards and been appointed to other state level advisory committees.

At the LBJ School, Professor Warner has directed policy research projects on a variety of health and mental health topics. Among his publications are *Toward New Human Rights*, more than forty articles and book chapters, and sixteen books, monographs, and policy research project reports. He is currently working on projects related to improving health insurance coverage, the integration of the US and Mexican health care systems, diabetes policy, public health funding, and US-Mexico border health.

Abstracts

Latinos Aging in Place: Issues and Potential Solutions

William Vega, Ph.D., University of Southern California

Current practices in public health and health care are inadequate in promoting and sustaining optimal functioning for aging Latino elders in low income communities given the challenges posed by social and economic barriers, declining support for human services, increasing needs of family support systems, and the high levels of undertreated chronic diseases and disabilities. The implications are far reaching and this presentation will discuss and identify key issues in translating science for low-income minority older adults into programs across related topical areas bearing on successful “aging in place.” As the number of vulnerable aging older Latinos increases dramatically in coming decades, it is important to examine family and community determinants to successful aging in an effort to mitigate negative trends, increase quality of life, and expand the viability of “aging in place” for more low income Latinos in their own communities. Current studies strongly suggest that medical care and human services, as currently delivered in health care settings, are not successful in adequately assisting aging minority elders in managing their chronic medical conditions effectively, despite marginal improvements in quality of care indicators. Moreover, the ability of minority elders, and their families, to manage their mental health and medical needs is underdeveloped and inadequately linked to service systems. Improving the accessibility and effectiveness of basic public health services and interventions, and reshaping the role of health care providers serving low-income communities will increase their effectiveness in optimizing the functioning of aging Latinos.

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

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Background. Decline in functional status and development of disability over time is a common feature of aging populations. Trajectories of change may vary by race or ethnicity and be related to environmental-level measures of socioeconomic and cultural neighborhood factors.

Methods. This analysis examines major individual and contextual predictors of change over time in IADLs (instrumental activities of daily living) and ADLs (activities of daily living). SALSA is a cohort (n=1789) of older Mexican Americans (MA) who were followed every 12-15 months from 1998-2008. IADLs and ADLs were measured annually by interview and categorized. Neighborhood context was measured by geocoding addresses to the 2000 US Census and linked to individual study data. Two measures were created: (a) an ‘ethnicity’ scale and (b) a socioeconomic scale. Trajectories of change in IADLs and ADLs were modeled with mixed models. Neighborhood effects were assessed using HLM statistical procedures.

Results. Increases in IADLs and ADLs were greater in men than in women (β M vs. F=0.74, $p<0.0001$) and did not differ by nativity (ns). Lower education was associated with more rapid increases in IADLs (β for 1 year of education=0.07, $p<0.0001$) and ADLs (β for 1 year of education =-0.01, $p<0.0001$). The effect of education on ADLs and IADLs declined with time (P interaction time*education=0.05). Participants living in neighborhoods with a high (more Mexican) ethnicity score declined less on functional measures than those in more Anglo contexts, even after consideration of personal SES.

Conclusions. Socioeconomic factors at the individual and environmental level influence decline in functional status over time. Exploration of specific neighborhood characteristics could suggest interventions with a wider impact than the individual.

Does the Latino Paradox in Mortality Extend to Disability? A Comparison of Older Mexicans in the United States and Mexico

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 Chi-Tsun Chiu, University of Texas at Austin
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Studies consistently document a Latino paradox in adult mortality, although debate surrounds this pattern with questions about “salmon bias,” health selection processes, and negative acculturation. Here, we inform this debate in several ways. First, we assess whether the paradox extends to disability, especially among foreign-born Mexican Americans. Potentially, health selection processes advantage foreign-born Mexican Americans in terms of both mortality and disability. Second, we assess whether the paradox extends to native-born Mexican Americans whose health presumably is influenced by negative acculturation processes. Last, we assess how Mexican Americans’ mortality and disability patterns compare to Mexican nationals to refine our investigation of the role of health selection, salmon bias, and negative acculturation processes. Results based on the HRS and MHAS document the presence of a Latino paradox in mortality for foreign-born Mexican Americans. Preliminary evidence from MHAS suggests that this is not an artifact of salmon bias. Evidence of negative acculturation, however, characterizes the mortality and disability experiences of native-born Mexican American men. Foreign-born Mexican Americans’ low mortality rates are not matched by low disability rates. These rates are substantially higher than those for all other US race/ethnic groups as well as Mexicans nationals, including Mexicans who had lived in the US. Exposure to adverse conditions over a lengthy period for foreign-born Mexican Americans appears to play a heavy hand in influencing their very high rates of disability. Health selection as well as exposure to adverse conditions may account for the paradox within foreign-born Mexican Americans—a long life accompanied by a long duration of disability.

Nativity, Immigration, and the Cognitive Functioning Trajectories of Older Mexican Americans

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Background. Although research shows that immigrants to the United States tend to be healthier than their native-born counterpart, it is unclear whether the “healthy migrant” effect extends to indicators of cognitive aging. Building on previous research, we test whether the cognitive functioning trajectories of older Mexican Americans vary according to nativity and migration status.

Methods. Using six waves of data collected from the original cohort of the Latino Established Populations for the Epidemiologic Study of the Elderly (H-EPESE), we estimate a series of linear growth curve models to assess variations in cognitive functioning trajectories. We measure cognitive functioning with the Mini-Mental State Examination.

Results. Our analyses suggest that the cognitive functioning trajectories of early (before age 20) and late migrants (50 and older) are similar to those of the US-born. We also find that those who migrated between the ages of 20 and 49 tend to exhibit a slower rate of cognitive decline than the US-born; moreover, this pattern is especially pronounced for men.

Conclusions. Although our results suggest that the health advantage of Mexican migrants extends to cognitive aging, additional research is needed to explore selection processes that are specific to age at migration.

Transitions in Disability in Mexico and US: Does Physical Activity Matter?

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 Alejandra Michaels-Obregon, University of Texas Medical Branch at Galveston
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Researchers cite lifestyle differences as one of the contributors to health inequalities in populations. There is evidence that transitions among older adults towards healthy lifestyle habits, such as avoiding tobacco and binge

alcohol drinking, or exercising, appear to be underway in the US but not yet in Mexico. Little is known about how lifestyle risk factors such as lack of physical exercise can impact functional limitations in societies with very different demographic and epidemiological profiles. We postulate the hypothesis that the beneficial effect of physical exercise on old-age disability must be larger in Mexico than in the US because of the natural selection of the population of survivors in Mexico. We argue that the current cohorts of older adults in Mexico are more selected than in the US; more of the sicker individuals have died before reaching old age.

This paper therefore explores the impact of physical activity on disability transitions among older adults in Mexico compared to the US. We use data from two waves of the Mexican Health and Aging Survey (MHAS: 2001 and 2003) and the Health and Retirement Study (HRS: 2000 and 2002) to examine disability transitions across Mexico and the US. We begin by comparing prevalence of physical activity among older adults across the two countries. We then examine the impact of self-reported physical activity on the predicted probabilities of moving, two years later, from no disability at baseline to one ADL limitation, several ADL limitations or mortality.

Findings indicate that physical activity is more common in the US than in Mexico, and that the impact on transitions to disability varies across the two countries. In general, there is a beneficial effect of exercise against onset of disability or death at follow-up in both countries. However, contrary to our initial expectations, the protective effect of physical activity is stronger in the US than in Mexico. Age and gender differences in the impact of exercise on disability also differ across the two countries. Implications of the findings will be discussed.

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

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The National Health and Aging Trends Study (NHATS) will provide a new resource for the scientific study of functioning in late life. Supported by the U.S. National Institute on Aging, NHATS is being designed to measure on an annual basis a wide range of aspects of physical functioning, as well as the precursors and consequences of late-life disability. Priorities are placed on the development of better measures of the full range of capabilities, from underlying capacity to social participation.

NHATS overarching goal is to provide data that can be used to guide efforts to reduce disability, maximize health and independent functioning, and enhance quality of life at older ages. This includes measurement of new forms of long term care and caregiving. The survey will undertake oversampling by race/ethnicity including both persons of Hispanic origin and non-Hispanic Blacks yielding sufficient samples to examine differences in disability trends. Comparative research on disability and long term care involves attention not only to the operationalization of health and functioning, but also good measurement of the physical and social context in which individuals live and function. This presentation reviews the concepts and models developed for use in the survey with special attention to measures of the environment. We discuss the implications of these models for comparative research across the Americas.

Demographic, Socio-economic and Health Interactions between the Mexican-Origin Population in the United States and the Population in Mexico.

Roberto Ham-Chande; El Colegio de la Frontera Norte

There are strong interactions between the population of Mexico and the Mexican-origin population in the United States (MOP). A main purpose is the identification of relationships from the demographic, economic and social perspectives as inputs for projections and scenarios for planning and policies design. The dynamics of lower mortality and decreasing fertility is leading Mexico and the MOP to a rapid and unavoidable population aging. Because of lower birthrates, this group's demographic dependency ratio is declining, following the scheme known as "demographic window." The relevance of the aging process in socioeconomic opportunities and challenges is outlined by its expected impacts, since it will affect occupation, employment and income; change patterns of consumption, productivity and saving capacity; exercise a big pressure on social security and health systems; and modify social structures and family strategies. But the third demographic component is also playing a remarkable part since a substantial portion of migration to the United States involves young persons in their productive and reproductive ages. The linked concepts of "*demographic dividends*" provide channels to seek targets and policy making. The "*first dividend*" is to make use of the favorably low dependency ratio, while it lasts, to save and invest resources to build social and economic infrastructure. If this allows a long-term sustainable economic and social system, the

“second dividend” is achieved. Demographic and actuarial projections expect serious problems in retirement pensions and medical care for the elderly, for both Mexico and the MOP. But current concerns and discussions are almost restricted to actuarial balance and financial stability. The high cost of pensions and medical care are an issue in social security system where pensioners/contributors ratios are increasing rapidly. This is an obstacle for the construction of the first dividend, due to increases in the ratio benefits/contributions. As part of further analysis of prospective social security, health systems and demographic dividends it is proposed to evaluate the interaction between Mexico and the MOP. The mostly young and adult men that migrate to the United States are significantly altering demographic structures and economic opportunities in Mexico. It means a smaller and shorter demographic window, although they are reducing unemployment rates in Mexico and sending home substantial remittances. A significant fact is that one-third of the migrant workforce in the United States was born in Mexico. Questions are: Does migration mean a demographic decrease to build the first dividend in Mexico? Is it an input for the demographic window and the first dividend of the MOP? To what extent is it contributing to the first dividend in Mexico through remittances? What are the impacts for social security in Mexico? Which will be the likely impact of economic and financial crisis in Mexico and the United States?

Cumulative Effects of Sociocultural Status on Disability in Aging Mexican Americans: Findings from the San Antonio Longitudinal Study of Aging

Helen P. Hazuda, Ph.D., University of Texas Health Science Center at San Antonio

Background: Sociocultural factors (i.e., socioeconomic status, acculturation, and assimilation), which provide the context of daily living for Mexican Americans as they age, may have a substantial effect on disability over time, and may have a larger effect than disease (e.g., diabetes). Therefore, we examined the relative contribution of sociocultural and disease factors to disability (i.e., difficulty in performing one’s social role activities) at two time points approximately seven years apart.

Method: Subjects were Mexican American participants in the San Antonio Longitudinal Study of Aging (SALSA), a community-based study of the disablement process in Mexican Americans (MAs) and European Americans (EAs), 65+ years old at baseline and examined again approximately 7 years later. Disability in Basic Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADL) were assessed using a standardized performance-based measure. Indicators of SES were years of formal education and household income. The Hazuda Scales assessed two dimensions of acculturation—Value placed on Preserving Mexican Cultural Origins (Cultural Value) and Attitude toward Traditional Family Structure and Sex-Role Organization (Family Attitude), and structural assimilation (Functional Integration into the broader society). Diabetes was classified based on ADA criteria. Hierarchical regression modeling was used to determine the proportion of variance explained by a given variable net of other variables in the model based on changes in the adjusted R^2 . Disability at baseline and follow-up were regressed on baseline age, sex, SES, assimilation, acculturation, and diabetes.

Results: At baseline, diabetes net of age explained 4.1% of the variance in ADL disability and 6.5% in IADL disability. In contrast, SES net of age explained 13.7% of the variance in ADL and 19.0% in IADL disability, about three times more than explained by diabetes. Functional Integration net of age explained 13.4 % and 12.5% of the variance in ADL and IADL disability, respectively, two to three times more than explained by diabetes. Both acculturation scales, however, explained less variance in disability than explained by diabetes. For follow-up disability, the net variance explained by diabetes in ADL disability was negligible (0.1%), and the explained variance in IADL disability decreased to 4.7%. In contrast, although the net variance in follow-up ADL disability explained by baseline SES and Functional Integration decreased somewhat, the variance in follow-up IADL disability explained by SES almost doubled to 24.4% and that explained by Functional Integration almost tripled to 31.5% . Variance in follow-up disability explained by the acculturation scales was less than or similar to that explained by diabetes. Sex was not significantly associated with disability at baseline or follow-up.

Conclusion: SES and Functional Integration are major contributors to both ADL and IADL disability in older MAs, and, when compared with diabetes, account for a substantially greater proportion of the variance in disability. Particularly for IADLs, there appears to be a cumulative effect of SES and Functional Integration with the burden of lower SES and Functional Integration increasing over time as MAs age.

Migration Selection, Protection, and Acculturation: A Bi-national Perspective on Older Adults

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In this paper we use test for four mechanisms that explain the Latino immigrant health advantage: the salmon bias, emigration selection, socio-cultural protection, and international differences in epidemiological regimes. We use comparable health data from Central-Western Mexico—the heartland of US migration—from the Mexican Health and Aging Study, and from the US from the National Health Interview Survey, which includes Mexican-born individuals with and without previous US migration experience. With this data, we examine self-reported height, hypertension, obesity, diabetes, and self-rated global health among men ages 50+. While we only find evidence of a strong immigrant advantage in hypertension, we find evidence consistent with emigration and return selection mechanisms in height and self-rated health as well. Moreover, we find that the advantage in hypertension is not exclusively an immigrant advantage but also one partially due to differences in the Mexican and American epidemiological regimes. Although we do not find conclusive evidence consistent with socio-cultural protection mechanisms, we do find that the association between US experience and health is not monotonically negative, suggesting protection may be at play. Furthermore, we illustrate how ignoring return migrants in calculations of the association between US experience and health exaggerates the long-term effects of acculturation on health.

Access to vaccines for Latin American and Caribbean Older Adults with Disability

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Background: There is limited information on how disability is correlated with access to vaccines among Latin American and Caribbean older adults. Unmet needs for influenza and tetanus vaccines access according to health insurance coverage were assessed among older adults with disabilities.

Methods: A cross-sectional study, 8,682 men and women aged 60 and older from six cities of the Health, Well-Being and Aging in Latin America and the Caribbean Study (SABE; 1999-2000). Regression models adjusted for relevant demographic and health variables were used to estimate the associations between reported vaccines access and disability by health insurance status.

Results: In multivariate analyses of the combined sample of cities, compared to those being disabled and insured, being uninsured and with any functional difficulty on instrumental activities of daily living (IADL) or activities of daily living (ADL) showed an association with the lack of influenza vaccine within the last year (OR 4.21 95% CI 2.77-6.41), and tetanus vaccine within the last 10 years (OR 2.80 95% CI 1.90-4.11). Also, compared to those being disabled and insured, being uninsured and with any report of fair/poor vision or hearing was associated with lack of influenza vaccine (OR 2.38 95% CI 1.77-3.19) and tetanus vaccine (OR 1.85 95% CI 1.43-2.41).

Conclusion: Being uninsured was significantly associated with unmet needs for influenza and tetanus vaccines among functional- or sensory-disabled Latin American and Caribbean older adults.

Diabetes and Employment Productivity: Does Diabetes Management Matter?

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Lisa Yarnell, M.A., The University of Texas at Austin
Jose A. Pagán, Ph.D., University of Texas Health Science Center at Forth Worth
Craig Hanis, Ph.D., University of Texas Health Science Center at Houston
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Peréz, Pagán

Diabetes has been shown to have a detrimental impact on employment and labor market productivity. However, it is not known whether labor market effects are the result of diabetes per se or whether they depend on the degree to which diabetes is controlled through management of blood sugar levels. From a policy or public health perspective, if we can avoid the productivity effects by controlling diabetes rather than preventing diabetes, scarce

resources can be concentrated on the smaller group that already has diabetes. This study utilizes data from a recently completed survey of households in Brownsville, Texas, a largely Mexican American city with a high prevalence of diabetes located on the Texas-Mexico Border. Diabetes management or control is measured by blood sugar levels, glycosylated hemoglobin levels (HbA1c), and interaction terms. Methods used are probit and Heckman regression. Results show that the management of diabetes does not appear to have a discernible impact on labor market outcomes in the short-run. However, diabetes does negatively affect males, particularly in work propensity.

Trends in Racial Composition of Nursing Home Residents: 2000-2007

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Research Objective: Research on racial/ethnic differences in nursing home (NH) use has been limited, despite rapid growth of older minority populations and potential rise in their long-term care (LTC) needs. Changing demographics call for a renewed understanding of these differences in the context of today's rapidly evolving LTC markets. The objective of this paper is two-fold: (1) to describe the national trends in the racial composition of NH residents over the period 2000 to 2007, and (2) to understand the demographic forces driving the shifts in the racial composition of NH residents among population subgroups at the Metropolitan Statistical Area (MSA) level.

Study Population: Annual population of NH residents, by race/ethnicity, estimated from the national repository of Minimum Data Set (MDS) resident assessments, 2000-2007. Population demographics are from the US census (2000) and annual population estimates (2001-2007) aggregated to the national and MSA levels.

Study Design: Each annual snapshot of the estimated NH population includes all residents 65+ who are residing in a NH on the first Thursday of April, identified from a residential history file tracking each person's location of care setting at a given point of time. Racial composition of NH residents is measured by both the absolute number and proportion of each racial/ethnic group, separately for Whites, Blacks, Latinos, and Asian/Pacific Islanders. Descriptive analysis is performed to track trends and examine the association between annual changes in the racial composition of NH residents and corresponding changes in the older population per MSA.

Principal Findings: Nationally, the total NH population declined slightly from 2000 to 2007, by an average -0.3% per year; this trend is primarily driven by declining White residents, at -0.8% per year. In contrast, NH residents who are Blacks, Latinos or Asians increased steadily, by an annualized rate of 1.6%, 5.3%, and 5.4%, respectively. Accordingly, the proportion of NH residents who are Whites decreased each year (from 86.2% in 2000 to 83.2% in 2007), accompanied by a continuous rise in the proportion of Blacks (9.9% to 11.3%), Latinos (2.5% to 3.7%), and Asians (1.0% to 1.5%). Across MSAs, the proportion of minority NH residents correlates with the proportion of minority older population in the MSA (Spearman Correlation=0.58, 0.28 and 0.35 for Blacks, Latinos and Asians, respectively), whereas there is little correlation for Whites (-0.04). More importantly, minority NH residents grow *more* rapidly over the study period in MSAs, which have experienced a *faster* growth in the respective minority older population, compared to MSAs experiencing a slower growth.

Conclusions: A significant shift occurs in the racial composition of NH residents in recent years, as marked by increasing numbers of older Blacks, Latinos and Asians, coupled with a continuing decline of White residents in NHs. This shift has been driven in part by changing demographics, especially the rapid growth of older population among minority groups.

Implications: If the current demographic trends persist, the increasing use of NHs among minority elders is likely to continue in the near future. As a result, the NH population will become more diverse and increasingly mirror the racial/ethnic makeup of the aging population in the US.

Latino and Non-Latino Elderly in Los Angeles County: Demographic Trends for Disability and Long-Term Care

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Analysis of Census data for Los Angeles for the 1990-2008 period shows two important trends in the 65+ population: a rapidly growing presence of Latino elderly and a rapidly shrinking presence of Non-Latino White (NHW) elderly. This means that throughout the twenty-first century, the disability and long-term care profile of the elderly in Los Angeles County will increasingly be influenced by the growing Latino presence in this age group. American Community Survey (ACS) data for 2008 are used to compare and contrast the disability profile of Latino and NHW in the following categories: vision/hearing, ambulatory, cognitive, self care and independent living. Generally, Latino elderly report higher percentages of disability in nearly all categories.

Data from the 2008 California Hospital Discharge Summary show marked differences between Latino and NHW elderly in terms of post-hospitalization disposition to long-term care. NHW are far more likely than Latino to be discharged to Skilled Nursing/Intermediate Care, Residential Care and Home Health Service. The Hospital Discharge data also show markedly different insurance coverage patterns (Expected Payment source). NHW are nearly universally covered by Medicare or private insurance, while Latino patients are far more likely to be covered by Medicaid, Other Government or Self Pay.

Policy implications of these differential profiles will be presented.

The Role of Sociocultural Factors in Latino Family Dementia Caregiving: Lessons from Qualitative and Quantitative Research

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The number of Latino elderly with dementia is projected to increase significantly over the next decade. This presentation will review findings from research the author has conducted with caregivers of cognitively impaired elderly who were participants in the Sacramento Area Latino Study of Aging (SALSA) as well as a comparative cross-ethnic qualitative study of dementia caregiving conducted as part of a National Institute on Aging-funded study at Harvard. Findings from the SALSA study will highlight the high levels of behavioral problems in older Mexican Americans with cognitive impairment and their adverse impact on both the caregiver and the person with cognitive impairment. Generational differences in the caregiver experience will also be presented. Quantitative findings will be amplified through the use of qualitative data from both SALSA as well as a cross-ethnic study of dementia caregiving conducted in Boston, Massachusetts. Together, these findings will highlight both cultural and socioeconomic factors that influence how Latino family caregivers interpret and respond to behavioral symptoms, including patterns of help-seeking.

Aging and Long-term Care in Mexican-American Families

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Background. During the next two decades elderly Hispanics will constitute an ever growing fraction of the older population in the United States. This demographic trend has important consequences for options in long-term care, especially as frailty and disability becomes more common among the elderly in coming decades.

Objective. In this paper we examine key aspects of this growth for the needs of elderly Hispanics and for Mexican-origin individuals in particular. These include economic difficulties, lack of health insurance and access to medical care, all of which may result in compromised health and different preferences and needs for elder care.

Methods. Using data from the H-EPESE, a longitudinal study of the health of 3,050 Mexican Americans 65 and older in the Southwestern United States, we examine the influence of cultural factors and declining health on the basic probability that one prefers to live with family or in some other arrangement.

Results. The analyses reveal that while more than one-half of older Mexican Americans expect to live with their children in the event they became too ill to care for themselves, nativity, gender, and disability status affect their desire to do so.

Conclusion. The paper ends with a discussion of the significance of the findings as they relate to long-term care and, specifically the role of the family in providing care to elderly Hispanics in years to come. They inform policy development on whether any changes in feelings of obligation by adult children to care for their elderly parents will influence the demand for long-term care by elderly Mexican Americans in the future.

Resumen

El Envejecimiento de los Latinos en un Lugar: Problemas y Posibles Soluciones

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Dados los retos planteados por las barreras sociales y económicas, la disminución del apoyo de los servicios humanos, las crecientes necesidades de los sistemas de apoyo a la familia, los altos niveles de enfermedades crónicas sin tratar y las discapacidades, las prácticas actuales en relación a la salud pública y a la atención de salud son insuficientes para promover y mantener el funcionamiento óptimo del envejecimiento de ancianos latinos en comunidades de bajos ingresos. Las consecuencias son de largo plazo y en esta presentación se discutirán y definirán las cuestiones claves en la traducción de la ciencia para los adultos mayores que son minorías de bajos ingresos en programas que cubren áreas temáticas relacionadas con el éxito de “envejecer en un lugar.” A medida que el número de latinos de tercera edad vaya aumentando drásticamente en las próximas décadas, es importante examinar los factores determinantes de la familia y la comunidad para un envejecimiento exitoso, en un esfuerzo para mitigar las tendencias negativas, aumentar la calidad de vida y ampliar la viabilidad de “envejecer en un lugar” para los latinos de bajos ingresos en sus propias comunidades. Los estudios actuales sugieren que la asistencia médica y servicios sociales no tienen éxito en la adecuada asistencia a las personas de tercera edad para que ellos manejen y cuiden de sus enfermedades crónicas, pese al incremento en los índices de calidad asistencial. Además, la capacidad de los ancianos minoritarios y sus familias para manejar la salud mental y las necesidades médicas no se ha desarrollado y esta equivocadamente vinculada a los sistemas de servicio. La mejora a la accesibilidad y eficacia de los servicios básicos de salud pública, las intervenciones y la reconfiguración del papel de los proveedores de salud que sirven a comunidades de bajos ingresos aumentará su eficacia en la optimización del funcionamiento de los latinos que están envejeciendo.

Principales Predictores Contextuales e Individuales en el Deterioro Funcional y el índice de Discapacidad en los Mexico-Americanos: Resultados del Estudio Sobre Envejecimiento en Latinos en el área de Sacramento(SALSA).

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Antecedentes. La disminución de la capacidad funcional y el desarrollo de la discapacidad a través del tiempo es una característica común de envejecimiento de la población. Las trayectorias de cambio pueden variar según la raza o etnicidad y en relación con las medidas ambientales y el nivel de factores relativos al entorno socioeconómico y cultural.

Métodos. Este análisis examina los principales predictores individuales y contextuales de los cambios en las AIVD (actividades instrumentales de la vida diaria) y las AVD (actividades de la vida diaria). SALSA es una muestra (n = 1789) de los Mexico-Americanos (MA), que fueron seguidos cada 12-15 meses a partir de 1998-2008. AIVD y AVD se midieron anualmente por medio de entrevistas y fueron categorizadas. El contexto de la zona estudiada se midió mediante direcciones geocodificadas con el Censo de EE.UU. del año 2000 y vinculado con los datos de estudio individual. Dos medidas se han creado: (a) un ‘modelo de la etnicidad “y (b) una escala socioeconómica. Las trayectorias de cambio en las AVD y AIVD fueron modeladas con modelos mixtos. Los efectos de la zona se evaluaron utilizando procedimientos estadísticos HLM.

Resultados. Los aumentos en las AVD y AIVD fueron mayores en hombres que en mujeres (β M vs F = 0,74, p <0,0001) y no difirieron por nacimiento (ns). Se asoció un bajo nivel educativo con un incremento más rápido de la AIVD (β por 1 año de educación = 0,07, p <0,0001) y AVD (β por 1 año de educación = -0,01, p <0,0001). El efecto de la educación en las AVD y AIVD disminuyó con el tiempo (tiempo de interacción P * la educación = 0,05). Los participantes que viven en zonas con una etnicidad más alta (más mexicanas) disminuyeron menos en medidas funcionales que en los contextos más anglo, incluso después de la consideración de SES personal.

Conclusiones. Factores socioeconómicos en los niveles individuales y ambientales influyen el deterioro del estado funcional. La exploración de características específicas pueden sugerir intervenciones con un impacto más amplio que el individual.

Título: ¿Se Puede Extender la Paradoja de la Mortalidad en Hispanos a la Discapacidad? Una Comparación de Mexicanos mayores de edad en los Estados Unidos y México

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Los estudios consistentemente documentan una paradoja hispana en la mortalidad de adultos, aunque este patrón se debate con preguntas sobre “la hipótesis del salmón”, los procesos de selección de salud, y la aculturación negativa. Aquí, se contribuye al debate de varias maneras. En primer lugar, analizamos si la paradoja se extiende a la discapacidad, especialmente entre los Mexcio-Americanos nacidos en el extranjero. Potencialmente, los procesos de selección de salud dan ventaja a los Mexcio-Americanos nacidos en el extranjero tanto en términos de mortalidad y discapacidad. En segundo lugar, analizamos si la paradoja se extiende a los Mexcio-Americanos cuya salud supuestamente se ve influenciada por los procesos de aculturación negativa. Por último, analizamos como se comparan los patrones de mortalidad y discapacidad de los Mexcio-Americanos y con los patrones de los mexicanos para así afinar nuestra investigación sobre el papel de la selección de la salud, la hipótesis del salmón, y los procesos negativos de aculturación. Los resultados basados en HRS y MHAS documentan la presencia de una paradoja en la mortalidad hispana para los Mexcio-Americanos nacidos en el extranjero. La evidencia preliminar de MHAS sugiere que esto no es un efecto de la hipótesis del salmón. Sin embargo, pruebas de la aculturación negativa, caracterizan las experiencias de mortalidad y discapacidad en hombres Mexcio-Americanos. Las bajas tasas de mortalidad no son igualadas por las bajas tasas de discapacidad en hombres Mexcio-Americanos nacidos en el extranjero. Estas tasas son sustancialmente superiores a las tasas de todos los grupos étnicos en EE.UU., así como las de los nacionales mexicanos, incluyendo a los mexicanos que habían vivido en los EE.UU. El haber estado expuestos a condiciones adversas durante un período prolongado parece influenciar las altas tasas de discapacidad en los hombres Mexcio-Americanos nacidos en el extranjero. La selección de salud, así como la exponerse a condiciones adversas puede explicar la paradoja en los mexicano-americanos nacidos en el extranjero—una larga vida acompañada de una larga vida con discapacidad.

Nacimiento, Inmigración, y las Trayectorias del Funcionamiento Cognitivo de los Mexicomericanos de Tercera Edad

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Antecedentes. Aunque las investigaciones demuestran que los inmigrantes a los EE.UU. tienen una tendencia a ser más saludables que aquellos nacidos en EE.UU., no está claro si el efecto del “inmigrante sano” se extiende a los indicadores de envejecimiento cognitivo. Partiendo de investigaciones previas, se estudia si las trayectorias del funcionamiento cognitivo de los Mexcio-Americanos varían en función de nacimiento y situación migratoria.

Métodos. Usamos seis momentos distintos en los datos reportados por el Estudio de Poblaciones Hispanas Establecidas para el Estudio Epidemiológico de la tercera edad (H-EPESE), estimamos una serie de curvas de crecimiento en modelos lineales para evaluar las variaciones en las trayectorias de las funciones cognitivas. Medimos el funcionamiento cognitivo con el Examen “Mini-Mental State”.

Resultados. Nuestros análisis sugieren que las trayectorias de las funciones cognitivas de los jóvenes (antes de los 20) y los migrantes mayores (50 y más) es similar a las de los nacidos en Estados Unidos. También encontramos que los que emigraron entre las edades de 20 y 49 años tienden a mostrar una menor tasa de deterioro cognitivo que los nacidos en Estados Unidos, por otra parte, este patrón está marcado especialmente en los hombres.

Conclusiones. Aunque nuestros resultados sugieren que la ventaja en la salud de los migrantes mexicanos se extiende al envejecimiento cognitivo, se necesita investigación adicional para explorar los procesos de selección específicos a la edad de la migración.

Transiciones en Discapacidad en México y EE.UU.: ¿Importa la Actividad Física?

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Los investigadores citan diferencias de estilo de vida como una de las contribuciones a las desigualdades de salud en las poblaciones. Hay pruebas de que las transiciones entre los adultos mayores hacia hábitos de vida más saludables tales como evitar el tabaco y no beber alcohol en exceso o hacer ejercicio parecen estar en marcha en los EE.UU. pero aún no en México. Poco se sabe sobre cómo los riesgos de factores de estilo de vida, como la falta de ejercicio físico, pueden afectar las limitaciones funcionales en las sociedades con perfiles demográficos y epidemiológicos muy diferentes. Postulamos la hipótesis de que el efecto del ejercicio físico en la vejez y la discapacidad debe ser mayor en México que en los EE.UU. debido a la selección natural de la población de sobrevivientes en México. Se argumenta que los adultos de la tercera edad en México están más seleccionados que en los EE.UU.; una mayor parte de individuos enfermos han muerto antes de llegar a la vejez.

En este trabajo se explora el impacto de la actividad física en las transiciones de la discapacidad entre los adultos mayores en México en comparación con los EE.UU. Usamos datos de dos momentos en la Encuestas de la Salud y Envejecimiento en México (MHAS: 2001 y 2003) y del Estudio de Salud y Jubilación (HRS: 2000 y 2002) para examinar las transiciones de la discapacidad a través de México y los EE.UU. Empezamos comparando la prevalencia de la actividad física en los adultos mayores en los dos países. A continuación examinamos el impacto de la actividad física autoinformada en las probabilidades previstas de movimiento, dos años más tarde, desde una ausencia de discapacidad al inicio del estudio a una limitación de las actividades de la vida diaria, a varias limitaciones en las actividades de la vida diaria o a la mortalidad.

Los resultados indican que la actividad física es más común en los EE.UU. que en México, y que el impacto sobre las transiciones a la discapacidad varía entre los dos países. En general, el ejercicio muestra un efecto beneficioso contra la aparición de la invalidez o la muerte en el seguimiento de ambos países. Sin embargo, contrariamente a nuestras expectativas iniciales, el efecto protector de la actividad física es más fuerte en los EE.UU. que en México. La edad y las diferencias de género en el impacto del ejercicio sobre la discapacidad también difieren entre los dos países. En la presentación se discutirán las implicaciones de los hallazgos.

Salud nacional y las tendencias de envejecimiento y los estudios comparativos con América Latina

El Estudio de Salud Nacional y Tendencias de Envejecimiento (NHATS) proporcionará un nuevo recurso para el estudio científico del funcionamiento en la vejez. Con el apoyo del Instituto Nacional del Envejecimiento, NHATS está siendo diseñado para medir anualmente una amplia gama de aspectos del funcionamiento físico, así como los precursores y las consecuencias de la discapacidad desarrollada en la tercera edad. Se ha priorizado el desarrollo de mejores medidas para la gama completa de capacidades, desde la capacidad subyacente hasta la participación social.

El objetivo general de NHATS es proporcionar datos que puedan ser utilizados para guiar los esfuerzos para reducir la discapacidad, la salud y maximizar el funcionamiento independiente y mejorar la calidad de vida en edades mayores. Esto incluye la medida de nuevas formas de atención a largo plazo y de cuidado. La encuesta se realizará por raza / grupo étnico incluyendo a personas de origen hispano y los negros no hispanos, pro proporcionando de esta forma, suficientes muestras para analizar las diferencias en las tendencias de la discapacidad.

La investigación comparativa sobre la discapacidad y la atención a largo plazo implica atención no sólo a la puesta en práctica de la salud y el funcionamiento, pero a la medida del contexto físico y social en que viven los individuos y la función. Esta presentación revisa los conceptos y modelos desarrollados que se utilizarán en el estudio, con énfasis a las medidas del medio ambiente. Se discuten las implicaciones de estos modelos para la investigación comparativa en las Américas.

Interacciones de Salud, Demográficas, y Socioeconómicas entre la Población de Origen Mexicano en Estados Unidos y la Población en México.

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Hay una fuerte interacción entre la población de México y la población de origen mexicano en los Estados Unidos (MOP). Un objetivo principal en esta investigación es la identificación de las diversas relaciones entre las características demográficas, las perspectivas económicas y sociales como aportaciones para las proyecciones y escenarios para la planificación y diseño de políticas.

La dinámica de bajo índice de mortalidad y el decreciente índice de fertilidad está llevando a México y a MOP a un envejecimiento de la población acelerado e inevitable. Debido a las bajas las tasas de natalidad, la proporción de la dependencia demográfica se está reduciendo siguiendo el esquema conocido como “la oportunidad demográfica”. La relevancia del proceso de envejecimiento en las oportunidades y desafíos socioeconómicos son esbozados por sus impactos esperados, ya que afectará la profesión, el empleo y los ingresos; cambiarán los patrones de consumo, la productividad y capacidad de ahorro; ejercerán una gran presión sobre los sistemas de salud y seguro social; modificarán las estructuras sociales y las estrategias familiares. Pero el tercer componente demográfico también está jugando un papel notable ya que una parte sustancial de la migración a los Estados Unidos afecta a las personas jóvenes en su edad productiva y reproductiva.

Los conceptos vinculados “*dividendos demográficos*” proporcionan formas de buscar objetivos y formular políticas. El “*primer dividendo*” es usar la favorable baja tasa de dependencia, mientras dure, para ahorrar e invertir recursos para construir la infraestructura social y económica. Si esto permite un sistema económico y social sostenible a largo plazo, se logra el “segundo dividendo”. Las proyecciones demográficas y actuariales esperan graves problemas en las pensiones de jubilación y atención médica a las personas mayores, tanto para México como para MOP. Pero las preocupaciones y las discusiones actuales se limitan a la estabilidad actuarial y financiera. El alto costo de las pensiones y la atención médica son un problema en el sistema de seguro social en el que las proporciones de pensionistas/contribuyentes están aumentando rápidamente. Este es un obstáculo para la construcción del primer dividendo, debido a los aumentos en las proporciones beneficios/contribuciones.

Como parte del análisis prospectivo del seguro social, los sistemas de salud y los dividendos demográficos, se propone evaluar la interacción entre México y MOP. La mayoría de los hombres adultos y jóvenes que emigran a los Estados Unidos están alterando significativamente las estructuras demográficas y las oportunidades económicas en México. Esto representa un momento demográfico corto, a pesar de que están reduciendo las tasas de desempleo en México y enviando remesas substanciales a sus familias. Un hecho importante es que un tercio de la fuerza de trabajo migrante en los Estados Unidos nació en México. Las preguntas son: ¿La migración significa un decrecimiento demográfico para construir el primer dividendo en México? ¿Es un aporte al momento demográfico y al primer dividendo del MOP? ¿Hasta que punto se aporta al primer dividendo en México por medio de remesas? ¿Cuáles son los impactos para el seguro social en México? ¿Cuál será el impacto probable de la crisis económica y financiera en México y los Estados Unidos?

Los Efectos Acumulativos del Estado Sociocultural en la Discapacidad del Envejecimiento de Mexcio-Americanos: Resultados del Estudio Longitudinal de Envejecimiento de San Antonio.

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Antecedentes: Los factores socioculturales (es decir, el estatus socioeconómico (SES), la aculturación y la asimilación), que proporcionan el contexto de la vida diaria de los Mexcio-Americanos a medida que envejecen, pueden tener un efecto sustancial sobre la discapacidad a largo plazo, el que puede ser mayor que el efecto de la enfermedad (por ejemplo, diabetes). Por lo tanto, examinamos la contribución relativa de los factores socioculturales y de factores de enfermedad en la discapacidad (es decir, dificultad en las actividades de una realización de función social) en dos momentos con aproximadamente siete años de diferencia.

Método: Los sujetos fueron participantes Mexcio-Americanos en el Estudio Longitudinal de Envejecimiento de San Antonio(SALSA), un estudio basado en la comunidad sobre el proceso de discapacidad en Mexcio-Americanos (MA) y europeoamericanos (EA), de 65+ años al inicio del estudio y examinados de nuevo aproximadamente siete años más tarde. Discapacidad en actividades básicas de la vida diaria (AVD) y actividades instrumentales de la vida diaria (AIVD) se evaluaron utilizando una medida estandarizada basada en el rendimiento. Los indicadores de SES fueron años de educación formal y el ingreso familiar. Las escalas de Hazuda evaluaron dos dimensiones de la aculturación—valor puesto en preservación cultural de orígenes mexicanos (Interés Cultural) y la actitud hacia la estructura familiar tradicional y la organización del papel sexual (Familia Actitud), y la asimilación estructural (Integración Funcional en la sociedad en general). La diabetes fue clasificada sobre la base de criterios de la ADA. Modelos jerárquicos de regresión se utilizaron para determinar la proporción de varianza explicada por un determinado neto variable de otras variables en el modelo basado en los cambios en la R^2 ajustado. La discapacidad al momento inicial del estudio y el seguimiento de una regresión de la edad de referencia, sexo, SES, la asimilación, la aculturación y la diabetes.

Resultados: Al inicio, la edad neta de diabetes explicó el 4.1% de la varianza de la discapacidad ADL y el 6.5% en la discapacidad AIVD. En contraste, SES edad neta, explicó el 13.7% de la varianza en las AVD y 19.0% en la

discapacidad AIVD, cerca de tres veces más que el explicado por la diabetes. La integración funcional de edad neta explica el 13.4% y 12.5% de la varianza en las discapacidades AVD y AIVD, respectivamente, de dos a tres veces más que lo explicado por la diabetes. Ambas escalas de aculturación, sin embargo, explicaron menos variación en la discapacidad de la que se explica por la diabetes. Para el seguimiento de la discapacidad, la variación neta explicada por la diabetes en la discapacidad ADL fue insignificante (0,1%), y la varianza explicada en la discapacidad AIVD descendió al 4,7%. En cambio, aunque la variación neta en el seguimiento de la discapacidad ADL disminuyó un tanto, explicado por el nivel socioeconómico y la integración funcional de referencia, la variación en el seguimiento de la discapacidad AIVD se casi se duplicó a 24,4% explicada por el nivel socioeconómico y casi se triplicó a 31,5% explicada por la Integración Funcional. La diferencia en la discapacidad de seguimiento explicada por las escalas de aculturación es inferior o similar a la explicada por la diabetes. El sexo no se asoció significativamente con discapacidad al inicio del estudio o en el seguimiento.

Conclusión: SES y la integración funcional son grandes contribuyentes a las discapacidades AVD y AIVD en los ancianos MA y, si se compara con la diabetes, representan una proporción sustancialmente mayor de la varianza de la discapacidad. Particularmente para AIVD, parece que hay un efecto acumulativo de SES y la integración funcional con la carga de SES más bajos y la integración funcional aumenta con el tiempo mediante aumenta la edad de MA.

La Selección de Migración, Protección, y Aculturación: Una Perspectiva Binacional de Adultos Mayores

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En este artículo utilizamos una prueba para cuatro mecanismos que explican la ventaja de salud de los inmigrantes hispanos: la hipótesis del salmón, la selección de emigración, protecciones socio-culturales, y las diferencias internacionales en los regímenes epidemiológicos. Hemos utilizado los datos comparables de salud del Centro-Occidente de México-el epicentro de la migración a EEUU—del estudio de la salud y envejecimiento mexicano—y de la Encuesta Nacional de Salud entre las personas de origen mexicano, con o sin experiencia previa de migración a los EE.UU. que autoevaluaron su altura, estados de hipertensión, obesidad, diabetes, salud mundial percibida entre hombres 50+.

Aunque sólo encontramos evidencia de una fuerte ventaja en la hipertensión, encontramos evidencia consistente con la emigración y los mecanismos de selección de regreso a México, en altura y también en la autoevaluación de la salud. Por otra parte, encontramos que la ventaja en la hipertensión no es exclusivamente una ventaja de inmigrantes, sino también una parte debida a diferencias en los regímenes epidemiológicos de México y Estados Unidos. Aunque no encontramos evidencia concluyente y consistente con los mecanismos de protección socio-cultural, encontramos que la asociación entre la experiencia de EE.UU. y la salud no es monótonamente negativa, lo que sugiere que los mecanismos de protección pueden estar en juego. Por otra parte, se muestra cómo el ignorar a los migrantes que regresan en los cálculos de la asociación entre la experiencia de los EE.UU. y la salud, exagera los efectos a largo plazo de la aculturación en la salud.

Acceso a las Vacunas para Adultos Mayores Latinoamericanos y Caribeños con Discapacidad

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Antecedentes: Existe poca información sobre cómo la discapacidad está correlacionada con el acceso a las vacunas entre los adultos mayores latinoamericanos y caribeños. En este estudio se evaluaron las necesidades no cumplidas para el acceso a las vacunas de la influenza y el tétano de acuerdo a la cobertura de seguro de salud en los adultos mayores con discapacidad.

Métodos: Estudio transversal, 8,682 hombres y mujeres de 60 años o más, de seis ciudades del Estudio de Salud, Bienestar y Envejecimiento en América Latina y el Caribe (SABE, 1999-2000). Se utilizaron modelos de regresión ajustados a variables demográficas y de salud para estimar las asociaciones entre el número reportado de acceso a vacunas y la discapacidad de acuerdo al estado de la cobertura de seguro médico.

Resultados: El análisis multivariado de la muestra combinada de las ciudades comparada comparando los que son discapacitados y tienen seguro médico con aquellos que no tienen seguro médico y tienen alguna dificultad funcional en actividades instrumentales de la vida diaria (AIVD) o actividades de la vida diaria (AVD) mostró una asociación

con la falta de la vacuna contra la gripe en el último año (OR 4.21 IC 95%: 2.77 a 6.41) y la vacuna antitetánica en los últimos 10 años (OR 2.80 IC 95% 1.90-4.11). Además, en comparación con los que son discapacitados y tienen seguro médico, aquellos que no tienen seguro y que reportaron tener buena/ mala visión o audición mostraron una falta de vacunas contra la gripe (OR 2.38 IC 95% 1.77-3.19) y la vacuna contra el tétano (OR 1.85 IC 95%: 1.43 -2.41).

Conclusiones: El no tener seguro de salud se asoció significativamente con las necesidades no cumplidas para las vacunas contra influenza y el tétano entre los adultos mayores discapacitados funcionales o sensoriales de América Latina y el Caribe .

Palabras clave: las personas mayores, discapacidad, América Latina y el Caribe, el seguro de salud, el acceso a las vacunas.

La Diabetes y la Productividad del Empleo: ¿Importa el Control de la Diabetes en la Pre-Edad de Jubilación en Poblaciones México-Americanas?

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Se ha demostrado que la diabetes tiene un impacto perjudicial en el empleo y la productividad del mercado de trabajo que resulta en días de trabajo perdidos y un incremento en las estadísticas de mortalidad/discapacidad. Este estudio utiliza datos de una encuesta que aun se está llevando a cabo y que está relacionada con la diabetes en hogares de Brownsville, Texas, una gran zona metropolitana de la frontera con el fin de evaluar el impacto de la diabetes en la propensión de trabajo y la productividad. La diabetes se mide a través de la interacción de los niveles de azúcar en la sangre y la diabetes diagnosticada. La endogeneidad de la diabetes se controla mediante el uso de los recursos de variables instrumentales genéticos. Los resultados confirman que la diabetes tiene un impacto sustancial sobre los resultados del mercado de trabajo de los hombres. El control de la diabetes no parece tener un impacto perceptible en los resultados del mercado de trabajo de los hombres o las mujeres.

Tendencias en la Composición Racial de Hogares para Ancianos: 2000-2007

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Objetivo: La investigación sobre diferencias raciales/étnicas en hogares de ancianos (HA) ha sido limitado pese al rápido crecimiento de la población de la tercera edad y el aumento del potencial de su cuidado y necesidades a largo plazo (CLP). Los cambios demográficos implican una renovada comprensión de estas diferencias en el contexto actual, en rápida evolución de los mercados CLP. El objetivo de este trabajo es doble: (1) describir las tendencias nacionales en la composición racial de los residentes de HA en el período 2000 a 2007, y (2) comprender las fuerzas demográficas de conducir los cambios en la composición racial de los residentes en HA entre los subgrupos de población en el nivel de Área Estadística Metropolitana (MSA).

Población de estudio: Población anual de los residentes de HA, por raza / grupo étnico, calculada desde las evaluaciones de residentes del repositorio nacional de base mínima de datos (MDS), 2000-2007. Los datos demográficos de la población son del censo de EE.UU. (2000) y las estimaciones anuales de población (2001-2007) agregadas a los niveles nacionales y de MSA.

Diseño del estudio: Cada base de datos de población estimada de HA incluye a todos los residentes mayores de 65 años que residen en un HA el primer jueves de abril, identificados a partir de un archivo histórico de residencia que da seguimiento a la ubicación de cada persona bajo cuidado en cualquier momento dado. La composición racial de los residentes de HA se mide tanto por el número absoluto y la proporción de cada grupo racial / étnico, por separado de los blancos, negros, hispanos, y asiáticos / isleños del Pacífico. El análisis descriptivo se realiza para detectar tendencias y examinar la asociación entre los cambios anuales de la composición racial en los residentes de HA, y los cambios correspondientes en la población de mayor edad por MSA.

Principales conclusiones: A nivel nacional, la población total de HA se redujo ligeramente desde 2000 hasta 2007, en un promedio -0.3% anual, esta tendencia se debe principalmente a la disminución de los residentes blancos, -0.8% por año. En contraste, los residentes de HA que son negros, hispanos o asiáticos ha aumentado de manera constante, con una tasa anualizada del 1.6%, 5.3% y 5.4%, respectivamente. En consecuencia, la proporción de residentes que

son blancos en HA disminuido cada año (de 86.2% en 2000 al 83.2% en 2007), acompañado de un aumento continuo en la proporción de negros (9.9% a 11,3%), los hispanos (2.5% a 3.7 %) y asiáticos (1.0% a 1.5%). A través de MSA, la proporción de las minorías residentes HA se correlaciona con la proporción de la población de la tercera edad de MSA (correlación de Spearman = 0.58, 0.28 y 0.35 para los negros, hispanos y asiáticos, respectivamente), mientras que hay poca correlación de los blancos (-0.04). Aún mas importante es que las minorías residentes en HA crecen más rápidamente durante el período de estudio en las MSA que han experimentado un crecimiento más rápido en la población de los grupos de ancianos minoritarios, en comparación con las MSA que experimentan un crecimiento más lento.

Conclusiones: Se ha producido un cambio significativo en la composición racial de los residentes de HA en los últimos años, como está indicado por el creciente número de ancianos negros, hispanos y asiáticos junto con la reducción continua de los residentes blancos en los HA. Este cambio ha sido impulsado en parte por los cambios demográficos, especialmente el rápido crecimiento de los grupos ancianos minoritario.

Consecuencias: Si las tendencias demográficas actuales persisten, el creciente uso de HA entre ancianos minoritarios continuará en un futuro. Como resultado, la población de HA se volverá cada vez más diversa y reflejará la diversidad racial étnica de la población que está envejeciendo en los EE.UU.

Latinos y no Latinos de edad Avanzada en el Condado de Los Ángeles: Tendencias Demográficas para la Discapacidad y de Cuidados a Largo Plazo

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El análisis de los datos del censo para Los Ángeles para el período 1990-2008 muestran dos tendencias importantes en la población de 65 años: una presencia cada vez mayor de latinos de edad avanzada y una rápida reducción de la presencia de blancos no hispanos (NHW) de edad avanzada. Esto significa que a lo largo del siglo XXI, la discapacidad y el perfil de atención a largo plazo de los ancianos en el condado de Los Ángeles será cada vez más influenciada por la creciente presencia latina en este grupo de edad.

Datos del American Community Survey (ACS) para el año 2008 se utilizan para comparar y contrastar el perfil de la discapacidad de los latinos y blancos no hispanos en las siguientes categorías: visión / audición, ambulatorio, cognitivo, cuidados personales y la vida independiente. En general, los latinos ancianos reportan porcentajes más de discapacidad en casi todas las categorías.

Los datos de los informes de alta de hospitales en California del 2008 muestran marcadas diferencias entre latinos y blancos no hispanos de edad avanzada en términos de disposición posterior a la hospitalización para cuidados de larga duración. NHW son mucho más propensos que los latinos para ser dados de alta a enfermería especializada / cuidados intermedios, cuidado residencial y servicios de asistencia de salud domiciliaria. Los datos en los informes de alta de los hospitales también muestran marcadamente diferentes patrones de cobertura de seguro (fuente de pago previstos). NHW son casi universalmente cubiertos por Medicare o seguro privado, mientras que los pacientes latinos son mucho más propensos a ser cubiertos por Medicaid, otro gobierno o pagar por sí mismos.

Las implicaciones políticas de estos perfiles diferenciales serán presentadas con mas detalle

El Papel de los Factores Socioculturales en el Cuidado de la Demencia en la Familia Latina : Lecciones de la Investigación Cualitativa y Cuantitativa

Hinton Ladson M.D., Universidad de California en Davis

Se prevé que aumente de manera significativa el número de latinos de edad avanzada con demencia durante la próxima década. Esta presentación examinará las conclusiones de la investigación que ha llevado a cabo el autor con los cuidadores de ancianos con deterioro cognitivo que participaron en el Estudio de Envejecimiento de la zona latina de Sacramento (SALSA), así como del estudio comparativo cualitativo de distintos grupos étnicos de cuidadores de personas con demencia que se llevó a cabo como parte de un instituto nacional sobre envejecimiento financiado en Harvard. Los resultados del estudio SALSA resaltarán los altos niveles de problemas conductuales en los Mexcio-Americanos con deterioro cognitivo y sus efectos adversos tanto en el cuidador como en la persona con deterioro cognitivo. Las diferencias generacionales en la experiencia del cuidador también se presentarán. Se amplificarán

los resultados cuantitativos por medio del uso de los datos cualitativos de ambos SALSA, así como de un estudio de distintos grupos étnicos de cuidadores de personas con demencia que se llevo a cabo en Boston, Massachusetts. En conjunto, estos hallazgos destacarán tanto los factores culturales y socioeconómicos que influyen en la forma en que los cuidadores familiares latinos interpretan y responden a los síntomas conductuales, incluyendo patrones de búsqueda de ayuda.

El envejecimiento y los cuidados a largo plazo en las familias mexicoamericanas

Jacqueline L. Angel, Ph.D., La Universidad de Texas en Austin

Antecedentes. Durante las próximas dos décadas los hispanos de tercera edad constituirán una fracción mayor de la población de tercera edad en los Estados Unidos. Esta tendencia demográfica tendrá consecuencias importantes para conocer las opciones de cuidado a largo plazo, sobre todo porque la fragilidad y la discapacidad se hará más común entre las personas mayores en las próximas décadas.

Objetivo. En este artículo examinamos los aspectos claves de este crecimiento para las necesidades de los hispanos de tercera edad y en particular para las personas de origen mexicano . Estas incluyen las dificultades económicas, falta de seguro médico y acceso a la atención médica, las cuales pueden resultar en la salud comprometida y en diferentes preferencias y necesidades para el cuidado de personas de tercera edad.

Métodos. Utilizando datos de la H-EPESE, un estudio longitudinal de la salud de 3.050 mexicoamericanos de 65 años en el suroeste de Estados Unidos, se analiza la influencia de factores culturales y el deterioro de la salud basándonos en la posibilidad básica de que uno prefiera vivir con la familia o en otro tipo de situación.

Resultados. Los análisis revelan que mientras que más de la mitad de los mexicoamericanos esperan vivir con sus hijos en caso de que se enfermen al grado de no poder cuidar de sí mismos, el lugar de nacimiento, el sexo y el estado de discapacidad afectan su deseo de hacerlo.

Conclusión. El documento termina con una discusión sobre el significado de los resultados que se refieren al cuidado a largo plazo y, en concreto a el papel de la familia en la atención a los hispanos de tercera edad en los próximos años. Informaremos sobre la elaboración de posibles cambios en el desarrollo de políticas sobre los sentimientos de obligación por parte de los hijos de padres de tercera edad para cuidar a sus padres y cómo esto influirá en la demanda de cuidados a largo plazo en adultos mexicoamericanos de tercera edad en el futuro.

Poster Session Participants

How will Older Minority Women Fare After Health Care Reform?

Kate Chambers, The University of Texas at Austin

Summary: Background: In 2008, close to 18 million women lacked health insurance coverage in the United States. Often this lack of coverage comes later in life when serious health problems become common. As written, the passage of the Patient Protection and Affordable Care Act promises to improve the situation for many of these minority women who will now be able to purchase subsidized coverage through the new health insurance exchanges, and the poorest will qualify for Medicaid, which in 2014 will be extended to all adults in households with incomes below 133% of poverty.

Method: We employ the 2008 American Community Survey to estimate the number of uninsured women aged 55-64 years by race and Mexican-origin ethnicity and marital status. The ultimate goal is to determine the extent to which Medicaid expansion and the new insurance exchanges will increase coverage and reduce the total number of uninsured women in this age bracket.

Results: Preliminary results reveal that a disproportionate fraction of uninsured women are minorities. In 2008, 33.2% of Mexican-origin women aged 55-64 years old were uninsured, compared to 8.7% of non-Hispanic white women and 15.3% of African-American women in this age bracket.

In addition, 50% of all Mexican-origin women aged 55-64 years old who were uninsured lived below 133% of the poverty line, a much higher rate than their non-Hispanic white and African-American counterparts (26.4% and 26.6%, respectively). Pre-retirement Mexican-origin women living above 133% of the poverty line are four times more likely than their non-Hispanic white counterparts to be uninsured.

Conclusion: The research has important implications of how numerous provisions enacted in the PPACA law will reduce the number of particularly vulnerable uninsured women. These findings also make it clear that Medicaid expansion and insurance exchanges will vary across states, and consequently has potential benefits for low-income minority group women on the verge of becoming Medicare eligible.

Caring for the Elderly: A Binational Task. International Migration, Ageing and Transnational Families. Implications in the Healthcare Support System

Veronica Montes de Oca, Nacional Autónoma de México

Rogelio Sáenz, Texas A&M University

Today the aging processes in the world are a concern given the large amounts of population entering this life stage, specially for the health and care issues these represent to the individuals and care givers, being those families, communities or the public and private institutions dedicated to these matters. These issues complicate even further when the elder belong to transnational families then the concerns are for both nations. This is a widespread matter among the migrant families that transit between Mexico and the United States. The aim of this paper is to identify the strategies and mechanisms that the families of Mexican origin, develop in both sides of the border to tend the needs of their seniors. We focus especially on the physical and mental health issues. The methodology used in this paper is a mixed one, which uses: qualitative and quantitative techniques based upon data basis and interviews to the members of the transnational families. Some findings show a combination between local and transnational strategies in the members of families in México and United States. Some children characteristics determine the strategies for healthcare in the older parents: gender, age, place of residence, migration condition, socioeconomic status.

“Me Siento Inutil:” Masculinity and Depression among Older Mexican Men

E. Carolina Apesoa-Varano, University of California, Davis

Summary: Background and Significance: Clinical depression in older men is associated with physical and psychological disability, increased health care costs, poor co-morbid management, and significantly higher rates of

suicide. Older men of Mexican origin remain under-diagnosed and under-treated for depression in primary care settings, where they are likely to receive on-going care. Studies show that inadequate access is partly related to such disparity in diagnosis and treatment, while stereotypical conceptions of masculinity may also play a role. We know little about older Mexican men's experience and expression of depression. Having a better understanding of older Mexican men's explanatory model of depression and what idioms of distress they use may help reduce barriers to depression care. **Methods:** Findings come from in-depth interviews with 25 Mexican men over 60 (both English and Spanish speakers) with clinical depression, treated and untreated (MeHAS, R01MH080067-03). Interviews were transcribed verbatim and translated into English. Thematic coding was done by independent coders using NVivo based on on-going analyses by the team, where emerging topics were identified and discussed in view of the study's conceptual framework. **Discussion:** We found that Mexican older men experience depression as a loss of productivity and self-worth, typically triggered by physical disability due to catastrophic events, chronic illness, or aging. They perceive lost productivity as a threat to their masculinity given strongly held ideas of men as providers of the family. Further, older Mexican men do not express their depression in typical idioms of distress such as feeling down or sad. Instead, they speak about feeling "inutil" —feeling useless—in the context of physical decline and chronic socio-economic hardships. Thus health practitioners must elicit life and family changes, engage older Mexican men in discussions about their experiences, and expand their repertoire of "red flags" for depression for diagnosis and treatment.

Old-Age Disability and Wealth among Return Mexican Migrants from the United States

Cesar Gonzalez, / Mexican Institute of Geriatric

Summary: **Objective:** To examine the old-age consequences of international migration with a focus on disability and wealth from the perspective of the origin country. **Methods:** Analysis sample includes persons aged 60+ from the Mexican Health and Aging Study (MHAS), a national survey of older-adults in Mexico in 2001. Univariate methods are used to present a comparative profile of return migrants. Multivariate models are estimated for physical disability and wealth. **Results:** Gender differences are profound. Return migrant women are more likely to be disabled while men are wealthier than comparable older adults in Mexico. **Discussion:** Compared to current older adults, younger cohorts of Mexico-U.S. migrants increasingly include women, and more migrants seem likely to remain in the United States rather than return, thus more research will be needed on the old-age conditions of migrants in both countries.

Life course socioeconomic conditions and depressive symptoms among older Mexican Americans: Results from the Sacramento Area Latino Study on Aging (SALSA)

Adina Zeki Al Hazzouri, University of Michigan

Summary: **Introduction:** The life-course model recognizes the importance of socioeconomic status (SES) measured at the different life stages on later-life health including depressive symptoms. In this analysis, we examine the association between various socioeconomic circumstances measured at each of childhood, early adulthood and mid-life and the number of depressive episodes experienced by the participants.

Methods: Participants (N=1789) are from SALSA, a longitudinal cohort of older Mexican Americans residing in Sacramento. Participants aged 60+ were recruited in 1998-1999 and followed every 12-15 months through 2007. Nearly 51% of the participants are immigrants to the US. Depressive symptoms are measured using the CES-D scale (range: 0-60) and a cut-off of 16 is used to classify participants with a depressive episode (1) or no episode (0). The number of episodes experienced across the study period (baseline and six follow-ups) was derived (range: 0-7). Participants reported their parental education and occupation, own educational attainment and major lifetime occupation. Regression coefficients (β) and 95% CI are computed from negative binomial regressions using SAS v.9.2.

Results: Participants with low educational attainment have nearly 1.5 times as many depressive episodes as those with high educational attainment. Participants whose major lifetime occupation is manual have 1.3 times as many depressive episodes as those with a non-manual occupation. Participants whose mother had low education had nearly 1.2 times as many episodes as those whose mothers had high education. Father's education was not significant. Finally, Mexican-born participants have nearly 1.3 times as many depressive episodes as the U.S. born.

Conclusion: Depressive symptoms play important role on the pathway of several aging-related conditions including physical disability. Lower mother's education, one's education and occupation are important exposures experienced

at different life course stages that influence late-life depressive symptoms. These findings are of importance among this fast growing minority group.

Esther Has a Living Will and Other Fairy Tales for Adult Children: The Essential Preparedness Guide to Health Care for Child of Aging Parents

Brenda L. Barnes, MM, JD

Adult children are invisible in geriatric health care. If the patient is married, the spouse receives medical and treatment information that the adult child may be expected to implement without benefit of clear instructions from medical providers. Given the most recent tightening of patient privacy regulations with enactment of ARRA, HITECH, and PPACA and heightened patient autonomy, adult children are frequently outside the communication loop regarding health care for their aging parents.

There are multiple issues for adult children of Mexican ancestry. US health care uses a patient- rather than family-centric decision-making model, medical error rates are higher for non-English speaking patients, triage is more difficult for 25% of the US population for whom English is not the first language, and concepts such as palliative care, hospice, organ donation, and caregiving are mistaken as religious rather than medical concepts.

Esther Has a Living Will and Other Fairy Tales for Adult Children provides information on 15 aspects of health care delivery to an aging population in language that is understood by a general population. Using 15 case studies gently recounted as fairy tales, concepts are explained to laymen. Conflict resolution and grievance information is included. A special section is devoted to adult children who succumb to self-neglect while acting as caregivers for aging parents. Resources, including the types of documents patients are likely to encounter in a hospital setting are included with notations of their availability in languages other than English. Spanish, Chinese, and Creole are the most readily-available translations. Adult children are provided with sufficient information to be prepared to assist their aging parents and navigate health care channels in 2010.

Brenda L. Barnes is a New York attorney and clinical bioethicist. She received her bioethics training at Montefiore Medical Center/Einstein College of Medicine.

Acculturation and Progression of Late-life Disability in Latinos

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Summary: Late-life disability is an important health condition in older age. Older Latinos have a higher prevalence of disability than non-Latino whites. Acculturation is an important factor in chronic conditions such as obesity and diabetes, but little is known about the effect of acculturation in disability. The aim of the study was to examine the relationship between acculturation and the progression of late-life disability in Mexican Americans. Methods: Data was obtained from the Latino Established Populations for the Epidemiological Study of the Elderly (H-EPESE). Interviews were performed in six consecutive waves between 1993 and 2007. Data included measures for disability (ADLs, IADLs, and a summary measure of performance based tests of physical function), acculturation and socioeconomic status (income, education). Longitudinal models were used to examine the association of acculturation with each disability outcome. Results: There were 3050 participants in the study. Higher acculturation was associated with lower ADL disability (coef=-0.1650, p=0.004), lower IADL disability (coef =-0.2030, p<0.001) and higher physical function level (coef=0.3039, p<0.001) at baseline. Acculturation was not associated with change in either ADL or IADL disability over time (p=0.40 and p=0.37 respectively). Higher acculturation was associated with less decline in physical function scores over time (coef=0.0239 p=0.03). This longitudinal association remained significant after adjustment for education and income (coef=0.0265, p=0.02). Conclusion: The findings from this longitudinal study suggest that higher acculturation has a protective effect on late-life disability and on the decline of basic physical function in older Latinos.

Using the D-Index to Examine Latino Mortality Rates in Texas

Xiaodan Deng, Texas A&M University

Summary: Our project examines Latino mortality rates in the state of Texas using the dissimilarity index (D-Index) to uncover any associations Latino mortality rates may have with the similarity or dissimilarity of Latinos and other races, such as non-Latino Whites and non-Latino Blacks. We utilize Texas vital statistics and US Census 2000 data for our analysis, in addition to US Census Tiger files (shapefiles). Our level of analysis is first the county level and if necessary, the census tract level. Geographic Information Systems (GIS) software is also employed to provide descriptive maps of any patterns in the D-Index and further analyses test our hypothesis that there is indeed an association between Latino mortality rates and D-Index scores. We show support for expanding this research into other Southwestern states and ultimately, to implement our findings into public policy to reduce the health disparity between Latinos and the non-Latino White majority.

Functional Dependency and Falls in Elderly Living in Poverty Conditions in Mexico

Betty Manrique-Espinoza ; Aaron Salinas-Rodríguez; Karla Moreno-Tamayo; Martha Téllez-Rojo, Instituto Nacional de Salud Pública de México

Summary: The ageing process deteriorates physic and cognitive functions; this may lead to worsened functional capacities. Functional dependency (FD) might be a consequence of the presence of some disease or degenerative process, which in some cases is serious and long enough to affect several body parts, modifying the normal function and therefore the capacity to maintain the daily life activities (DLA). **Objective.** To determine the prevalence of FD in DLA on Mexican elderly living in extreme poverty conditions and to estimate the association between falls and FD. Our study utilized a nationally representative sample based on a three-stage probabilistic selection survey, stratified by location (rural or urban). The sample consisted of individuals aged 70 or older who are beneficiaries from Programa Oportunidades.

Results. The statistic analysis was held on 1369 elderly. 30.9% of the elderly presented FD. FD increased with age: 25.5% for individuals between 70 and 79 years, 38.3% for individuals between 80 to 89 years, and 52% for individuals aged 90 and older (p -tendency<0.001). 40% of the elderly reported having suffered at least one fall within the last two years (47.2% for women and 31.8% for men). The results of the gender stratified logistic regression model showed that, in the women's group, the Odds Ratio (OR) for the association between falls and FD was 2.13 (I.C:1.52-3.01); meanwhile the association was not statistically significant among men (OR=1.47;I.C:0.97-2.22). **Conclusions.** In this population of poor elderly its important to take into consideration the high prevalence on FD and falls when planning any kind of strategy to attend to their health.

Geographic Concentration and Correlates of Nursing Home Closures: 1999-2008

Zhanlian Feng, Brown University

Summary: While demographic shifts project an increased need for long-term care for an aging population, hundreds of nursing home facilities close each year. It remains unknown whether nursing home closures disproportionately affect certain communities and population subgroups more than others.

Objective: To examine whether nursing home closures were geographically concentrated and related to local community characteristics such as the racial/ethnic population mix and poverty.

Methods: The study included all Medicare/Medicaid certified nursing homes from the Online Survey Certification and Reporting database, 1999-2008 (N=18,192 unique facilities). Nursing home closure was defined as termination from the Medicare/Medicaid programs. Census 2000 zip-code level data on the proportion of minorities and poverty rate were matched to study facilities, to examine the likelihood of closure associated with each zip-code characteristic. The Gini coefficient was used to measure geographic concentration of closures. Spatial clustering patterns of closures were illustrated using GIS maps.

Results: Between 1999 and 2008, there were 2,894 closures or nearly 16% of all facilities. The relative risk of closure among facilities in the top quartile of zip codes by percent black was 1.64 (95% confidence interval [CI], 1.47-1.83) times greater than those in the bottom quartile. Similar results were observed by percent Latinos in a zip-code (relative risk=1.52; 95% CI, 1.37-1.68) and poverty (relative risk=1.95; 95% CI, 1.76-2.16). The Gini coefficient

for closures was 0.65 across all Metropolitan Statistical Areas and 0.79 across all zip codes. Closures tended to be spatially clustered in minority-concentrated zip codes around the urban core, often in pockets of concentrated poverty.

Conclusions: Nursing home closures are geographically concentrated in minority and poor communities. Since minority elderly now use nursing homes more than whites, these findings suggest future access barriers.

Emotional and cognitive health correlates of leisure activities in older Latino and Caucasian women.

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Objectives: This study examined differences in the frequency of leisure activity participation and relationships to depressive symptom burden and cognition in Latino and Caucasian women. Methods: Cross-sectional data were obtained from a demographically matched subsample of Latino and Caucasian (n = 226; 113 each group) post-menopausal women (age ≥60), interviewed in 2004-06 for a multi-ethnic cohort study of successful aging in San Diego County. Frequencies of engagement in 16 leisure activities and associations between objective cognitive performance and depressive symptom burden by ethnicity were identified using bivariate and linear regression, adjusted for physical functioning and demographic covariates. Results: Compared to Caucasian women, Latinas were significantly more likely to be caregivers and used computers less often. Engaging in organized social activity was associated with fewer depressive symptoms in both groups. Listening to the radio was positively correlated with lower depressive symptom burden for Latinas, and better cognitive functioning in Caucasians. Cognitive functioning was better in Latinas who read and did puzzles. Housework was negatively associated with Latinas' emotional health and Caucasians' cognitive functioning. Discussion: Latino and Caucasian women participate in different leisure activities. Additionally, ethnicity significantly affects the relationship between leisure activities and emotional health and cognitive performance.

From Stigma to Empowerment: The Importance of Social Support and Advocacy for Latina Long-Term Breast Cancer Survivors

Gloria Martinez-Ramos, Texas State University-San Marcos

Summary: Breast cancer is the most common form of cancer among Latinas living in the United States. Much remains to be learned about the long-term impact of breast cancer diagnosis and the importance of ethnicity, family, and community in shaping the experiences of Latina breast cancer survivors. This research aims at giving voice to the experiences of Latinas long-term breast cancer survivors.

Method: Using qualitative methodology, 25 Latina long-term survivors (five years since diagnosis) between the ages of 28 and 83 years of age, primarily of Mexican origin living in California were interviewed. Interview narratives were analyzed using a constant comparative content analysis. Questions centered on understanding how Latinas' ethnic and gender identity shapes their perceptions of being a breast cancer survivor.

Results: Qualitative narratives describe what it means to be a Latina breast cancer survivor, specifically, the challenges they face as they cope with the stigma of breast cancer. Latinas stressed the importance of social support from other breast cancer survivors; specifically, Latina breast cancer survivors that are bilingual and bicultural play a key role in breaking down the barriers of silence and feelings of isolation. The findings show how Latinas in this sample negotiate their social roles and social identities within their families and the community that surrounds them. They also shows the importance of relational social support helped them develop a sense of empowerment.

Conclusion: This study shows how ethnicity and gender socially and culturally shape Latina breast cancer survivors' identity. It contributes to our understanding of the role of ethnicity, social support, and advocacy in the formation of breast cancer survivors' identity and well-being.

Ethics Consultation Can Identify Changes in Patient Preferences for Healthcare in the Aging, Latino, Cancer Patient: Opportunities for Physician Education

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The investigators conducted empirical research focused on improving the biomedical, psychosocial, and emotional well-being of older cancer patients, with an emphasis on the Latino patient population at our institution. We aimed to accomplish this through an improved understanding of the shifts in preferences and goals of care among cancer patients over 55 years of age as evidenced by the primary reason cited for making a request for ethics consultation. This study required review of all ethics consultations for patients 55 years of age and older, reported in the ethics consultation database and hard-copy files of the Ethics Consultation Service in the Section of Integrated Ethics at The University of Texas M. D. Anderson Cancer Center, and the related patient medical records. Specifically, we utilized: demographic information; descriptive information regarding advance directives, primary and secondary medical diagnosis and complications, psycho-social issues and any conflicts that may have arisen prior to the ethics consultation; and the nature of the conflict leading to the request for ethics consultation, including any underlying issues for the period from January 1994 - June 2010. In preliminary research there appears to be a pattern of shifting primary ethical concerns identified as the reason for requesting ethics consultation when data was categorized by age cohort. This research study aimed to discover if the pattern differs by ethnicity, with a specific focus on the Latino patient population as compared to other patient populations. Currently, the discovered differences in preferences with advancing age are not sufficiently addressed in the education of healthcare providers. With evidence of these differences, we assert that education regarding the differences in treatment preferences among patients of different ages and within different ethnic populations will increase physician sensitivity to these differences and affect the communication models used for shared decision-making.

Access to Health Services among Undocumented Migrants in the US: The Case of Poblanos in New York

Nadia Santillanes, Universidad Iberoamericana

Summary:

The poster seeks to present the results from a research project carried out during 2008-2009 period, among recent migrants from Puebla living in New York City. Following an anthropological theoretical and methodological approach, the aim of the study was to focus on identifying the difficulties undocumented migrants confront daily in having access to healthcare services in New York City.

Moreover, an important part of the discussion attempted to explain the strategies developed to treat their own health issues, based on the lack of healthcare access of this particular population. Among some resources, the importance of social networks, contacts with the communities of origin and traditional medicine, are utilized to treat such health issues.

Among these aims, the project revealed certain matters that emerge from the health-illness process and oftentimes are obscured from the studies of health among the Hispanic community, that is, the consequences generated by the American health system of exclusion. This can be observed when we carefully analyze certain fundamental aspects of such healthcare system: a) access to healthcare insurance is only obtainable through employment and b) a public healthcare that does not contemplate the undocumented population because the right for health is not considered to be a universal human right; access is distinguished between citizens and non-citizens.

Ultimately, a number of conclusions are revealed which, among other things, proposed the necessity to highlight the structural forces that undermine health, and studying illness as a product of social inequalities.

Intergenerational Transfers: An Overview of the Literature

Stipica Mudrazija, University of Texas at Austin

Summary: With the emerging issue of population aging and related problems in developed and increasingly developing countries in recent decades, intergenerational transfers have come to the focus of a growing number of scholars, especially in the fields of economics and sociology. This paper offers both an overview and a critical

assessment of the extensive literature on the subject. The focus is on the overview of the theories of private intergenerational transfers and their relationship with public intergenerational transfers as well as the assessment of the empirical studies on these topics that apply both micro- and macro-level analyses using US and international data. The review suggests that important theoretical advances in the understanding of the complexities of intergenerational transfers' motives have been made, but much empirical work remains to be done in order to establish the relative importance of each transfer motive as well as the character and the magnitude of the relationship between public and private intergenerational transfers.

Latina Breast Cancer Survivors: Our Experiences

Diana Tisnado, University of California, Los Angeles

Summary: Research is urgently needed to understand the patterns of survivorship care and to identify areas in need of intervention, particularly for populations known to be at risk of disparities in cancer treatment and outcomes such as ethnic minorities. Partnered for Progress Latina Task Force and staff have partnered with academic researchers to conduct the study. The aims of this study are to examine experiences of access to and quality of care for Latinas with breast cancer entering the survivorship phase of care; barriers and facilitators of receiving high-quality survivorship care; and to learn how Latinas conceptualize and experience being a breast cancer survivor. This work uses a qualitative approach with semi-structured focus group discussions with Latinas 6 months–10 years post-breast cancer diagnosis. Participants were recruited through health events, Promotoras, the PFP newsletter, flyers at hospitals, and support groups. We completed 12 focus groups. Over 70 Latina survivors participated, 56% in Spanish and the rest in English. Participant ages ranged from 30-75 years, and breast cancer stage varied from Stage I to Stage IV. Qualitative analyses are in progress and include input from all study partners. Recurring issues emerging in preliminary analyses include: confusion over survivorship care plans and concerns over quality of care; issues of health insurance coverage such as being uninsured or underinsured, loss of coverage due to inability to work, and limited choices within many health plans; sources of support including family, faith/spirituality, cancer support groups, and activation for self-care; and challenges such as anxiety, fatigue, depression, cognitive after-effects of treatment, and perceived stresses on children, marriage, and extended family. The results of this pilot study will provide invaluable information regarding needs in the community, which will be used to design and assess the acceptability of one or more interventions to help Latinas and other women with breast cancer, and future work evaluating culturally and linguistically appropriate interventions.

Carlos Díaz Venegas, The University of Texas at Austin

The marginalization index calculated in 2005 for each municipality in Mexico confirms that this country is experiencing increasing inequality in the development process. Almost half of the municipalities have a high or very high degree of marginalization. Using this index as a tool to measure urbanization and based on data obtained from the Consejo Nacional de Población (CONAPO) and the Instituto Nacional de Estadística y Geografía (INEGI) this work first analyzes observed spatial patterns of the marginalization index. Next this paper analyzes the association between marginalization and mortality patterns inside Mexico. Overall, there is evidence of high marginalization linked to high mortality rates. Factors that might improve urbanization like geographic proximity to the nation's capital or the United States do not seem to influence the relationship between marginalization and mortality. On the other hand, factors like migration and indigenous population percentages show more relevance in proving an association between marginalization and mortality.

Marylou Cardenas-Turanzas, The University of Texas, M. D. Anderson

Purpose: To evaluate the factors associated with the place of death of older Mexicans.

Methods: We conducted a retrospective analysis of data collected by the Mexican Health and Aging Study (MHAS). Included in our study were adults and their spouses or partners who participated in the 2001 MHAS interview and died before the 2003 MHAS follow-up. The main outcome was the place of death (hospital vs. home). The associations between socio-demographic, clinical, and economic factors and place of death were examined with logistic regression analysis.

Results: Four hundred and seventy-three of the deceased met our inclusion criteria. More than half (52.9%) died at

home. The independent factors significantly associated with a hospital death were living in a city of 100,000 or more residents (odds ratio [OR] 2.30, 95% confidence interval [CI], 1.16–4.54), dying in a city other than the city of usual residence (OR 4.77, 95% CI 2.24–10.15), dying from stroke (OR 4.16, 95% CI 1.25–13.89), and not having paid for any hospital stays during the last year of life (OR 3.75, 95% CI 1.74–8.08). Factors associated with dying at home were older age (OR 0.97, 95% CI 0.94–0.99) and cancer as the cause of the death (OR 0.46, 95% CI 0.22–0.95).

Conclusions: Health policies to address the needs of persons dying at home in Mexico should consider the implementation of home-based palliative care programs. These programs should target older patients, residents of small cities, those diagnosed with cancer, or those who spent money on hospital stays during their last year of life.

Anne Rafal, Ph.D, LCSW, Department of Aging and Disability Services

This poster session will display the link (<http://www.agingtexaswell.org/ebased/index.cfm>) for the Aging Texas Well (ATW) Evidence-based Clearinghouse, a public resource database of national and state level evidence-based information, practices, and research developed to be used by program planners, researchers, and the public. The ATW Clearinghouse was created under authority of Executive Order RP 42 in 2005. The website also supports the activities of the Texas Healthy Lifestyles (TxHL) Administration on Aging grant demonstration projects and evidence-based programs throughout Texas.

The information contained in the ATW Clearinghouse is used to support evidence-based practices as well as emerging evidence-based practices. Topics are organized around the 16 ATW life areas and include the areas of care giving, healthcare, social engagement, long term care and mental health. The standards for research, interventions and programs adopted and promoted by the National Council on Aging (NCOA) are used to standardize the entries in the ATW Clearinghouse- with emphasis given to research published in peer reviewed journals.

In 2009, Texas Department of Aging and Disability conducted an on-line survey of all 28 Texas Area Agencies on Aging to gather information on evidence-based programs throughout Texas and determined location by county and which programs were delivered in Spanish. Building on these findings, the poster will display particular evidence-based practices in order to focus on Chronic Disease Self-Management and Diabetes Self-Management programs both of which have Spanish materials and/or have been developed for use with Spanish speaking populations.

In order to show possible needs for further evidence-based services in Texas, Geographic Information System (GIS) maps will be displayed on this poster to show both the density of the Hispanic population throughout Texas and the location by county of the evidence-based programs that are available to Spanish speakers and Hispanic populations.

Differences of Pain Descriptors among Mexican American and Non-Hispanic White Women with Mobility Impairment

Janiece Walker, The University of Texas at Austin

Summary: Purpose: This exploratory descriptive study compared descriptors of pain among Mexican American and Non-Hispanic white women with mobility impairments using data from an on-going ethnographic study of disability. Methods: Preliminary data from 80 women (Mexican American n=46; Non-Hispanic White n=34) with mobility impairments participating in an on-going study of disablement was used. Pain was measured in Spanish and English using the McGill Pain Index. Functional mobility impairment was measured with the Health Assessment Questionnaire. Data was analyzed using SPSS 18.0 with t-tests and descriptive frequencies.

Findings: A total of 80 women reported data for analysis. The women ranged in age from 55 to 75 years of age. They had 1 to 21 years of education, and 26% were currently employed. They began working at age 5 to 48 years; 88% spoke English. There were no significant differences in degree of mobility impairment. Pain intensity scores, however, were significantly lower among the Non-Hispanic white women, $t(70) = 2.15, p = .036$. The most frequently used pain descriptors among the Mexican American women were sharp (n=21), shooting (n=19), and hot (n=16). The most frequently used pain descriptors among the Non-Hispanic white group were aching (n=17), shooting (n=15) and nagging (n=15).

Conclusions: This study is limited due to the small convenience sample. Although both groups report similar levels of mobility impairment the Non-Hispanic White women ranked their associated pain as lower with different words to describe the quality of their pain. The way the women communicated their pain influenced the treatment they received for their pain management in clinical settings.

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