

## Section 5

# The Conference Series on Aging in the Americas (CAA) and Emerging Scholars in the Field

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In this section, we highlight the work of emerging scholars of the health and aging of older adults. In doing so, we extend the primary purpose of the Conference Series on Aging in the Americas (CAA), which was initiated in 2001 to promote research on health of older Hispanics and persons of Latin American descent. Today, the leadership of the CAA, Dr. Jacqueline L. Angel (Principal Investigator at The University of Texas at Austin), and Co-Investigators Drs. Kyriakos S. Markides (The University of Texas Medical Branch at Galveston), Fernando Torres-Gil (University of California, Los Angeles), and William A. Vega (Florida International University), are among the preeminent scholars researching the needs of Hispanic older adults.

CAA organizes meetings nationally and internationally, has a mentoring program, and produces publications. One of the goals of the CAA is to support and promote emerging scholars in the field across its activities, including through its periodic International Conference on Aging in the Americas (ICAA), conducted jointly with the Mexican National Institute of Geriatrics (INGER) under the leadership of Dr. Luis Miguel Gutiérrez-Robledo, also a member of the CAA advisory group. The first ICAA–INGER Bridging Conference, held in 2015 in Mexico City, was on *Formal and Informal Systems of Support in Mexico and the U.S. in the Context of Health and Welfare Reform*. The second Bridging Conference, held in 2019 in Mexico City, was on *Framing Challenges in Cognitive and Mental Health Care in Mexican-origin Older Adults in Mexico and the U.S.*

In the 2019 Bridging Conference, 14 emerging scholars, seven from Mexico and seven from the United States, presented at the poster session of the Conference. Poster presenters represented a range of health and social-care-related fields, including Gerontology, Public Health, Social Work, Medicine, Demography, Sociology, and Linguistics. Poster presenters were from different regions of the United States, including the Southwest (The University of New Mexico, The University of Texas at Austin, and The University of Texas Medical Branch) and the West Coast (University of California–Los Angeles, University of California–Berkeley, and University of California–San Francisco), and different regions and institutions in Mexico (Universidad Autónoma de Puebla, Instituto Mexicano del Seguro Social, Instituto Nacional de Neurología y

Neurocirugía, Instituto Nacional de Geriátría, and Universidad Autónoma Metropolitana–Unidad Xochimilco).

One of the goals for papers presented at the ICAA is to make the findings available in different publications to which they are most suited. Invited-speaker papers are considered for a peer-reviewed publication at each installment. For the 2019 conference, CAA is editing this volume in the Springer-Nature series on Aging in the Americas. In this Section, we highlight some of the work of emerging scholars in the field. These papers cover topics ranging from care of the older population on both sides of the U.S.–Mexico border, to developing models for diabetic care in Mexico, to variation in social coping resources available to different older Hispanic populations in South Florida.

The older population of Mexican origin is growing rapidly on both sides of the U.S.–Mexico border. With increases in older populations come increases in the number of persons living with dementia. The Mexican-origin population has unique needs in supporting persons with dementia. These needs stem from their lack of access to health care and related services.

To date, there has been little research on how to address the mental-health needs of older persons of Mexican origin on both sides of the border. As Grasso, Andrade, López-Ortega, and Aguila outline in their chapter, the 2019 conference organized a consensus-building session modeled on the “Café-to-Go” framework for fostering active engagement and discussion around specified topics and objectives.

Conference participants from a wide variety of disciplines ranked research and dissemination needs in three areas regarding dementia and other mental-health care for older persons of Mexican origin. These areas were formal and informal care systems, community-based long-term care, and social determinants of aging and mental health. Notetakers summarized discussion points which were later presented to participants for ranking in a survey.

The research and dissemination needs that participants prioritized were those that seek to manage present conditions and mitigate future dementia and related mental-health conditions. Participants noted that financial support for care and related support programs can help manage present conditions. Awareness campaigns on dementia and how to prevent it as younger generations age can mitigate future needs. While the research and dissemination needs in this area remain pressing, the results that Grasso et al. present can help guide new research as well as clinical and community practices as the new research is being developed.

In addition to dementia and related conditions, aging is likely to lead to increased prevalence of persons with diabetes. By 2050, as many as one-third of Mexicans age 50 and older may have diabetes and complications such as cardiovascular disease, blindness, amputations, renal failure, and dementia. Chronic diseases such as diabetes require not only ongoing medical attention but also significant management and monitoring by the individual.

To identify gaps in diabetic care in Mexico, Vazquez, Gadgil, Tiong, Mitra, Mark, Quan, Kothare, and Angel conducted a scoping review of research and public health efforts to address diabetes in Mexico. They describe a Chronic Care Model for improving chronic illness and treatment, and focus on the subdomains of delivery-system design, self-management support, and quality of care.

Their review finds that improved relationships between individuals and primary care physicians could improve insulin adherence and prevention of complications. Primary care clinics in Mexico, however, have poor infrastructure that is insufficient for treating chronic diseases. As a result, one in four diabetics in Mexico report no access to medical care. One in eight Mexicans

have said they avoid primary care services because of extensive wait times, and many prefer hospitals to primary care clinics.

Increasing access to and use of primary care could also improve patient adherence to treatment, reduce use of unnecessary medical resources, and increase patient satisfaction with care. Patients may resist changes in medication because they are scared from the experiences of others. Such misperceptions may delay diagnosis and be related to low levels of health literacy and education. They can also reduce adherence to insulin treatment.

Future research might address how community and patient engagement can improve self-management of diabetes. Such research might also explore the health and financial impacts of diabetes on older adults as well as how Mexico can cope with an increasing shortage of geriatric primary-care providers and access issues under its newly structured healthcare system.

Many individuals and families have resources that can help them cope with adversity as they age. To document these, Gutiérrez and Thomas Tobin analyzed survey results among 605 community-dwelling Latinos in Miami–Dade County. Their analysis included social resources, stress exposure, physical health status and health coverage, and religious networks.

Gutiérrez and Thomas Tobin found respondents could be classified in four classes by their type and level of social resources and their levels of mistrust. These were: a) Class 1, with high positive social resources including family and friend support; b) Class 2, with frequent but negative family relations; c) Class 3, with positive family resources and high levels of negative mistrust; and d) Class 4, with frequent but negative family relations and high medical mistrust.

These results extend similar earlier research in several ways. They suggest the quality of social interactions is at least as important as their frequency. They note high levels of medical mistrust among some groups—particularly, in Miami–Dade, foreign-born non-Cuban Latinos. None of the classes, even those with negative social interactions, had low levels of loneliness—suggesting low levels of loneliness should not be interpreted as having high social resources. This research also bolsters previous research finding socially-disadvantaged groups are likely to have fewer social coping resources.

Altogether, their research underscores the importance of social characteristics and the value of considering social resource typologies in managing personal health. Future research should evaluate coping typologies for Latino populations to better understand patterns and tailor intervention efforts. The findings on high levels of medical mistrust among some Latinos, for example, highlights the need for clinical providers and researchers to consider how social context shapes medical mistrust. The findings also highlight the need to measure several domains of family relationships to capture the complexity of social coping resources and how they can promote healthy aging.