

# 2018 Poster Winners



## Conference Series on Aging in the Americas

First: Alicia R. Riley, The University of Chicago, “Hispanic Advantages in Later Life Disability: New Insights on Nativity and Social Support.”

Second: Hilary Flowers, UCLA, “Nativity and Citizenship Effects on Older Adults’ Access to Care.”

Third: Jaqueline Avila, University of Texas Medical Branch, “The Effect of Diabetes on the Cognitive Trajectory of Older Mexican Adults.”

### First Place

“Hispanic Advantages in Later Life Disability: New Insights on Nativity and Social Support”

**Alicia R. Riley**, The University of Chicago, [arriley@uchicago.edu](mailto:arriley@uchicago.edu)

**Background and Objectives:** In attempt to explain Hispanic health advantages in later life, the literature commonly suggests that social support specific to Hispanic/Latino families may be protective for health. Yet empirical tests of the social support hypothesis have been limited by a lack of social network data from representative samples with immigrants. This study innovates by incorporating social network variables, as well as measures of local residential context, to test whether social support drives Hispanic advantages in disability in later life.



**Research Design and Methods:** We draw data from the National Social Life Health and Aging Project, a nationally representative sample of community-dwelling older adults in the U.S. and one of the only sources of information on older adult social networks. Using multiple logistic regression, we estimate the odds of disability in the activities of daily living. We stratify all models by nativity. We use these models and a descriptive analysis to explore whether Hispanic dis/advantages in later life disability are explained by acculturation, social network characteristics, or local context.

**Results:** Consistent with previous work, we find that, among U.S.-born older adults, Hispanic ethnicity is associated with lower odds of disability. But the effect of Hispanic ethnicity on disability is reversed among immigrants, becoming disadvantageous. We find evidence that local instrumental support, and not individual social network characteristics, is protective for disability.

**Discussion and Implications:** This study provides evidence that nativity is an important moderator of the effect of Hispanic ethnicity on disability risk in later life. Living in a place where neighbors help each other is protective against disability and partially mediates the association between Hispanic ethnicity and disability among immigrants. By distinguishing between nativity and ethnicity, our research highlights the relative nature of Hispanic health advantages and the need for further research on residential contexts.

**Translational Significance:** Discrimination may place Hispanic immigrants in neighborhoods with more poverty and less support, putting them at greater risk for disability than other immigrants to the U.S. Rather than having a large social network, it appears that living in a community where one can count on neighbors for help reduces risk of disability among older adults.

## **Second Place**

*“Nativity and Citizenship Effects on Older Adults’ Access to Care”*

**Hilary Flowers**, UCLA, [hflowers@ucla.edu](mailto:hflowers@ucla.edu)

**Background and Objectives:** Building on recent work emphasizing the importance of considering nativity influences in research on health disparities, this study explores how nativity and citizenship status affect access to care.

**Research Design and Methods:** Using individual-level data from the 2011–2016 California Health Interview Surveys (CHIS), descriptive comparisons of US-born US citizen, naturalized citizen, and non-citizen older adults will be conducted to determine how, if at all, access disparities exist. Logistic regression models will be used to estimate nativity and citizenship associations with access-related indicators.

**Results:** In California, non-citizen older adults access health care at lower rates than citizen older adults. Relative to being a US-born citizen, being a non-citizen is associated with significantly lower odds of being currently insured, having a usual place to go to for health care, and having visited a doctor within the past year; and these effects persist even when controlling for a range of demographic and socioeconomic characteristics.

**Discussion and Implications:** Assuming the similarity of citizens’ and non-citizens’ healthcare needs, the continuation—and, for some indicators, the widening—of access differentials by nativity and citizenship status over time may potentially explain outcome disparities for older adults in the US.

**Translational Significance:** Nativity and citizenship matter for healthcare access, and warrant further consideration by scholars, policy makers, and providers interested in health disparities and immigrant populations.

## **Third Place**

*“The Effect of Diabetes on the Cognitive Trajectory of Older Mexican Adults”*

**Jaqueline Avila**, University of Texas Medical Branch, [jaqcontr@utmb.edu](mailto:jaqcontr@utmb.edu)

**Background and Objectives:** Older Mexican adults have high prevalence of diabetes, accompanied by poor diabetes management and low levels of education. There is consistent evidence that diabetes and education impact cognition. However, the cognitive trajectory associated with diabetes in a population with low levels of education and poor diabetes management is unknown. My objective is to identify how diabetes affects the cognitive trajectory of older Mexican adults, and how this trajectory differs by education.

**Research Design and Methods:** Individuals above 50 years old with direct interviews were selected from all waves of the Mexican Health and Aging Study (2001, 2003, 2012, and 2015). The outcome of interest was cognition, measured with 4 domains: verbal memory learning, verbal memory recall, visuospatial memory learning, visuospatial memory recall, and visual scanning. Cognition was analyzed by domains and as an average score. Self-reported diabetes was the main independent variable. Linear mixed-effect models were used to test the impact of diabetes on cognition at baseline and over time, and the interaction between diabetes and education. Age was centered at 65 years old.

**Results:** Near one third of the baseline population had 0 years of education and 13.1% had diabetes. At age 65, those with diabetes had significantly lower overall cognitive score than those without diabetes, and cognition significantly declined over time. When stratified by education, the difference in decline over time by diabetes status was only significant for those with 1 to 6 years of education. Diabetes predicted cognitive decline over time in all domains, but visual scanning was the only domain significant at 65 years of age.

**Discussion and Implications:** The impact of diabetes on cognition is domain dependent and is greater for those between 1 to 6 years of education.

**Translational Significance:** These results can be used to promote targeted diabetes care education among those at higher risk for cognitive decline.

