

International Conference on Aging in the Americas



Cognitive Aging in Mexico and Latino Communities in the United States Deconstructing Resilience

September 15 - 16, 2022

Hyatt Place Chicago, Chicago, United States of America

INTRODUCTION



SINCE THE 1700'S TIMES BEFORE MEMORY, la mariposa monarca (or the 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 postindustrialized Americas.

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, which is located in San Diego, California and Studio Maguey, in El Paso, Texas.

Special Message from the Host

Welcome to the 15th installment of the International Conference on Aging in the Americas (ICAA). We are so happy to host this important conference in the city of Chicago. Chicago has continually welcomed many immigrants; its neighborhoods tell stories of hope and resilience. This year, we also have a hybrid format that allows us to welcome colleagues from many places across the globe to participate and interact with us. My co-organizers (Silvia Mejia, Fernando Riosmena, and Martha Daviglus) and I have worked very hard to bring you this stimulating program that addresses the context of cognitive aging in Mexico and the United States.

Let me briefly call your attention to several highlights from this year's program. Our conference will have two keynote speakers presenting individual, family, community, and national resilience research on aging, cognitive health, and resilience in the Americas. We are so excited for the sessions on how context influences cognitive health. The papers presented at this conference highlight how individual, family, community and national resilience can impact health. We are excited to offer a new session to the conference series on Technology and Interventions. We expect this new session will help us think about ways to improve cognitive health, facilitate dementia care, and improve the quality of life of older adults and caregivers.

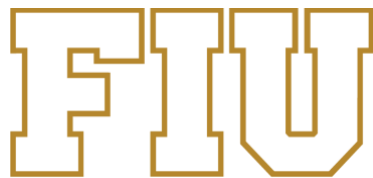
I would like to personally thank everyone for taking time out of their busy schedules to participate in this year's conference. I am indebted to the National Institutes of Health and the Alzheimer's Association. I would also like to thank the previous ICAA organizers (Jacqueline Angel, Kyriakos Markides), the School of Social Work and the Center on Health, Aging and Disability at the University of Illinois Urbana-Champaign for their generous administrative support, organizational guidance, and financial sponsorship.

I hope you all enjoy the conference!



Flavia Andrade, Organizer, 2022 ICAA

2022 SPONSORS & COLLABORATORS



2022 ICAA Conference Overview

The 15th International Conference on Aging in the Americas (ICAA) Cognitive Aging in Mexico and Latinos Communities in the United States: Deconstructing Resilience is the 2022 iteration in the ICAA series focusing on aging and health in the Americas (CAA). The 2022 ICAA will focus on how the Mexican-origin population's cumulative and persistent structural social and economic disadvantage affects cognitive aging, brain health, and dementia.

The increasing prevalence of cognitive impairment and dementia, especially early-onset decline in the Mexican-origin population, increases the urgency of understanding the causes and consequences of cognitive aging for individuals, families, and society. The conference papers will address the following issues:

- What is the meaning, theoretical and practical usefulness of the concept of resilience in understanding important aspects of cognitive aging?
- Which interventions can be introduced earlier in life to increase cognitive reserve?
- How can cognitive research be enhanced throughout the life course and in later life?
- Which cultural and social resources can be mobilized to promote brain health and enhance the quality of life?



QR code for the program schedule and details

PROGRAM SCHEDULE

CAA Website: <https://sites.utexas.edu/caa/>

Registration: https://cgscholar.com/cg_event/events/ICAA22/registration_options

Location: Hyatt Place Chicago, 1835 W Harrison St, Chicago, IL 60612

Time-zone (GMT-06:00) Central Time (US & Canada)

THURSDAY (SEPT. 15)

7:30-8:00 **Conference Registration**

8:00-8:30 **Opening Remarks and Welcome Session**

Flavia Andrade, University of Illinois at Urbana-Champaign

Jacqueline Angel, University of Texas at Austin

Susan A Martinis, University of Illinois Urbana-Champaign

Frank Bandiera, National Institute of Aging, United States

Luis Miguel Gutiérrez Robledo, Mexican National Institute of Geriatrics

Martha Daviglus, University of Illinois Chicago

8:30-09:15 **Keynote Session with Silvia Mejia – “The Challenge of Multi-resilience Among the Mexican Population”**

Speaker

Silvia Mejia, El Colegio de la Frontera Norte

Introductions (virtual)

Rebeca Wong, University of Texas Medical Branch

9:15-10:30 **Paper Session I: Cognitive Resilience and Aging**

Organizer/chair

Silvia Mejia, El Colegio de la Frontera Norte

Discussant

Anja Soldan, Johns Hopkins University School of Medicine

Presenters

“Personality Predictors of Cognitive Decline, Dementia, and Cognitive Resilience”

Eileen Graham, Northwestern University

Kathryn L. Jackson, Northwestern University

Daniel Mroczek, Northwestern University

“Deconstructing Bilingualism, AD-biomarkers, and Brain Reserve”

Miguel Arce Renteria, Columbia University Medical Center

“Latinos and Alzheimer’s Disease: What Is It, and How Do We Prevent, Delay, or Manage It?”

William Vega, Florida International University

“Acculturation in Context, Cognitive, and Cardiovascular Health in Older Latinos”

Melissa Lamar, Rush University Medical Center

10:30-10:45 **Coffee Break**

10:45-12:10 **Paper Session II: Resilience and Aging**

Chair

Rogelio Saenz, The University of Texas at San Antonio

Discussant

Elizabeth Vasquez, State University of New York at Albany

Presenters

“Contextualizing the Effects of Stress on Cognitive Health in U.S. Latinos”

Elizabeth Muñoz, University of Texas, Austin, United States

“Brain Health Index as a Predictor of Possible Vascular Cognitive Impairment in the Mexican Health and Aging Study 2012-2015”

Sara Aguilar-Navarro, Universidad Nacional Autónoma de México

“Assessing Biological Aging in Adult Populations”

Hiram Beltran-Sanchez, University of California, Los Angeles

“Neighborhood Physical Disorder and Aging in South Texas”

Gladys Maestre, University of Texas Rio Grande Valley

12:10-13:30 **Lunch**

13:30-15:15 **Paper Session III: Contextual Factors and Resilience**

Chair

Benjamin Shaw, University of Illinois Chicago

Discussant

Kyriakos Markides, University of Texas Medical Branch

Presenters

“The State of Older Undocumented Immigrants and Their Health”

Arturo Vargas-Bustamante, University of California, Los Angeles

“Alzheimer’s Disease Among Communities of Color: The Role of Place for Brain Health Equity”

Stipica Mudrazija, Urban Institute

“How Does Caregiving Influence the Social Networks of Latino Older Adults Over Time?: Results from the National Social Life, Health and Aging Project (NSHAP)”

Lisette Piedra, University of Illinois at Urbana-Champaign

Linda Waite, University of Chicago

James Iveniuk, University of Chicago

“Pathways of Dementia Care: The Experience and Costs of Caring for Family Members Living with Dementia in Mexico”

Mariana Lopez-Ortega, Instituto Nacional de Geriatria, Mexico

15:15-16:00 **Panel IV: Lightning Presentation**

Selected Poster Presentations honor of Prof. Steve Wallace

Organizers/Chair

Terrence Hill, University of Texas Santo Antonio

Adriana Reyes, Cornell University

Emma Aguila, University of Southern California

Discussant

Marc Garcia, Syracuse University

“Impact of Ethnic Enclaves on Life-space Mobility for Older Mexican Americans”

Felipe L. Antequera, University of Texas at Austin

“Urban-Rural Healthcare Cost Differences among Latinxs with and without Dementia in the United States: Implications for Resilience”

Angela Gutierrez, Ohio University

“Dementia Trends and Healthcare Access Among Older Latinx Adults During the COVID-19 Pandemic”

Josefina Flores Morales, Jennifer Archuleta, Esmeralda Melgoza, University of California, Los Angeles

16:00-16:15 **Coffee Break**

16:15-17:15 **Steve Wallace Poster Session**

Poster judges

David Marquez, University of Illinois at Chicago
Terrence Hill, University of Texas Santo Antonio
Adriana Reyes, Cornell University
Emma Aguila, University of Southern California

17:15-17:45 **Alzheimer's Association Research Initiatives**

Moderator

Stefania Forner, Alzheimer's Association

17:45-18:30 **Mentoring Session**

Organizers

Veronica Montes de Oca, National University of Mexico
Phillip Cantu, Texas Resource Center for Minority Aging Research

19:00-21:00 **Emerging Scholars Dinner**

By Invitation Only

FRIDAY (SEPT. 16)**8:00-9:45 Paper Session V: Community Resilience and Aging****Chair**

Jonathan Inda, University of Illinois Chicago

Discussant

Octavio Martinez, University of Texas-Austin, United States

Presenters

“Pasos Para Prevenir: A Lifestyle Intervention to Improve Physical Activity”

Jennifer Salinas, Texas Tech University at El Paso

“Medicare Beneficiaries with Alzheimer’s Disease and Related Dementias in Puerto Rico are Migrating to the US Mainland”

Maricruz Rivera-Hernandez, Brown University

“Living in a Post Pandemic World: Recovery and Long COVID”

Noreen Sugrue, The Latino Policy Forum

Marina del Rios, University of Iowa and Illinois Unidos

“The Caregiver Stress Process Model: Mexican American Caregiver Turnover and Depressive”

Sunshine Rote, University of Louisville

Kyriakos Markides, The University of Texas Medical Branch

Jacqueline Angel, University of Texas at Austin

9:45-10:30 Keynote Session with Octavio Martinez – “Health Equity and Aging in the Hispanic/Latino Population of the United States”**Speaker**

Octavio Martinez, executive director of Hogg Foundation for Mental Health

Introductions

William Vega, Florida International University

10:30-12:00 Paper Session VI: Resilience, Interventions and Technology**Chair**

Monica Vela, University of Illinois College of Medicine

Discussant

David Marquez, University of Illinois Chicago

Presenters

“The Mediterranean and Mediterranean-DASH Intervention for Neurodegenerative Delay (MIND) Diets: Associations with Working Memory and Psychological Distress Among Latinos”

Susan Aguinaga, University of Illinois at Urbana-Champaign

“Technologies to Support Cognitive Health”

Wendy Rogers, University of Illinois at Urbana-Champaign

“Cognitive Health in Later Life: Community-Based Interventions for Resilient Aging”

George Rebok, Johns Hopkins Center on Aging and Health

“How an Academic Medical Center is Utilizing Digital Health to Positively Impact our Aging Latino Community”

Karl Kochendorfer, University of Illinois Chicago

12:00-13:30 **Consensus Building Lunch**

13:30-13:45 **Closing Session**

Flavia Andrade, University of Illinois at Urbana-Champaign

Jacqueline Angel, University of Texas at Austin

Fernando Torres-Gil, University of California, Los Angeles

Emma Aguila, University of South California

14:00-15:00 **Publications Committee Meeting**

By Invitation Only

OPENING KEYNOTE

The Challenge of Multi-resilience Among the Mexican Population

Dr. Silvia Mejia, Professor, Population Studies Department, El Colegio de la Frontera Norte, Mexico

Silvia Mejía is a Full Professor at the Population Studies department at El Colegio de la Frontera Norte in Tijuana, Mexico, and has been an active member of Mexico's National System of Researchers since 2009. She has a B.A. (Psychology) from the University of San Buenaventura in Medellín, Colombia, and an M.S. (Psychobiology) and Ph.D. (Psychology-Neuroscience) from the National Autonomous University of Mexico. Dr. Mejía's research agenda focuses on the epidemiology and measurement of population cognitive aging, particularly in Mexican and Mexican-American populations. She has served as a consultant for the Mexican Health and Aging Study (MHAS) for more than 15 years and recently, for the MHAS Cognitive Aging Ancillary Study (Mex-Cog) in collaboration with the harmonized cognitive assessment protocol (HCAP) initiative of the Health and Retirement Studies (HRS) sister studies. She has completed recent work on cognitive impairment and dementia in collaboration with researchers from different institutions in Mexico, Colombia, and the U.S.

PAPER SESSION I:

Cognitive Resilience and Aging

Personality Predictors of Cognitive Decline, Dementia, and Cognitive Resilience

Eileen Graham, Northwestern University, United States

Kathryn L. Jackson, Northwestern University, United States

Daniel Mroczek, Northwestern University, United States

Abstract: There are considerable individual differences in the rates of cognitive decline and the presence of cognitive resilience in later adulthood. Cognitive resilience is defined as the discordance between a person's actual and expected cognition given their neuropathology and can be estimated by extracting residuals from a model regressing cognition on neuropathology. Big Five personality traits are among the factors that may account for some of these individual differences in cognitive decline, and may also predict cognitive resilience. The current presentation will share results from two papers that investigated first, whether personality traits were associated with trajectories of cognitive decline, and whether these associations varied before and after dementia diagnosis. Second, we explored whether personality traits were associated with resilience to neuropathologic burden. Across study aims was a focus on replicability and generalizability, and analyses were pre-registered and conducted in up to four independent longitudinal studies. As expected, we detected evidence for cognitive decline in all samples. Results indicated that neuroticism and openness were associated with total cognitive function and openness was associated with decline post dementia diagnosis. Higher neuroticism was associated with greater vulnerability to pathology, and higher conscientiousness was associated with less cognitive decline relative to the amount of pathology, or greater resilience. These results suggest that personality could be included in resilience-based prevention models and interventions aimed at optimizing cognitive function across older adulthood.

Deconstructing Bilingualism, AD-biomarkers, and Brain Reserve

Miguel Arce Renteria, Columbia University Medical Center, United States

Abstract: While some studies find that bilingualism confers reserve and resilience to cognitive aging, several other investigators do not find a bilingual advantage on cognition. Methodological differences such as treating bilinguals as a monolithic group when there are within-group differences in key aspects of bilingualism (i.e., age of acquisition, proficiency, frequency of bilingual language use) may explain these inconsistencies. In addition, there is inconsistent accounting for environmental and sociocultural factors (i.e., immigrant status) that influence the ability or opportunity to become bilingual. Moreover, it is unclear whether bilingualism confers brain reserve such as by weakening the association of aging on the brain. The current presentation will discuss implications of diverse linguistic characteristics of bilinguals (i.e., age of acquisition, proficiency, frequency of bilingual language use) on cognitive functioning in a sample of community-dwelling immigrant Spanish-English bilingual and monolingual Latinx adults. Furthermore, we will evaluate whether bilingualism and its aspects modify the association of aging on cortical thinning of Alzheimer's disease cortical signature regions. Lastly, we will provide a framework on how to incorporate bilingualism using a lifecourse approach to address appropriate sociocultural confounds in cognitive aging research.

Latinos and Alzheimer's Disease: What Is It, and How Do We Prevent, Delay, or Manage It?

William Vega, Florida International University, United States

Abstract: Alzheimer's remains an untreated and fatal brain disease affecting up to one-third of Latinos over 80, with critical implications for victims, scientists, medical and assistive services, and social networks. The presentation discusses differential patterns of cognitive decline of older adults in the presence or absence of AD, and implications for successful primary prevention, risk reduction, and earlier detection and management of Latinos with AD. The presentation concludes with an overview of the impact of AD on caregivers, family support systems, financial resources, and the identification of actions required to cure AD in Latino populations.

Acculturation in Context, Cognitive, and Cardiovascular Health in Older Latinos

Melissa Lamar, Rush University Medical Center, United States

Abstract: Latinos are one of the fastest growing minoritized populations in the US at risk for Alzheimer's dementia. In addition to being at the forefront of the dementia epidemic, Latinos have some of the lowest levels of overall cardiovascular health. Research documenting how cardiovascular health impacts cognition and brain aging in Latinos does not completely account for Latinos' disparities in brain aging; investigating culturally-relevant contributors is the logical next step. Acculturation, the process by which Latinos adapt to the US and potentially adopt its values and practices, has been shown to be an important contributor to overall health in Latinos; however, the literature is inconsistent. This may be due, in part, to the fact that acculturation is not a static, linear process but rather a dynamic exchange between Latinos and other members of society that emerges from and is reinforced by broader socioenvironmental determinants vital to a process increasingly called 'acculturation in context'. I will discuss acculturation in context as a framework for investigating brain aging in older Latinos. I will share findings from our longitudinal study investigating the relationships between acculturation in context, cognitive, and cardiovascular health in approximately 200 older Latinos and how acculturation in context modifies the well-documented relationships between cardiovascular health and cognitive decline in these same individuals. The incorporation of broader socioenvironmental determinants with established acculturation factors has the potential to provide a more comprehensive understanding of Latinos' health disparities in brain aging, and outline risk and resilience factors to target in future intervention studies.

PAPER SESSION II:

Resilience and Aging

Contextualizing the Effects of Stress on Cognitive Health in U.S. Latinos

Elizabeth Muñoz, University of Texas, Austin, United States

Abstract: Hispanics/Latinos in the United States will experience the largest increase in Alzheimer's disease and related dementias by 2060 and they currently have a 1.5 greater risk for ADRD compared to non-Latino White adults. Therefore, efforts to identify risk and protective factors for reduced cognitive health are crucial. Stress is an important risk factor for poor cognitive health, but the conditions under which stress operates among Hispanic/Latino adults is poorly understood. Latinos in the United States experience greater social, environmental, and economic disadvantage that may heighten psychosocial stress thus increasing vulnerability for poor cognitive health outcomes. Despite greater exposure to relevant risk factors, not all studies find associations with cognitive functioning suggesting the presence of other risks or protective factors. This presentation will highlight the need to study sources of stress across multiple levels of analyses, including neighborhood environments and interpersonal interactions, along with the timing and duration of these experiences. Theoretical and empirical work linking environmental and interpersonal stressors to cognitive health outcomes in Hispanic/Latino adults in the United States will be discussed. In addition, the role that sociocultural processes may play in shaping resilience against the adverse effects of these sources of stress will be presented. A discussion on the implications for research and practice will conclude this presentation.

Brain Health Index as a Predictor of Possible Vascular Cognitive Impairment in the Mexican Health and Aging Study 2012-2015

Sara Aguilar-Navarro, Universidad Nacional Autónoma de México, Mexico

Abstract: Vascular dementia is the second most common cause of dementia. Brain health is defined as the capacity to function adaptively in the environment and its partially determined by cardiovascular risk factors (CVRF), which are a potential target for the prevention of all-cause dementia. In this study, we aim to establish the association and risk of developing possible vascular cognitive impairment (pVCI) by using a brain health index (BHI). After adjusting for covariables, the BHI score was associated with a nearly 2-fold increased risk of developing pVCI in the 3-year follow-up. This index could potentially be used to identify pVCI predictive risk in adults with modifiable CVRF. Further studies should be carried out in other populations and with longer follow-ups.

Assessing Biological Aging in Adult Populations

Hiram Beltran-Sanchez, University of California, Los Angeles, United States

Abstract: Differences in health status at older ages are a result of genetic predispositions and physiological responses to exposure accumulation over the lifespan. Chronological age is a standard indicator that reflects overall risks of morbidity and mortality, but it is a crude proxy for individuals' latent physiological deterioration. Biological age (CA) is an alternative indicator of accumulated age-related biological change reflected in markers of major physiological systems. In this presentation we estimate BA using data from the US to assess differences in accumulated age-related biological change among older adults by sex, education, and race/ethnicity. Results suggest that physiological deterioration proceeds more rapidly among females, lower education individuals, and Hispanics and non-Hispanics Blacks.

Neighborhood Physical Disorder and Aging in South Texas

Gladys Maestre, University of Texas Rio Grande Valley, United States

Abstract: We read our environment through our embodiment. The way we age tell stories about-and cannot be studied divorced from the conditions of how we live and where we reside throughout our lives. The neighborhood is important for the mental and physical well-being of residents. Neighborhood physical disorder refers to the disorganized existence of the physical environment and tends to be higher in areas where poverty and immigrant populations are concentrated. The South Texas/Mexico border region of the Lower Rio Grande Valley (LRGV) is the poorest area of Texas and one of the poorest in the US, hosting a population of more than 1.3 million people, of which more than 93% are Hispanics. Visualization of the spatial distribution of neighborhood physical disorder may facilitate and support research efforts to understand vulnerabilities and resiliency in the population. Twelve trained raters used the Computer Assisted Neighborhood Visual Assessment System (CANVAS), an online application that facilitates virtual audits using Google Street View, to collect eight indicators of physical disorder of 723 block faces in seven metropolitan areas of the LRGV, namely the cities of Harlingen, Brownsville, Raymondville, Rio Grande City, Edinburg, McAllen, and Mission and their surrounding areas. The eight-block face indicators were composed of a Neighborhood Disorder index. Ordinary kriging, a geospatial statistical analysis, was used to interpolate estimates of disorder levels through the study cities in the Valley. The Neighborhood Disorder Map in LRGV depicts a visualization of the spatial distribution of physical disorder in the study's cities throughout the Valley. Besides supporting research efforts in aging and dementia, a better understanding of neighborhood physical disorder may aid public officials and community members in understanding environmental inequality and help to prioritize efforts for social improvement. Research reported in this presentation was supported by the National Institute of Aging of the National Institutes of Health under award number 1DP1AG069870.

PAPER SESSION III:

Contextual Factors and Resilience

The State of Older Undocumented Immigrants and Their Health

Arturo Vargas-Bustamante, University of California, Los Angeles, United States

Abstract: Accessing high-quality healthcare can be difficult for immigrants living in the United States, however, for older undocumented immigrants this difficulty is compounded by a combination of legal, cultural, language and systemic barriers that have widened the existing disparities of healthcare access for this population. Approximately 10 percent of the undocumented population is older than age 55 now. This population, however, is rapidly aging. As the number of older undocumented immigrants in the United States continues to grow, new challenges are emerging, and the expansion of healthcare coverage across the country has not included undocumented immigrants. Across the board undocumented immigrants have disproportionately higher health risks. Our study found that twice as many undocumented immigrants ages 65 and older reported being in “fair or poor” health than U.S.-born citizens, and only 29.3 percent said they were in “very good” or “excellent” health, compared to 54.2 percent of citizens. In 2021, California created the first ever expansion of Medi-Cal, the state’s Medicaid program, to undocumented Californians ages 50 and older, with plans of expanding to all undocumented immigrants in California by 2024. This expansion is seen by many as a necessary step for a state that is home to more than a quarter of all undocumented immigrants. Expanding Medicare coverage for all older adults at the federal level could solve many of the difficulties that immigrants face in finding healthcare coverage. Similarly, immigration reforms to naturalize undocumented immigrants could have positive spillover effect providing eligibility to Medicare and Medicaid to most immigrants.

Alzheimer’s Disease Among Communities of Color: The Role of Place for Brain Health Equity

Stipica Mudrazija, Urban Institute, United States

Abstract: Alzheimer’s disease and related dementias (ADRD) is the sixth leading cause of death for all Americans and the fourth and third leading cause of death for older Black and Latino Americans, respectively. The effects of where people live, and the social determinants of health are under-recognized and under-appreciated in our national response to effectively treat and prevent ADRD. This study compares counties with the highest prevalence of ADRD among Blacks, Latinos, and non-Latino Whites against counties with the lowest prevalence among these populations to identify trends related to the social determinants of health and risk factors for ADRD. The analysis finds deep social inequities in counties highlight impacted by ADRD among Latinos and Blacks. For example, counties with the highest prevalence of ADRD among Blacks and Latinos are more likely to have higher levels of poverty, less household income, less access to exercise opportunities, and less educational attainment compared to counties with the lowest prevalence among Blacks and Latinos. We observed less drastic differences in social determinants in counties with the highest prevalence of ADRD among non-Latino Whites when compared to counties with the lowest prevalence of ADRD. Understanding the geographic impacts of ADRD is critical given the growing burden the disease is placing on families, our healthcare system, and our economy, and can help public health departments, policymakers and community researchers better address barriers to healthcare access, research participation, and prevention in communities at the greatest risk for ADRD.

How Does Caregiving Influence the Social Networks of Latino Older Adults Over Time?: Results from the National Social Life, Health and Aging Project (NSHAP)

Lissette Piedra, University of Illinois at Urbana-Champaign, United States

Linda Waite, University of Chicago, United States

James Iveniuk, University of Chicago, United States

Abstract: Latinos tend to outlive the general population, but their longevity is overshadowed by serious functional limitations and a heightened need for caregiving resources as they age. Although much care occurs within informal networks, we know

little about how becoming a caregiver influences the social networks of community-dwelling Latino older adults. Given the link between health and social networks, understanding these nuances could provide useful insights. Latent Class Analysis was used to group the social-relational characteristics of 6,489 respondents across three rounds of NSHAP data. We generated a three-class solution: A ‘family-centric’ class with overall low social connectivity, an ‘enriched’ class with strong connections, and a ‘diverse’ class showing the greatest network range. Although most (70%) belong to either an enriched or diverse network, Latino respondents did not. In the first round, nearly half (49%) were in the ‘family-centric’ class, compared to non-Latino Blacks (37%) and Whites (24%). By the third round, Latino respondents in the ‘family-centric’ class dropped but rose for all other groups. When caregiving and network type were considered, being someone’s caregiver significantly increases one’s probability of belonging to an ‘enriched’ network, regardless of ethnic/racial group. However, Latino caregivers had a decreased likelihood of belonging to a ‘diverse’ social network. Latinos’ reliance on informal care could explain the change from ‘family-centric’ to ‘enriched’ network, a constructive transfer that coincides with better health outcomes. However, this shift suggests a capacity for positive network movement, making it worrisome that Latino caregivers are less likely to be in a ‘diverse’ network.

Pathways of Dementia Care: The Experience and Costs of Caring for Family Members Living with Dementia in Mexico

Mariana Lopez-Ortega, Instituto Nacional de Geriatria, Mexico

Abstract: Mexico’s formal health care system is unequipped to respond to significant dementia prevalence, estimated to be between 3.3 and 7.9%. Care for people living with dementia is primarily, if not exclusively, provided by family members. While the economic, social and health consequences of providing this care underpin the sustainability and equity of Mexico’s dementia care reality, very little is known about the experiences of those called upon to provide it. Based on almost 2 years of highly inductive fieldwork, carried out before and during the ongoing COVID-19 pandemic, and including 49 in-depth interviews with 23 unpaid family caregivers, this paper presents families’ health and social dementia care seeking trajectories and the structural factors that shape them. At the health and social care system level, we explore the impact that timely access to comprehensive social security institutions, high quality

private care facilities and home-based services, and information about dementia, and healthcare practitioners' communication around diagnosis and symptoms, have on when, where and if families obtain appropriate health and/or social care, and the consequences of this for them. At the social and economic level, we explore the high opportunity costs borne by family members who change, reduce or stop paid work to provide care, the impact of caregiving responsibilities on their social life and mental wellbeing, as well as strategies that are, or are not, employed by family members to alleviate the negative consequences of caring for those with dementia.

PANEL IV:

Lightning Presentation

Impact of Ethnic Enclaves on Life-space Mobility for Older Mexican Americans

Felipe Antequera¹, Phillip Cantu², Soham Al-Snih² & Jacqueline Angel¹

University of Texas at Austin¹, University of Texas Medical Branch²

Abstract

Objective: Life-space assessment (LSA) is an important tool used to assess mobility in older adults. High concentration of poverty is negatively associated with life-space mobility, but little is known about the role of ethnic enclaves as a potential moderator of this relationship. This study examines the role of ethnic enclaves in life-space mobility measured using the LSA score. **Method:** The data come from the Hispanic Established Populations for the Epidemiologic Study of the Elderly (HEPESE) survey, Wave 7, 2010-2011 (n=1,078), linked to census tract characteristics. Life-space mobility is measured using the LSA score and ethnic enclaves are determined using the tract percentage of Mexican American. We also examine socio-demographic characteristics and self-reported physician-diagnosed medical conditions. We use multiple regression analysis on the LSA score, controlling for tract poverty, tract percentage Mexican American, sociodemographic and health characteristics. **Results:** The profile of those with mean age of participants was 85.9 years (SD, 4.0), sixty-five percent were female, and the mean score of LSA was 37.21 (SD, 23.3). Poverty was negatively associated with LSA and this relationship maintained statistical significance when controlling for tract percentage Mexican American, sociodemographic and health characteristics. However, tract percentage Mexican American reduced the level of association between poverty and LSA. **Conclusion:** Preliminary results show that higher poverty levels are associated with lower LSA scores, however, when adding the tract percentage of Hispanic population to the model, we observed that the relationship between LSA and percentage of poor is moderated by the presence of ethnic enclaves. Future research should examine environmental and financial influences on LSM that may improve resilience with reference to physical decline and social isolation.

Urban-Rural Healthcare Cost Differences among Latinxs with and without Dementia in the United States: Implications for Resilience

Ángela Gutiérrez, Mónica López Anuarbe, Noah Webster, & Elham Mahmoudi

Lead Author: Ángela Gutiérrez, Assistant Professor, agutierrez@ohio.edu

Abstract

Background: Research comparing healthcare costs by geographic context has primarily been conducted outside the U.S. and has overlooked Latinxs and comparisons by dementia status. Given that Latinxs have a greater risk and earlier onset of dementia relative to Whites, assessing rural-urban-dementia disparities in healthcare costs is critical to address burden of disease and to inform tailored points of intervention. We compared healthcare costs across rural and non-rural contexts among Latinxs and examined whether differences vary by dementia status. **Methods:** Data are from a nationally representative sample of Latinx adults ages 51+ ($n = 15,567$) in the Health and Retirement Study (2006-2018 waves). Healthcare costs were inflated using the 2021 consumer price index. Geographic context and dementia status were the main exposure variables. The Langa-Weir algorithm determined dementia status. We applied multivariate two-part generalized linear models and adjusted for sociodemographic and health characteristics. **Results:** Higher total healthcare costs were found in rural areas regardless of dementia status. The total cost of care was estimated to be \$752 greater in rural (\$2,580) compared to non-rural (\$1,828) areas (95% CI: 10.43-1,463). Larger hospitalization and office visit costs drove the higher costs in rural areas. Likewise, the out-of-pocket costs of care were \$771 (2,613 vs. 1,842; 95% CI: 49.16-1492.17) higher in rural areas. Dementia status did not significantly moderate the geographic context-healthcare costs relationship. **Discussion:** Findings identify disproportionately higher healthcare costs among Latinxs living in rural areas, relative to their non-rural counterparts. As Latinxs are the largest ethnic minoritized population in the U.S. and Latinx communities are growing in rural America, addressing the burden of dementia and healthcare costs among Latinxs in rural areas is a public health priority. Mobilizing providers, *promotoras*, and resources to address these disparities is critical to promote healthy aging and resilience among this population.

Dementia Trends and Healthcare Access Among Older Latinx Adults During the COVID-19 Pandemic

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Abstract

The Latinx older adult population is one of the fastest growing groups in the United States. Between 2019 to 2040, the population of Latinx 65 years and older is expected to increase by 161% (ACL 2021). Latinxs have a higher prevalence of dementia and a greater risk for early dementia compared to non-Latinx White persons (Rote and Moon 2022). Relatively little is known about the healthcare experiences among Latinx persons with dementia during the COVID-19 pandemic. This study has two aims. First, we describe dementia trends in 2019 among Latinx respondents. Second, we describe differences in access to healthcare services before and during the coronavirus pandemic. Specifically, we focus on long-term care visits, hospital visits, receiving help to access a provider, and hospital stays (in the past year) of respondents with probable or possible dementia, with a focus on Latinx older adults. Data come from the National Health and Aging Trend Study (NHATS), (2019, 2020), an annual survey of health, social, and demographic characteristics from a nationally representative sample of Medicare beneficiaries aged 65 years and older. Our sample size for the 2019 NHATS is $n=35,610$. The sample size for the COVID-19 supplemental survey varies by the healthcare outcome measure and consists of over 4,000 respondents. We find that Latinx respondents have the highest proportion of persons with possible or probable dementia, followed by Non-Latinx (NL) Black and NL white persons. Latinxs with probable or possible dementia are also more likely to have had a hospital visit in the past 12 months, more likely to have received help accessing a healthcare provider, and more likely to have missed a hospital visit than NL white persons of any dementia status. There were no statistically significant differences in missing long-term care visits. This study improves our understanding older Latinx persons' healthcare needs.

References

- Administration Community Living (ACL). 2021. 2020 Profile of Older Americans. Retrieved from: https://acl.gov/sites/default/files/Aging%20and%20Disability%20in%20America/2020ProfileOlderAmericans.Final_.pdf Accessed on May 25, 2022
- Rote, S., & Moon, H. (2021). Racial/Ethnic Differences in Trajectories of Dementia Onset. *Innovation in Aging*, 5(Suppl 1), 751.

POSTER SESSION

It's Never Too Late: Wealth Accumulation Among Elderly Diabetic Hispanics

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Abstract

Do health shocks affect Hispanics' wealth more compared to whites? If so, what are the implications and factors components behind these potential differences? Racial and ethnic disparities in health and wealth have regularly been studied separately; we do not yet understand their interrelationships, even though Hispanics have a higher life expectancy than whites or Blacks. Using the RAND-HRS (2010-2018), this research evaluates the longitudinal relationship between health and wealth components among elderly diabetic Hispanics compared to non-Hispanic elderly diabetic populations. It also separates the analysis between US-born Hispanics and immigrant Hispanics. It further uses Census Divisions to account for differences within these Hispanic groups and levels of access to public resources. Preliminary results find a negative relationship between previous newly diagnosed diabetes on net wealth and a decrease of liquid assets for most currently diagnosed diabetes among Hispanics compared to non-Hispanics, with particular attention to immigrant Hispanics in Census Divisions with more barriers to access to public services, and after accounting for several individual and household level factors, and individual-level fixed effects. Given the degenerative health component connected to diabetes and its complications, this paper also looks at the disabilities traditionally associated with diabetic patients with complications. Comparably, a reduction of Fine Motor skills has a contemporary relationship with earnings and debts. Evidence in this paper also shows the importance of early diagnosis and preventive care, which would be translated into access to affordable care for everyone regardless of their background. Some evidence about the take-up rates of public programs among Hispanics (US-born and immigrants) is provided to shed some light on the relevance of access to safety net programs and the risk of extreme poverty in these populations. Overall, this paper contributes to the discussion of the Hispanic Health Paradox and the puzzling result that a longer life expectancy among Hispanics correlates with a higher prevalence rate of chronic conditions among this group. These results also highlight how policies and interventions to reduce wealth inequality might also be essential to health policy.

Underutilization of Respite Care Services: Poor Health Outcomes among Latinx Family Caregivers

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Abstract

American Society on Aging stated that Latinx family caregivers have a high cultural commitment (75%) to caregiving which often cause them to disregard their health, thus increasing their risk of poor health outcomes. Studies have underscored adverse health effects of caregiving provision, especially when care recipients have dementia-related conditions. To alleviate the detrimental impact of caregiving, respite care services provide an opportunity for caregivers to have a break from caregiving roles. However, lack of access or underutilization of respite care services remains prevalent among Latinx family caregivers. **Objective:** Examine health outcomes associated with utilization of respite care services by race/ethnicity. **Methods:** Using the Long-Term Caregiving survey data conducted by the AP-NORC Center for Public Affairs Research (N=1,024), we conducted logistic regression analysis adjusting for sex and household income relative to the utilization of respite care services by the caregivers of Latinx in contrast to the Whites caregivers. **Results:** Among caregivers that reported not utilizing respite care services, Latinx were less likely to have “excellent” overall health outcomes than their White counterparts (OR= 0.616, 95% CI: 0.390 - 0.972). African Americans (OR= 0.746, 95% CI: 0.421 - 1.321) and other racial groups had similar results regarding overall health outcomes when compared to the Whites (OR= 0.706, 95% CI: 0.388 - 1.283). No racial disparities relative to the overall health outcomes of caregivers were found among caregivers reporting using respite care services. Additional results include the association between low household income levels and poorer overall health outcomes. Sex showed no significant associations. **Conclusion:** Lack of utilization of respite care services is adversely affecting the overall health of Latinx family caregivers. Findings support efforts to increase access and utilization of respite care services among Latinx caregivers for health benefits.

The contribution of acculturation, native cultural resources, and loneliness to cognitive impairment in older Hispanic immigrants

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Abstract

My study ascertains to what extent acculturation and native cultural values and resources shape how loneliness and cognitive outcomes of cultural adjustment develop in older Mexican American immigrants. The current study employs a sociocultural approach to discover how individual and community influences, such as practices of familism and neighborhood engagement, can shape older immigrants' health outcomes. It introduces typological analyses to build a multicultural model of immigrant wellbeing. This study uses data from the Hispanic Established Population for the Epidemiological Study of the Elderly (wave 7), a survey of older Mexican Americans in the southwestern U.S. Among over 400 older Mexican immigrants, the current study focuses on vulnerabilities in the health outcomes of later-life immigrants who tend to be poorly acculturated and isolated. [Analysis in progress] Results are expected to show that the lack of native cultural resources, in conjunction with low acculturation, is likely to be associated with greater loneliness, which can also be a mediator of cognitive impairment. Among older immigrants, those who arrived in the U.S. at an earlier age are better adjusted in the mainstream society and less likely to suffer from loneliness and cognitive impairment compared to those who arrived at later-life. Discussion centers on how acculturation emerges under different native cultural contexts and how various cultural readjustment processes can create diverse pathways to older immigrants' psychological and cognitive health outcomes. The proposed study advances our theoretical understanding of the significance of native cultural resources on wellbeing among the poorly acculturated and has policy implications in terms of the development of culturally sensitive intervention programs to promote wellbeing of the Mexican older immigrants.

Exploring the interconnections between hypertension and depression, and cognitive function among Hispanics

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Abstract

Objectives: Cardiovascular risk factors and depression increase with age and are related with poorer cognitive performance, cognitive decline, and increased risk for mild cognitive impairment and dementia. Appropriate control of hypertension and depression treatment can potentially stave off the onset of cognitive deficits and improve quality of life. However, increasing evidence links negative affective states to compromised physical health and depression may relate with poorer adherence to medical and lifestyle interventions to manage chronic conditions. This study aims to investigate the effects of hypertension and depression on cognition among Hispanics, and whether hypertension and depression have an additive or interactive effect on cognitive function. **Method:** Data come from the 2018 RAND Health and Retirement Study. We included Hispanics age 50 and older ($n = 3,224$). Hypertension is measured as doctor diagnosed high blood pressure. Depression is ascertained using the 8-item Center for Epidemiologic Studies Depression Scale (CES-D). Cognition is assessed by the tests from the Mini-Mental Status Examination (MMSE) included in the HRS. We conducted linear regressions to model associations between hypertension, depression, and cognition and to test whether depression moderates the effect of hypertension on cognition adjusting for education, gender, age, and nativity. **Results:** The regression model showed a negative association between hypertension, depression and cognition. This negative association suggests that Hispanics with greater cognitive scores were less likely to have hypertension or be depressed. However, a significant moderating effect of hypertension on cognition with the presence of depression was not supported. **Conclusion:** Findings suggest a negative association between hypertension and depression on cognition among Hispanics. However, our results did not support our hypothesis that depression would modify the association between hypertension and cognition. In addition to current mental health status, researchers should consider an individual's history of depression, evaluate all cognitive domains, and include other modifiable risk factors.

Montreal Cognitive Assessment Memory Index Score (MOCA-MIS) as an indicator of cognitive decline

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Abstract

The Montreal Cognitive Assessment (MoCA) is a screening tool highly sensitive to cognitive impairment in the elderly population. It evaluates multiple domains including the delayed memory, which allows calculate a Memory Index Score (MoCA-MIS), that may be a valuable tool to differentiate amnesic mild cognitive impairment from normal cognition in the elderly. The objective of this investigation was to analyze the relationship between the total scores for the MoCA (MoCA-TS) and the MoCA-MIS in Mexican elderly adults with cognitive impairment. Data of 58 subjects, 40 women and 18 men, were analyzed with a mean age of 75.7 (DE=7.5) and a mean education of 8 years (DE=5). The assessment tools were the MoCA, and additionally the Geriatric depression scale (GDS), and the General anxiety disorder 7 (GAD-7). The MoCA-TS correlated significantly with the MoCA-MIS ($r= 0.663$, $p<0.01$), indicating that the lower the MoCA-TS, the lower the MoCA-MIS. Age was significantly correlated with the MoCA-TS ($r= -0.670$, $p<0.01$), showing that age is a predictor of MoCA performance and level of impairment. No significant correlation was found between the total scores of the GDS and GAD-7 with the MoCA-TS, MoCA-MIS, or age. The results indicate that the MoCA-MIS could be taken as an indicator of possible cognitive decline in patients who, due to other factors, don't reflect it in the total scores, guiding professionals to carry out a further evaluation. Although high levels of depression and anxiety have been associated with greater cognitive impairment in elderly people, in clinical practice the qualitative observations do not always correlate with the quantitative results of the tests used, this could be due to an incorrect administration of the instruments or poor comprehension by patients.

Addressing the Need for Alzheimer's Disease Tracking in Mexico's Emergency Medical Services System

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Abstract

Background: On November 2014, Mexican President Enrique Peña Nieto announced the establishment of a single national emergency number with the purpose of standardizing the collection of emergency medical service (EMS) data, reducing response times, and improving quality of care (CNSP, 2016). From 2014 to 2016, the Mexican Executive Cabinet's Secretariat of Public Security (SESNSP) was tasked with creating a standardized data dictionary, and establishing protocols to triage EMS calls (CNIE, 2017). The data dictionary was developed to include the most common types of emergencies affecting the Mexican population (CNI, 2022). This is the first study to examine the collection of Alzheimer's disease data in Mexico's EMS system. Alzheimer's disease is a leading cause of morbidity and mortality in Mexico, especially among persons aged 65 years and older (IHME, 2019). Tracking the use of EMS by persons with Alzheimer's disease is an important first step in examining the medical care received by this population in the prehospital care setting. **Methods:** In this study, we analyzed the Mexican EMS data dictionary to check for inclusion of dementia-related conditions, including Alzheimer's disease. **Results:** The data dictionary included 7 types of calls (medical, civil protection, security, public services, inadmissible, assistance, and other services), and 282 pre-determined emergency codes. Of the 282 pre-determined emergency codes, 60 were medical codes. The 60 medical emergency codes were organized into three main categories: accidents, trauma, and clinical. Dementia-related conditions, including Alzheimer's disease, were not included as pre-determined emergency codes in Mexico's EMS data dictionary. **Conclusion:** Future versions of Mexico's EMS data dictionary should include codes for dementia-related conditions, including Alzheimer's disease. The collection of EMS data for persons with Alzheimer's disease is the first step in ensuring that this population receives the best quality of care regardless of their entry point into Mexico's healthcare system.

Assigning Lifetime Occupation Domains for Older Mexicans: MHAS-O*NET Linkage Protocol

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Abstract

Longitudinal studies have documented declines in the prevalence of dementia in high-income countries. Such declines have been associated with increases in educational attainment and proper chronic disease management across successive generations of old adults. Most evidence about cognitive reserve and preserving cognitive function through mental engagement comes from high-income or developed countries. Similar research using longitudinal data in Low-Middle-Income countries (LMIC) can provide insights on factors potentially mediating cognitive declines of older adults from understudied groups. In LMICs with large informal labor markets, older adults with jobs in the informal sector may be able to stay mentally engaged longer over their life compared to high-income or developed countries. To investigate if this assumption holds true, we proposed to develop a cognitive index to examine cognitively stimulating activities based on occupations, and evaluate if cognitive demands associated with higher levels of cognitive functioning in later life. We identified 130 unique occupation codes from 2012 Mexican Health Aging Study (MHAS) and selected one to four cases per code for a total of 440 observations as a representative sub-sample for matching. Three raters with graduate degrees independently selected corresponding Occupational Information Network (O*NET) occupation codes with 130 MHAS occupation codes. The matching is guided by MHAS occupation descriptions, MHAS open-ended questions and O*NET job descriptions. We used Delphi method to achieve matching agreements. Each successful 1:1 matching requires at least two raters came out with the same codes or reaches a consensus after a group discussion. We generated the end product of 1:1 matching between MHAS and O*NET occupation codes. We will use this 1:1 matching between MHAS and O*NET to develop our occupation-based cognitive demand index and further use this index to examine longitudinal cognitive change in MHAS.

Childhood Health as a Determinant of Cognitive Health in Adulthood: Results from the Mexican Health and Aging Study

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Abstract

Objective: Early childhood factors such as education and socioeconomic status are known to influence cognitive outcomes later in adulthood. Childhood health may be especially important late life cognition in low and middle income countries (LMIC's) where childhood health conditions are more common. In this study, we analyzed the effects of early childhood health on cognitive status of older adults using a nationally representative Mexican sample. **Methods:** We used data from the 2012 Mexican Health and Aging Study (MHAS) (N=14,575; age: M=64.34; 58% female; education: M=5.65). To assess childhood health, participants were asked if before age 10, they had ever been diagnosed with a chronic health condition including typhoid fever, a serious blow to head, tuberculosis, rheumatic fever, polio, and other (hypertension, diabetes, cancer, respiratory illness, heart attack, or stroke). Participants underwent a comprehensive cognitive battery, from which scores were used to assess dementia. **Results:** Adjusting for sex, age and education, logistic regression models on dementia revealed that a serious blow to the head before age 10 was associated with higher odds of dementia (OR=1.7, $p<0.001$). Similarly, participants with other chronic childhood health conditions (hypertension, diabetes, cancer, respiratory illness, heart attack or stroke) were more likely to have dementia later in life (OR=1.5, $p<0.001$). All other childhood health conditions assessed (typhoid fever, tuberculosis, rheumatic fever, and polio) were not significantly associated with odds of dementia later in life ($ps>.05$). **Conclusions:** Adverse childhood health conditions including blows to the head and hypertension, diabetes, cancer, respiratory illness, heart attack or stroke were associated with greater odds of dementia later in life. Patient life childhood health conditions should be better understood as risk factors of late life dementia.

Aging in Puerto Rico: An Interdisciplinary Intervention Model for a Better Future

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Abstract

Recent census data indicates that 25% of the population of Puerto Rico is 65 years of age or older. The massive migration that was accentuated after hurricanes Irma and María in 2017 and the earthquakes of 2020, has had social and emotional consequences in the Puerto Rican family, with older adults being among the most affected. Older adults in Puerto Rico suffer from loneliness, chronic diseases and multimorbidity, conditions of poverty, high rates of depression and mental health disorders, and an increase in cases of suicide – specifically in the group of 85 years or older. Fulfilling its social role and the mission statement of the Inter American University of Puerto Rico of commitment to serving its peoples and communities, the Metropolitan Campus created InterACTIVO, a Center for Supervised Educational and Recreational Activities. InterActivo is not a regular day center. The added value of the program lies in the integration of educational activities offered by faculty and students from academic programs in areas such as music, arts, social work, and education, among others. InterActivo is bridging the gap between theory and practice in these disciplines and offers both faculty and students a chance to contribute to the solution of a real social problem. In this presentation, I will discuss the development and implementation of the service program, as well as the results of the first evaluation. It is hoped that the service model will reduce feelings of isolation and depression among participants as well as increase social participation and connectedness.

Narratives for Resilience: two case studies of institutionalized elders in Mexico

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Abstract

Narratives are the stories we tell ourselves (and others) in order to understand and justify what we think, feel, and do (Brink & Karalun, 2022). Some narratives are dead-ends that leave the individual stuck in a role of victim, while other narratives promote willpower, wisdom and resilience. The goal of cognitive psychotherapy is to change dysfunctional narratives to healthy ones. Narratives are an important factor in maintaining mental health even in later life, and even with the onset of dementia (Buggins, Clarke, Wolverson, 2021; Clark, Burbank, Greene, Riebe, 2018; Li, 2022). Two case studies are presented of residents of a Mexican geriatric hospital and how their unique narratives supported either victimhood (Mrs. A) or resilience (Mr. B).

Acculturation, Social Determinants of Health, and Cognitive Performance of Latinx Older Adults

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Abstract

The Hispanic/Latinx community in the U.S. is very diverse based on their acculturation levels and present differences in cognitive performance (CP). However, social determinants related to the CP differences across acculturation levels are understudied. This study examines the effects of sociodemographic and socially patterned health behaviors as social determinants of Latinx differences in CP among older adults. Participants included 616 Latinx individuals from the cross-sectional National Health and Nutrition Examination Survey (NHANES) 2011-2014 [Mage= 67.15 years]. CP was assessed with Digit Symbol Substitution Test. Approximately 48% of the Latinx participants were from Mexico and were grouped by language as a measure of acculturation (only/mostly Spanish (low acculturated), Spanish and English/bilingual, only/mostly English (high acculturated)). Adjusted linear regression evaluated the link among acculturation levels and sociodemographic and health behavioral factors with CP. Three models were created for adjusted linear regression. Model 1 examined the association between acculturation and CP controlled for- age, sex, country of origin, citizenship status and marital status. Results indicated poorer CP among only/mostly Spanish-speakers and bilinguals compared to only/mostly English-speakers ($p < .001$). To create Model 2, sociodemographic factors were introduced in Model 1 and lower education, lower income, and no housing ownership were found significantly associated with poorer CP. β -estimate of CP of both only/mostly Spanish-speakers and bilinguals decreased (from -14.17 to -6.94 and -8.52 to -3.33, respectively) compared to only/mostly English-speakers but remained only significant for only/mostly Spanish-speakers ($p < .001$). Model 3 examined if Latinx within-group differences can be further explained by differences in physical activity, smoking, alcohol use and BMI. Although none of these health behaviors were found significantly associated, β -estimate of CP further decreased (-6.94 to -6.03) among only/mostly Spanish-speakers ($p < .001$). In conclusion, the difference in CP among the low acculturated Latinx compared to the high acculturated subgroup was partly mediated by sociodemographic inequalities.

MEDSReM©: A technology innovation to improve hypertension medication adherence for older adults – learning the needs of Latino communities in the Americas

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Abstract

Hypertension is the most prevalent treatable risk factor for cardiovascular diseases. Nevertheless, it is the leading cause of death and disability in the Americas. Although hypertension medications are highly effective in controlling blood pressure and preventing deleterious effects on the heart, kidneys, eyes, and brain, adherence to hypertension medications is low at only around 50%. Technology interventions may provide easy access to effective and sustained strategies to improve hypertension medication adherence as increasing numbers of older adults and Latinos are using smartphones. Medication Education, Decision Support, Reminding, and Monitoring System (MEDSReM©) is a theory-based, integrated digital therapeutic system comprising a mobile app and a companion website that supports hypertension medication adherence and blood pressure management for older adults. An interdisciplinary team representing pharmacy, nursing, cognitive aging, community health, gerontechnology, human factors, and health technology collaborated to develop the MEDSReM© system. For broader reach and impact, we need to understand the user needs of diverse populations in the Americas, to develop and customize effective health technology interventions for older adults in Latino communities. In Latin America and the Caribbean regions, only 35% of women and 23% of men with hypertension diagnosis have controlled blood pressure. Moreover, in the U.S. disparities in healthcare are often stem from limited English proficiency, socioeconomic, and cultural barriers in Latinos receiving care in the U.S. With an estimated 85% of Latino adults using the internet and smartphones, health technology solutions may overcome identified barriers including providing health communications in Spanish. By learning the needs of the Latino communities in the Americas, and their motivators and barriers to adopt health technologies to manage hypertension, we can advance the design of MEDSReM© to incorporate Spanish and culturally competent features on adherence and blood pressure management and test new functionalities.

Designing a Videoconferencing Platform to Support Social Engagement for Older Adults

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Abstract

Loneliness is a societal challenge that affects older adults' wellbeing and quality of life. Furthermore, the social and physiological effects of aging can further disturb the ability to maintain, support, and make social relationships. With an increasing older adult population, many communities across the world are often unprepared to meet the diverse social needs of older adults. Leveraging existing tools and developing new resources to meet the social needs of individuals aging in Mexico and Latino Communities in the United States, is essential in supporting resiliency across the aging process. Communication technology, more specifically videoconferencing, creates new opportunities to facilitate social engagement. However, market ready videoconferencing platforms are often not designed to meet the needs and preferences of an older adult user. Furthermore, videoconferencing technologies are merely tools and not solutions to the experience of loneliness. Understanding how to leverage videoconferencing to deliver social engagement interventions is an essential step towards bridging the resource gap. Our interdisciplinary team has developed a web-based videoconferencing platform called OneClick.chat to support and meet the needs of older adults, both with and without mild cognitive impairment. The OneClick.chat platform is optimized to minimize usability challenges (e.g., system requirements) and enhance ease of use (e.g., user interface). We are currently testing an intervention that leverages OneClick.chat to facilitate opportunities for social engagement through fun and engaging online social events. The intervention uses OneClick.chat to organize (e.g., event registration and reminders) and implement (e.g., event hosting) the online social events. Through our research we aim to understand the potential of OneClick.chat to serve as a tool to deliver social engagement interventions and to support and meet the diverse needs of older adults. We will provide an overview of the platform and its potential for broader use with the goal of exploring opportunities for collaboration.

Cognitive life expectancy by educational attainment in Mexican adults aged 60 and older

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Abstract

Background: Cognitive impairment is associated with decreased life expectancy. Among socioeconomic factors, low education has been related to cognitive impairment and mortality. The objective of this study is to estimate cognitively healthy life expectancy (CHLE), life expectancy with cognitive impairment (CILE), and life expectancy with dementia (DLE), in Mexican adults aged 60 and older stratified by educational attainment. **Methods:** Data came from Waves 1 (2001) to 5 (2018) of the Mexican Health and Aging Study. The final sample included all individuals aged 60 and older who were interviewed between 2001 and 2018 (n=15,284). Educational attainment was categorized as no formal education (n=3,642), incomplete elementary (n=5,073), complete elementary (n=3,078), middle school (n=1,102), medium-superior (high school, technical school, teaching school; n=1,438), and superior (professional or graduate degree; n=951). Participants were classified as cognitively healthy, cognitively impaired, and dementia. Life expectancy was estimated using a multistate life table analysis. **Results:** Total life expectancy by educational attainment was 22.7 years (no formal education), 22.6 years (incomplete elementary), 22.9 (complete elementary), 23.6 (middle school), 24.7 years (medium-superior), and 24.4 years (superior). CHLE ranged from 17.6 years for individuals with no formal education to 23 years for individuals with a medium-superior level of education. CILE and DLE decreased with greater educational attainment. The largest changes in CILE were between individuals with no formal education (2.3 years), incomplete elementary (1.4 years), middle school (0.9 years), and medium-superior (0.5 years). Dementia life expectancy ranged from 2.8 years for individuals with formal education to 0.9 years for those with a superior level of education. **Conclusion:** Older adults in Mexico with higher education live more years cognitively healthy and fewer years with cognitive impairment and dementia. Future research should assess the role of occupation and other factors related to educational attainment in late-life cognitive reserve.

PAPER SESSION V:

Community Resilience and Aging

Pasos Para Prevenir: A Lifestyle Intervention to Improve Physical Activity

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Abstract: Mexican Americans who engaged in regular physical activity demonstrate a lower cognitive decline than their inactive counterparts. While interventions show promise at improving physical activity engagement and cognition in older Mexican Americans, few, if any have been tested on U.S.-Mexico border populations. This is an important area of research as the U.S.-Mexico border region has the highest concentration of Mexican Americans in the United States. **Methods:** Pasos Para Prevenir is a healthy eating and active living lifestyle program to prevent cancer and associated co-morbidities in El Paso County, Texas. Participants were recruited from senior centers, recreation centers, schools, businesses and community centers. Participants received between 1 to 5 sessions on obesity, physical activity and nutrition. Data was collected at baseline, 6 months and 12 months. Physical activity was measured using the International Physical Activity Questionnaire (IPAQ). Measures of obesity and demographics were also collected and analyzed. **Results:** Participants who were older adults were less likely to meet physical activity guidelines at baseline compared to their younger counterparts. However, this difference became insignificant post-intervention at 6-months and 12-months. Participants who benefited the most from the intervention were those with less than a high school education, born in Mexico and spoke Spanish in the home. **Discussion:** Pasos Para Prevenir participation was associated with improvements in physical activity engagement among older Mexican Americans. Lifestyle interventions to improve physical activity engagement could be an effective strategy to reduce cognitive decline among older Mexican Americans living on the U.S.-Mexico border.

Medicare Beneficiaries with Alzheimer’s Disease and Related Dementias in Puerto Rico are Migrating to the US Mainland

Maricruz Rivera-Hernandez, Brown University, United States

Abstract: The Department of Health in Puerto Rico has referred to the high prevalence of Alzheimer’s Disease and Related Dementias (ADRD) and higher rates of disability as Public Health Problems on the island.^{1,2} Persons with disabilities often report substantial unmet needs for home and community-based services.^{3–7} In addition, patients with ADRD are exposed to catastrophic levels of out-of-pocket spending, with much of this spending on nursing home care.⁷ Since Medicaid does not cover institutional care in Puerto Rico,⁸ people with ADRD in Puerto Rico may seek to migrate to the US, where they may be eligible for long-term services and support. This presentation will describe characteristics, health care utilization patterns and migration among older adults in Puerto Rico with ADRD. Using Medicare data including, Medicare claims, the Medicare Provider Analysis and Review, the Minimum Data Set, the Inpatient Rehabilitation Facility Patient Assessment Instrument, and the Outcome and Assessment Information Set, we identified beneficiaries with ADRD in Puerto Rico. There were 694,565 Medicare beneficiaries (18,287 with ADRD) in Puerto Rico. About 66.9% of beneficiaries with ADRD were women, had a mean age of 79.6 years (SD = 9.0) and 48.0% were enrolled in Medicare Advantage for 12 consecutive months. About 350 of those beneficiaries with ADRD migrated to the US mainland the following year. The recent ruling of the US Supreme Court⁹ to further allow the exclusion of Puerto Rican residents from disability benefits (decided April 21, 2022) may further exacerbate disparities and migration among vulnerable populations, including among those with ADRD.

Living in a Post Pandemic World: Recovery and Long COVID

Noreen Sugrue, The Latino Policy Forum, United States

Marina del Rios, Illinois Unidos and University of Iowa, United States

Abstract: In May of 2022 the USA reached the unthinkable milestone of 1 million lives lost due to COVID. As the USA prepares to transition to a post COVID world, we confront another pandemic. Millions more who have “recovered” from acute COVID infection remain with longer term symptoms as they experience post-acute sequelae of COVID (PASC) more commonly known as “long COVID”. Anyone can be affected

by long COVID, whether after asymptomatic or mildly symptomatic infection, severe cases requiring ICU admission, or anything in between. The symptoms associated with long COVID are numerous and result from the virus' effect on the brain, the heart, the lungs, and the gut among others. Along with the long term health consequences of COVID, also requiring attention are the social and economic consequences. Latinos have been disproportionately affected by COVID, a result of unequal access to testing, the disproportionately high rates of infections and hospitalizations as well as mortality rates, especially among those aged 20-59. In addition, there are significant structural inequities surrounding accessing prevention options (i.e., social distancing, masking, and vaccines) and treatments (e.g. monoclonal antibodies and antiviral drugs). During this presentation we will present an overview of PASC in Latine people. Using the lens of equity, we will identify and analyze challenges, barriers, and opportunities as well as the potential interventions and actions to ensure that the needs of 'long haulers' within the Latino community are addressed. Because so much of the discussion around "long haulers" does not include attention to seniors, we will redress that gap in this presentation.

The Caregiver Stress Process Model: Mexican American Caregiver Turnover and Depressive

Sunshine Rote, University of Louisville, United States

Kyriakos (Kokos) Markides, University of Texas Medical Branch, United States

Jacqueline Angel, University of Texas at Austin, United States

Abstract: Informed by the sociocultural caregiver stress process model, the purpose of this study is to explore the role of caregiver stressors and resources for Mexican American caregiver turnover and depressive symptoms. Using two waves of the Hispanic Established Epidemiologic Study of the Elderly Caregiver Supplement (H-EPESE CG, 2010/2011-2016 N=333), we estimate logistic and OLS regressions of caregiver turnover and caregiver depressive symptoms over five years. Objective stressors, particularly neuropsychiatric expressions of dementia, were significantly associated with greater risk for caregiver turnover between waves. Subjective stress, on the other hand, was associated with a lower risk for depressive symptoms over time for caregivers who remained in their role. Resources, including help outside of the family, was a significant factor in caregiver depressive symptoms over time. The findings

demonstrate the need for dementia care supports for Mexican American caregivers and improving access to formal, long-term care services and supports.

KEYNOTE SESSION

Health Equity and Aging in the Hispanic/Latino Population of the United States

Octavio Martinez, MD, MBA, MPH

Octavio N. Martinez, Jr. is the fifth executive director to lead the Hogg Foundation for Mental Health since its creation in 1940. Additionally, he is an associate vice president in the Division of Diversity and Community Engagement and a clinical professor in the School of Social Work at The University of Texas at Austin. He is also an adjunct professor of psychiatry at the University of Texas Health Science Center at San Antonio. His academic interests include minority health, health disparities, and workforce issues. Dr. Martinez was appointed to the prestigious Task Force on COVID-19 Health Equity in 2021. The purpose of the Task Force is to infuse health equity principles into the nation's response to the pandemic. Among other boards and committees, Dr. Martinez serves on the Centers for Disease Control and Prevention's Center for Preparedness and Response Board of Scientific Counselors and National Academies of Sciences, Engineering, and Medicine's Health and Medicine Division's Roundtable on the Promotion of Health Equity. In addition to his administrative and academic duties, he currently serves on the Institute of Medicine's Committee on the Governance and Financing of Graduate Medical Education and the IOM's Roundtable on the Promotion of Health Equity and the Elimination of Health Disparities.

A native Texan, Martinez has an MPH from Harvard University's School of Public Health, an MD from Baylor College of Medicine, and an MBA and BBA in Finance from The University of Texas at Austin.

Martinez has a master's degree in public health from Harvard University's School of Public Health, an MD from Baylor College of Medicine, and master's and bachelor's degrees in business administration with a concentration in finance from The University of Texas at Austin. He was Chief Resident during his psychiatric training at The University of Texas Health Science Center at San Antonio and is an alumnus of The

Commonwealth Fund/Harvard University Fellowship in Minority Health Policy at Harvard Medical School.

Dr. Martinez is a recipient of the 2015 Psychiatric Excellence Award from the Texas Society of Psychiatric Physicians, and the National Alliance on Mental Illness Texas's 2015 Mental Health Professional of the Year Award, among other honors.

PAPER SESSION VI:

Resilience, Interventions and Technology

The Mediterranean and Mediterranean-DASH Intervention for Neurodegenerative Delay (MIND) Diets: Associations with Working Memory and Psychological Distress Among Latinos

Susan Aguinaga, University of Illinois at Urbana-Champaign, United States

Abstract: By 2060, the prevalence of Alzheimer's disease (AD) in Latinos is projected to increase by 832%. Evidence among primarily non-Latino Whites suggests that dietary patterns may reduce cognitive decline and improve psychosocial outcomes; however, this association between dietary patterns and health outcomes among Latinos is understudied. **Methods:** The purpose of the study was to examine relationships between two diet indices (i.e., Mediterranean-DASH Intervention for Neurodegenerative Delay (MIND) and Mediterranean (Med) diet), cognition, and psychological distress. This was a cross-sectional analysis of 61 Latinos (Mage=58.59 ± 8.66, 67% female) that completed the 2005 Food Frequency Questionnaire to assess and score adherence to two dietary patterns. Participants completed the word fluency test to assess working memory, and the NIH Toolbox was used to assess psychological distress (i.e., perceived stress, general life satisfaction, sadness, and loneliness). Multiple linear regressions were conducted to predict domains of cognition and psychological distress based on MIND diet and MedDiet adherence while controlling for age, sex, and education. **Results:** MIND diet scores significantly predicted verbal fluency scores ($\beta = .301, p = .018$), but not psychological distress. MedDiet adherence significantly predicted psychological distress such as perceived stress levels ($\beta = -.437, p = .001$), general life satisfaction ($\beta = .411, p = .002$), and sadness ($\beta = -.335, p = .039$), but not loneliness or verbal fluency. **Discussion:** Higher adherence to the MIND diet and MedDiet was associated with better working memory and psychological distress, respectively, among Latinos. Future intervention trials testing the effects of specific dietary patterns on health outcomes are warranted to help inform dietary recommendations for reducing risk of cognitive decline among Latinos.

Technologies to Support Cognitive Health

Wendy Rogers, University of Illinois at Urbana-Champaign, United States

Abstract: Technology advances have the potential to support healthy aging but often technologies are not designed with consideration for the interests, capabilities, limitations, needs, and preferences of older adults. My research program is specifically oriented toward developing a fundamental understanding of aging and bringing that knowledge to bear on design issues important to technology design for the support of health, enjoyment, quality of life, and safety of everyday activities of older adults. I will provide examples of research focused on support for social engagement, healthcare activities, and cognitive function. I will discuss examples of how current technologies can support healthy living (e.g., apps, mobile devices, social networking, in-home assistive technologies) as well as how our team is developing new technologies (e.g., robotics, telepresence, digital voice assistants) to enable autonomy and independence for older adults. This research is funded by the National Institutes of Health through the National Institute on Aging and through the National Institute of Nursing Research; as well as by the Department of Health and Human Services through the National Institute on Disability, Independent Living, and Rehabilitation Research as part of the Rehabilitation Engineering Research Centers on Technologies to Support Aging-in-Place for People with Long-Term Disabilities (TechSAge) and the Center for Enhancing Neurocognitive Health, Abilities, Networks, and Community Engagement (ENHANCE). The goal of my presentation will be to illustrate our research to facilitate collaboration opportunities with conference attendees.

Cognitive Health in Later Life: Community-Based Interventions for Resilient Aging

George Rebok, Johns Hopkins Center on Aging and Health, United States

Abstract: Preventing cognitive decline and Alzheimer's disease dementia is currently a high priority for researchers, clinicians, and policymakers. This presentation will critically examine the current evidence on the efficacy of community-based cognitive interventions for slowing cognitive declines, reducing dementia risk, and promoting resilient cognitive aging in diverse older adults. Although cognitive training has been identified by the National Academy of Sciences as one of three classes of intervention

that has shown encouraging evidence for prevention of cognitive decline and dementia, there is as yet insufficient evidence to recommend specific cognitive training interventions to prevent these conditions. In this presentation we will review skill-based intervention approaches that target single and multiple cognitive abilities that are known to show significant age-related decline such as memory, reasoning, and speed of processing and that are important for everyday function. We will also discuss how to increase the access, affordability, usability, and sustainability of cognitive interventions in older adults with different cognitive ability profiles, educational and cultural backgrounds, and motivational levels. Novel approaches that explore the use of multi-component interventions that combine different intervention modalities will be considered.

How an Academic Medical Center is Utilizing Digital Health to Positively Impact our Aging Latino Community

Karl Kochendorfer, University of Illinois Hospital & Health Sciences System

Abstract: COVID-19 has disproportionately impacted our Latino and African American patient communities. UI Health, like most other health systems, had to rapidly deploy more intensive care unit (ICU) beds, COVID wards and telehealth solutions. It became immediately obvious that the digital divide within these communities was wider than within our white and Asian American patients. We set out to improve our data systems to better capture this digital divide and adjacent health disparities. With funding from a Health Resources & Services Administration (HRSA) Geriatrics Workforce Enhancement Program (GWEP) grant and the ENGAGE-IL team at the University of Illinois at Chicago (UIC), we mobilized our Home Visit Program to assist with technology deployment and adoption among our more vulnerable home bound patients. We piloted the use of easier cognitive screening instruments with the use of Patient Reported Outcomes (PROs) within our Electronic Health Record (EHR). We are deploying multiple physical ‘Health Bar’ locations to assist with technology deployment, equipment configuration and general health technology assistance. We are looking forward to extending the work of our engineering colleagues at the University of Illinois at Urbana-Champaign (UIUC) and our clinical colleagues at the Mayo Clinic to predict Alzheimer’s disease earlier within our Latino community.

2022 CONFERENCE PLANNING TEAM

<i>Co-Organizers</i>	Flavia Andrade (Chair) Fernando Riosmena	Martha Daviglius Silvia Mejia
<i>Steve Wallace Poster Session and Presentations</i>	Terrence Hill (Chair) Emma Aguila	Adriana Reyes
<i>Poster Session Judges</i>	Emma Aguila David Xavier Marquez	Terrence Hill Adriana Reyes
<i>Early Career Mentoring</i>	Phil Cantu	Vero Montes de Oca
<i>Consensus Building</i>	Sunshine Rote (Chair)	Angela Gutierrez
<i>Consensus Building Moderators</i>	Lisette Piedra Hiram Beltran-Sanchez Fernando Riosmena	Mariana Lopez Ortega Julie Bobitt Marc Garcia
<i>NIA R-13 External Reviewer</i>	Robert Wallace	
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