



# **Sixth International Conference on Aging in the Americas**

## **Annual Report**

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### 2013 International Conference on Aging in the Americas

The Sixth International Conference on Aging in the Americas (ICAA) was held on September 17-19, 2014 at The University of Texas at Austin.<sup>1</sup> More than 100 scholars came together to collaborate, network, mentor students, and exchange ideas for the future of the field of Latino health and aging. This year's theme focused on the *Demographics of Aging in the Americas* and specifically the question *How Should We Prepare for an Aging Population in Mexico and the U.S.A.?* An important objective of the meeting was to create a consensus on key issues related to the changing demographics of Mexico and the United States and their impact on the health, economics, immigration and financial well-being of these two nations. F

By now a large body of research points to a dramatic demographic transformation in Mexico. While Mexico's population is relatively young today, with a median age of 27, it will age rapidly in coming years. While the older population in the United States is not as racially and ethnically diverse as the younger population, it is projected to substantially increase its racial and ethnic diversity over the next decades. The number of older Latinos (65 years and over) is expected to increase by more than six times by 2050 to 17.5 million.

Since Mexico and the United States are swiftly becoming old, both countries face problems of caring for the elderly and their often frail and disabled populations. Knowledge about this demographic is vitally needed and we believe that it will substantively inform public policy with respect to health care in the Americas.

In recognition of these challenges, invited speakers, keynote lecturers, and emerging scholars addressed these issues in panel discussions and a peer-reviewed poster session. The primary goal of the mentoring program is to provide the skills, knowledge and experience to prepare budding scholars to succeed in their career paths in the behavioral and social sciences. What follows is a summary of key findings of presentations made at the three-day meeting. A complete list of abstracts and presenters institutional titles and affiliations appears in the *2013 ICAA Proceedings* [www.caa-icaa.org](http://www.caa-icaa.org)

#### I. Summary of Presentations

The three keynote speakers, **Jorge Chapa**, **Steve Murdock** and **Rúben Rumbaut** addressed the issue of the demographic shift in the racial and ethnic composition of the U.S. working-age population from different perspectives and arrived at the same conclusion: Latinos will be the U.S. tax base in the not-so-distant future but one that, without intervention, will be poorly equipped to earn at a level needed to support an aging, largely non-Latino population.

**Dr. Steven Murdock**, the former U.S. Census Bureau Director and currently Allyn R. and Gladys M. Cline Professor of Sociology at Rice University, provided persuasive demographic evidence of the growth in Hispanics in both absolute numbers and a proportion of the total U.S. population. The Hispanic population is younger than the majority Non-Latino population. This

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<sup>1</sup> The 2014 ICAA is the sixth installment of the conference series established in 2001 (See Appendix A for history).

population is also largely under-educated and, due to this, consists of relatively low earners. He then focused on Texas since, historically, where Texas goes (demographically), the rest of the country follows. In Texas' public school systems, enrollment is increasingly Hispanic. Yet Hispanics graduate from high school at lower rates than non-Hispanic Whites, and retention through college is also significantly lower for the former group than the latter. If the system of public education does not figure out how to retain and serve these students, he projects increasing poverty levels and with them, decreased tax receipts and increased need for public assistance. His conclusion is that we need to invest in the educational attainment of Hispanic students, not just for their benefit, but also for the long-term health and well-being of Texas and the U.S.

Similarly, the closing keynote by **Rúben Rumbaut** highlighted the growth of Hispanics as a portion of the U.S. population – projected to make up 31 percent of the population by 2050. In absolute terms, this will be comparable to the entire population of Mexico. Concurrently, the proportion of the U.S.-residing Hispanic population that is elderly will grow from 8.6 percent to 17.1 percent; this growth has consequences for public assistance demand as demonstrated later in this report. Rumbaut also noted that while currently individuals of Mexican origin make up the largest proportion of the U.S. foreign-born population, in the future the majority of the Hispanic population will be U.S. native-born. He projected that this will naturally improve education levels as those born in the U.S. have the opportunity to attain schooling here. However, he also predicted that this will not, by itself, improve income levels, citing the Great Gatsby curve, which states that higher levels of inequality, such as exist in the U.S., are associated with less upward mobility across generations.

In the after dinner speech, **Jorge Chapa** echoed this conclusion by addressing the core question of how immigration historically has driven the increase in the Hispanic population residing in the U.S., not just directly but through the offspring of immigrants being born in the U.S. He noted that while context of Latino immigration to the U.S. has changed over time, how immigrants are received has not. This unwelcoming reception has had adverse consequences for education and earnings, which, as the other two keynote speakers suggested, will have a long-term and profound impact on the U.S. tax base.

**Jim Smith** offered a more optimistic perspective of intergenerational gains in education experienced by Mexican Americans. In his analysis of education gains between first (immigrant) and third generation family members, he found that Mexican Americans have experienced greater gains over time than European Americans. However, first generation Mexican Americans start at a lower education level than European American immigrants on average and also exhibit greater variability in education attainment, resulting in still lower levels of educational attainment for third generation Mexican Americans than their European American counterparts.

**Zach Gassoumis** largely reflected Murdock's findings, but he took a policy perspective focused on two key issues of current concern to U.S. policymakers: health care spending and the growing U.S. Hispanic population. He points to how improvements in education attainment, as well as efficiency of naturalization processes for this relatively young and working age population, could

increase Hispanic income levels, increasing federal tax revenue and contributing to Medicare and Social Security reserves.

A number of speakers focused on age-related health issues. **Rogelio Saenz** described the demographics behind population aging in both the U.S. and Mexico. In Mexico the trend is driven by out-migration, dropping birth rates, and increased longevity. In the U.S. key drivers are the aging of the baby boomers, and, as in Mexico, increased longevity and declining birth rates. He also outlined racial health disparities that exist in elderly populations across the U.S. and Mexico. In both countries, non-Hispanic White elderly populations tend to have higher levels of both income and education, resulting in higher levels of insurance coverage and lower mortality rates. Mexican-origin populations living in the U.S. are most likely to be living in poverty and have the lowest levels of education, with immigrants having the lowest levels of income and education of all groups. In the U.S. Mexican Americans are most likely to continue working after the age of 65, experience highest levels of mortality, and report the highest rates of disability. However, Mexican Americans are more likely to be covered by health insurance than the elderly in Mexico. The most vulnerable group are Mexican indigenous populations, who are more likely to be physically disabled, to lack insurance, and to work at older ages than the other groups.

Two emerging scholars presented on issues related to activities of daily living (ADLs) in Mexican elderly. **Carlos Diaz-Venegas** reported on analyses he completed using data from the Mexican Health and Aging Study (2001-2012) to assess prevalence of and changes in individual ADLs over time in Mexican elderly. He found that women report more ADLs than men and that dressing is the most commonly reported limitation for both groups. In addition, more education is predictive of fewer ADLs over time. His analysis also demonstrated the positive finding that a portion of those reporting ADLs recover from these limitations over time.

**Philip Cantu** reported the results of an analysis he performed comparing objective and subjective measures of disability. He found that those who view their disability positively – i.e. who have a physical limitation (objective measure) but do not view themselves as disabled (subjective measure) – have greater longevity.

**María Elena Aguilar Aldrete** used qualitative data gathered from interviews with 20 centenarians in Jalisco to ask what the oldest of the old can tell us about how to age successfully with high quality of life. Respondents regarded mental acuity as just as important, if not more so, as physical health. As well, she noted a convergence of popular and scientific knowledge with respondents stressing the importance of eating well, getting plenty of sleep and being physically active. Respondents reported a tendency to self-treat, rather than get advice from medical professionals. She concluded that age, genetics, psychosocial skills and positive attitudes are mutually reinforcing aspects of successful longevity. She recommended that, based on this data gathered from a healthy, high-functioning cohort of elderly, groups seeking to improve quality of life and health of elderly populations should strive to involve the elderly in decision-making about their health and engage in health promoting education over “disease education.”

Finally, **Maria Aranda** used ENSANUT data to identify predictors of falls among elderly Mexicans. Using Poisson regression, she found that dexterity, age, insurance, impairments, chronic diseases, stroke, depression and memory problems were significant predictors.

Several presenters delved into how individuals in Mexico and the U.S. support themselves as they age and discussed the systemic issues related to providing public programs to the aged. **Jorge Bravo** analyzed the major sources of income in old age and retirement of Mexicans, Mexican-Americans and non-Hispanic Whites. He found that in both countries, financial assets are the primary vehicle for funding retirement. However non-Hispanic Whites tend to have substantial assets, relative to the other two groups, and also make fewer transfers out. This is a function partly of higher levels of education and income during productive years. He also found that Mexicans peak financially much earlier in their economic lives; while they manage to accumulate substantial assets via earnings and inter-household income transfers, they also transfer money out to other family members. Mexicans are also the least likely to receive social security. Thus, it is not surprising that elderly Mexicans are more likely to live in multigenerational households and to participate in the workforce. Mexican Americans have limited financial assets at retirement and rely heavily on public transfers once they are out of the workforce. While net intra-household transfers for older Mexican Americans are positive (i.e. they bring in more than they spend), net transfers for the other two groups are negative. Thus, these three groups manage the economics of their retirement years in varying ways.

Along these same lines, **Chenoa Flippen** presented results from a study of how immigrant remittances to elderly relatives vary from undifferentiated remittances using a sample of immigrants in Durham, North Carolina. He found that for both types of remittances, payments decrease as acculturation increases. However, apart from this similarity, he found differences. For example, remittances going to elderly relatives are more likely to be to cover one-time medical expenses than other remittances. Moreover, while women tend to earn less than men, resulting in smaller payments being made, they are more likely to make remittances to elderly relatives contingent on their employment status than are men. For men, remittances to elderly relatives are positively and linearly related to income. Thus, it appears that immigrants (in this sample, at least) provide one-time medical support as well as ongoing financial support to elderly relatives.

In her presentation, **Sylvia Meija** demonstrated how migration patterns are changing for elderly Mexicans who plan to reside permanently in the U.S. Mexico to U.S. migration increased until 2010 and then generally began to decrease. For men, the decrease began in 2009, while the migration of women continues to increase. Women have historically migrated when elderly (60 and over) to join family, and most have the necessary documentation. For men there has been a transition of migrating for work to migrating to be with family. Like women, an increasing portion have documentation.

**Erick Guerrero**, in a study of Latino adults' experience with substance abuse treatment in Los Angeles County, California, found that an increasing portion are 50 years and older and that the majority of these elderly patients are put into methadone treatment programs, indicating a history of abuse. While the results of the study's primary objective (indicators of sobriety at program exit) were inconclusive, he found that the elderly are more likely to seek treatment from

publicly-funded MediCal programs, to receive methadone, and to be put into residential treatment due to co-morbidities. This raises issues of the need for substance abuse treatment centers to provide wraparound services to treat the co-morbidities expressed by patients.

Four researchers presented findings of studies related to public support. **Emma Aguila** presented findings of a randomized control trial of the effects of supplemental income on health, well-being and nutrition of elderly recipients in the Yucatan. Results point to supplemental payments leading to increased use of medical services, increased food security, reduced labor force participation, and reduced transfers from family members. Additionally, she was able to show that monthly payments have greater poverty alleviating effects than less frequent payments as the latter are associated with increased consumption of durable goods and increased income transfers from the elderly recipient to other family members.

**Bryan Roberts** discussed three programs funded under the current Nieto administration that aim to support elderly Mexicans – Seguro Popular (universal health care), Pension para Adultos Mayores (small pension payments), and Instituto Nacional para Adultos Mayores (provides programming, including job skills retraining, for retirees). In a nutshell, while Seguro Popular provides universal health care coverage, access and quality vary widely depending upon place of residence as resources are insufficient to ensure thorough local implementation. The pension payments, while small, appear to be having an effect. He ended, however, by highlighting that Mexico's small tax base will make it difficult for the government to fully implement its European-modeled welfare system and that tough choices will have to be made.

In a similar vein, **Ronald Angel** discussed the differences of pension schemes utilized in Latin America and their consequences. There are two main categories of benefit systems: defined benefit and defined contribution. In the first, one receives entitlement payments after “vesting” (retiring) and the payments are publicly funded out of tax revenues. The latter is a private system where there are no entitlement payments; individuals are responsible for making their own contributions. There is a general tension in the two systems between public solidarity and individual responsibility. The defined benefit model becomes problematic as populations age and the ratio of workers to retirees shrinks. While many countries, for example, those in Europe, have had to confront the problem of a demographic transition, this transition will be more problematic for pensions in Latin America as it will occur more rapidly. A second challenge to retirement income models in Latin America, and for many Latinos in the United States, is that labor informality makes it more difficult for individuals to make retirement contributions. In addition to the complexity of providing cover for the informal labor market, there is also the problem of gender disparity as women may spend many years outside the labor force.

Non-contributory systems necessitate a large youthful work force to support retirees but as populations age and dependence ratios grow the system becomes unsustainable. The solution to the tension posited by neo-liberalism is to do away with public pension systems and make retirement the sole responsibility of the individual. The case of Chile and the privatization of the pension program has resulted in great inequality in old age, with women, rural workers, and informal workers being less able to provide for themselves in old age.

Finally, **Shelton Brown** presented initial results of a Medical Expenditure Panel Survey (MEPS) analysis of how aging Hispanics (ages 51-64) in the U.S. differ by Affordable Care Act-related coverage categories, such as current Medicaid vs. eligible for coverage under Medicaid expansion or currently have private insurance vs. eligible for insurance under the health care exchanges with and without subsidies. He found that compared to those currently receiving Medicaid, those who will be eligible for the Medicaid expansion are more likely to be male and married, less likely to be diabetic, Hispanic, or African American, and likely to have more years of education, lower BMI, and higher self-rated physical and mental health. Those who will be eligible for subsidies in the new exchanges are less likely to be married, more likely to be Hispanic and immigrants, and less educated with lower self-rated physical and mental health compared to those who have existing private coverage. Similar findings were observed for those who will participate in the exchange without subsidies, except that their self-rated physical and mental health is not statistically different from that of those currently insured.

Six researchers made presentations about characteristics of Hispanic households in the U.S. and the provision of home-based care by family members. Building on the previous theme of public-assistance needs of U.S. Hispanic populations, **Steve Wallace** investigated how Hispanic residents of California view and utilize long-term care. He found that while the proportion of intergenerational households of other ethnicities is declining in California, it remains high for Hispanics. Moreover, Hispanics ages 40 and over report providing home-based care to an elderly relative more frequently than other ethnicities. As well, twice the proportion of Hispanics in California as compared to non-Hispanic Whites report they would be unable to pay for one month of long-term care (60 percent vs. 30 percent, respectively). Finally, he reported that a large portion of all groups were wrong or unsure about whether public funding is available for long-term care; similarly, most respondents underestimate how likely they, as a random member of society, are to need long-term care.

**Ladson Hinton** and emerging scholar **Sunshine Rote** highlighted the need to attend to caregivers as an increasing portion of Hispanic elderly receive home-based care provided by family members. **Dr. Rote** found that care-giving begins at a younger age in Hispanics and that they end up providing more intensive home care than non-Hispanic Whites due to lack of access to formal services. Additionally, she found that caregivers with low incomes report more depressive symptoms and IADLs themselves than those with higher incomes. These findings were reflected in a literature review carried out by **Dr. Hinton** that focused on common issues encountered by Hispanic caregivers providing home-based care to elderly family members with dementia. The review highlighted the following themes: (1) caregivers frequently lack biomedical knowledge as well as of available services; (2) caregivers experience a stress and ambivalence related to their role; (3) cultural expectations (*familismo*) that family members play this role combined with the fact that frequently responsibility is not spread equally across healthy family members (with women playing a larger role) causes additional problems and stress; (4) finally, difficult encounters with the formal health care system is another cause of stress.

**Veronica Montes de Oca**, **Georgianna Bostean** and **Peter Ward** presented findings related to the Hispanic household structure and infrastructure in the U.S. from several perspectives. The purpose of **Montes de Oca's** research was to identify and describe the living arrangements of U.S. Mexican families with elderly family members and to link these arrangements to health care

access and socio-demographic characteristics. She found that 44 percent of elderly Mexican immigrants in the U.S. reside in family or extended family households and that this portion increases with age, not having legal status, being female, being uncoupled (i.e. never married, divorced, separated or widowed) and not having health insurance.

**Georgiana Bostean** took a different perspective of the role of household at the emerging scholar paper session that delved into whether family cohesion is a mediator or moderator of the effect of migration stress on mental health and psychological distress. This is an important topic since it is often assumed that greater cohesion reduces migration-related stress through increased support, but there are significant gaps in the literature on this issue. She found that family cohesion is protective only at low levels of migration stress. Moreover, she found that family conflict is a cause of psychological distress, separate from migration-related stress.

**Professor Ward** looked at the intersection between the dwelling environment and health using data collected from *colonias*, both those along the Texas – Mexico border and those located between 5 and 20 miles outside major urban areas in the state. Border *colonias* tend to be self-constructed permanent dwellings built 40 or more years ago when residents originally immigrated to the U.S. Conversely, housing in *colonias* bordering urban areas tend to be populated with mobile homes. Frequently, relatives build several structures on one lot (lot sharing). He found that houses are aging with their inhabitants and that there is a correlation between health problems and dwelling quality, citing high rates of reported diabetes (29 percent) and asthma (16.5 percent). Most frequent problems are non-functioning or no heating / cooling systems, septic problems, and pest infestations, all of which disproportionately impact the health of elderly residents.

Returning to the changing demographics of the U.S. **Gregory Weeks** and **Fernando Torres-Gil** explored their potential impact on the U.S. electorate. **Weeks** used demographic data from nine states that make up the New South (Alabama, Arkansas, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee and Virginia) to project long-term changes in the electorate of these states under several scenarios. He found that, even with no further immigration, a sizable portion of these states will be Hispanic in the future and that they will make up a larger portion of the elderly population than they do currently. Moreover, Hispanics are generally settling in suburban areas rather than traditional African American enclaves, making gerrymandering efforts difficult. These demographic shifts forecast a future in which Latinos will become more important in terms of political power and influence, with effects being greatest in Georgia and North Carolina.

Similarly, **Torres-Gil** started his presentation with the common knowledge statement that “older people vote.” Currently, the U.S. Hispanic population is young and does not vote at age-adjusted rates of the rest of the U.S. population. This demographic feature raises questions about if this will change as the Hispanic population ages, if the age-effect that we see in the Non-Latino population of older people voting at higher rates will necessarily hold for Hispanic population, and if it does, what the effect on government policy will be. Historically, when Hispanics vote, they are more likely to vote Democrat than Republican. Will this trend remain or change in the future? He used evidence from California, where a period of increased naturalization was

followed by increased rates of Hispanics voting, to suggest that voting rates nationally should increase as a greater portion of Hispanics residing in the U.S. become citizens.

The closing keynote speaker, **Dr. Rumbaut**, would add the caveat however, that we cannot accurately predict what the future will hold.

## II. Consensus Building Session: Key Findings

Participants convened over lunch at the end of the conference to identify major priorities that

### Key Results of New Directions in Hispanic Health and Aging Research

1. Focus on translating research into policy
2. Detailed investigations of how immigration-related processes impact immigrants, families and communities
3. Test and evaluate innovative models for providing long-term that are independent of government support
4. Increase depth of understanding of specific factors that are protective of health
5. New studies that acknowledge variation in acculturation across culture and ethnicity

have the potential to inform future research and extramural funding decisions related to aging in the Americas. Dr. Fernando Torres-Gil facilitated a 60-minute round-robin discussion with 35 invited speakers and emerging scholars. Two rapporteurs took notes of ideas discussed and the lead rapporteur organized the discussion outcomes around five key themes with the input of Dr. Jacqueline Angel.

First, it is clear that, while a great deal is known about the issues surrounding aging in the Americas now and in the foreseeable future, *practitioner knowledge is not being effectively translated into policy* through current and potential voters. Participants expressed strong interest in having a panel of experts in this area speak at the next conference, including a speaker / trainer skilled in the art of story-telling as a mechanism for influencing policy. Participants viewed health care reform as an area of opportunity for the group's research to influence policy.

Second, conference attendees identified an important gap in our understanding of *how immigration related processes, including deportation, impact immigrants, their families and communities*. To what extent do

immigration-related stressors over time influence late-life physical and mental health of those who have migrated? When deportation occurs, what is the impact of lost remittances on family wealth and well-being? Finally, do communities operate as a mediator of immigration effects on families? If so, how?

Third, with growing uncertainties about government capacity to finance the long-term care needs of growing aging populations, it is imperative that we *test and evaluate innovative home and community-based models of long-term care* that are not dependent on government support.

Participants also noted that a variety of cultural factors are viewed as being protective of health without rigorous evidence supporting these claims. Thus, the fourth new direction proposed was for a *deeper analysis into cultural factors that are thought to be protective of health* with religion

and family support being cited as two examples. Does evidence support these claims and, if so, in what instances?

Finally, there was consensus that more research needs to be done on *variation in acculturation across culture and ethnicity*, and how this variation influences and is associated with health. Related to this was the question of what variations in the acculturation experience mean for the use of an overarching “Latino” designation. This last is particularly relevant in light of the U.S. Census Bureau's proposal to eliminate the question of specific Hispanic national origin, such as Mexican, Cuban, and Nicaraguan and instead designate Hispanic/Latino as a race category of its own.

### **III. Emerging Scholars Mentoring Program**

The aim of the CAA Mentoring Program is to facilitate one-on-one interaction and networking between emerging scholars and faculty mentors. The ultimate goal of the program is to provide the skills, knowledge and experience to prepare emerging scholars to succeed in their career paths in the behavioral and social sciences. To this end, the 2013 ICAA fostered the development of emerging scholars by sponsoring a peer-reviewed poster session on Wednesday, September 18 in addition to the invited speakers and keynote lectures. The Emerging Scholar Mentoring Program encouraged proposals from all interested graduate students and post-doctoral trainees and is dedicated to maximizing diversity within the Scholar network.

#### *Summary of Poster Session*

We received seventeen online poster submissions. The poster session organizer (Terrence Hill, The University of Utah) reviewed all submissions to confirm topical relevance. This year, all seventeen submissions were accepted for presentation in the poster session. Four outstanding poster submissions were selected by Drs. Kyriakos Markides (UTMB) and Eileen Crimmins (USC) for oral presentation during the regular conference proceedings. Thirteen submissions were available for presentation during the poster session. The posters represented a range of geographical regions (e.g., United States, Mexico, Costa Rica), qualitative and quantitative methodologies, and theoretical perspectives. The poster session was well attended by faculty, graduate students, and undergraduate students. The top three posters (see below) were selected by Drs. Terrence Hill (Utah), John Taylor (FSU), Toni Miles (Georgia), and Fernando Riosmena (Colorado) to receive prizes. The judging criteria included quality of background (theory and aims), methods (appropriate data source and methodology), results (clearly displayed/interpreted), conclusions (summary and implications), and presentation (poster design and readability). First prize included one Texas Instruments TI-84 Plus Graphing Calculator. Second prize included one Western Digital 500GB External USB 2.0 Portable Hard Drive. Third prize included one \$50 gift card.

**First Prize:** Gordan, Elizabeth, *Oregon State University*, “Mexican-Origin Women's Processes of Preparing to Give Care: A Qualitative Study.”

**Second Prize:** Quashie, Nekehia, *The University of Utah*, “Intergenerational Transfers to Older adults in Urban Mexico: Adult Children's Perspectives.”

**Third Prize:** Garnier-Villarreal, Mauricio, *University of Kansas*, “The Factor Structure and Item Properties of the Geriatric Depression Scale in a Costa Rican sample (GDS).”

The mentoring program also featured an awards reception, a dinner, and a “speed mentoring” session to facilitate feedback on the work presented at the poster session.

The “speed mentoring” session included seven faculty mentors: Jacqueline Angel (The University of Texas at Austin), Ronald Angel (The University of Texas at Austin), Andres Villareal (The University of Texas at Austin), Maria Aranda (University of Southern California), Fernando Riosmena (University of Colorado Boulder), John Taylor (Florida State University), Paul Von Hippel (The University of Texas at Austin), and Luis Gutierrez-Robledo (Instituto Nacional de Geriatria Mexico). Thirteen emerging scholars including graduate students and postdoctoral fellows also participated. Each emerging scholar met with two to three mentors for fifteen minutes each and discussed current and future research plans as well as advice on the job market and tactics to succeed in their careers in the behavioral and social sciences.

Following this session, mentors and mentees were asked to evaluate the program and twelve individuals participated. A majority (92%) rated the experience as very good or excellent. Similarly, 92% said they would recommend this speed mentoring activity to a friend or colleague. Open-ended qualitative remarks indicate mentors and mentees had an overall positive experience. One mentee said they expected to “talk to senior faculty in a relaxed and friendly environment about different topics to improve my scholar career” and that the experience was “better than other mentoring events because the mentors wanted to be here and share their experiences.” A few note that the format was excellent and should be repeated in future conferences. Some suggestions for improvements for the next ICAA include a quieter location and making the sessions last longer.

#### **IV. Evaluation**

Dr. Robert Wallace, MD, MS and the Irene Ensminger Stecher Professor of Epidemiology and Internal Medicine, Department of Epidemiology at the University of Iowa Hospitals and Clinics attended the three day conference to provide an overall external assessment of the conference. A post-evaluation was held during the CAA Advisory Group conference call on Friday, October 25<sup>th</sup>. In his opinion, the willingness to formally evaluate the program using an outside observer provides some additional objectivity. In his report he stated that the 2013 ICAA was another very successful activity. The intellectual content was of very high quality and covered a number of important issues that had not been covered in the past few conferences with respect to Hispanic social and behavioral science. New scientific work on tax and other economic implications was a highlight of the conference. Similarly, the use of randomized controlled studies to assess social interventions highlighted new opportunities for students and other investigators on how to successfully apply trial methodology to important social issues such as the health impact of income maintenance. New work on such important issues as housing and mental illness also illustrated the range of research opportunities available in keeping with the recurring themes of this interdisciplinary activity. Appendix B includes his evaluation of each oral presentation. Other activities that are great strengths of ICAA include the emphasis on mentoring, and the conference maximizes the interchange of the research trainees with

presenters, other faculty and indeed other trainees. The special poster and mentoring sessions are always a signal activity in developing new research careers; these should be continued and emulated.

### **V. Measures of Productivity**

One of the goals for the papers from the 2012 ICAA was to have the papers featured in a peer-reviewed journal or edited collection. The CAA Publications Committee (see Appendix C) follows a policy of alternating publication venues each installment. A subset of 2012 ICAA papers were revised and peer-reviewed and appear in the September special issue of the *Journal of Cross-Cultural Gerontology*. Some of the articles in the journal are already receiving international attention. In an e-mail from the Editor-in-Chief, Peggy Perkinson writes on October 11, 2013, “This is a long over-due congratulations and thank-you in regard to both your special issue and your conference. It is quite amazing that you pulled together so quickly such a high-quality issue. I rarely receive feedback on the journal but already received very positive comments from a noted scholar of aging in Asian (John Knodel) regarding Ron Angel’s article and how useful it is to his work. The issue included a wonderful range of scholars, from the well-known and established to the up-and-coming juniors, and it was a real delight to be able to meet them at your conference. Thanks so much for inviting me to the conference. It was the perfect venue to meet people in the field and receive concentrated updates on recent work in a very professional yet fun atmosphere. I really wish I had attended the earlier meetings and hope to attend the next one.”

A subset of 2013 ICAA papers are currently under peer-review for a volume under contract by Springer Sciences, Editor, Evelien Baker (Appendix D). In addition to the edited collections, the 2013 meeting proceedings, including invited speaker and emerging scholar abstracts and key findings from the consensus building session are forthcoming and co-published with the UCLA RCMAR. The Highlights were distributed at the CAA Planning meeting in New Orleans.

### **VI. Budget**

The total cost of the conference was \$69,833. Fifteen-seven percent of that amount came from the NIA R-13 conference grant. That \$40,000 was used for travel stipends and hotel for conference participants, and the external reviewer honorarium. Other funding which amounted to \$22,133, was provided by the University of Texas at Austin and private donors. These additional funds provided support for the mentoring program, emerging scholar travel stipends, Tuesday evening “kick off” dinner and keynote lecture. The Population Research Center Administrative costs of \$7,700 were paid from these non-NIH sources.

### **VII. Future Directions**

The seventh installment of the CAA will be held for the first time at the University of Colorado, Boulder from September 24-25. The two-day meeting, entitled: *Health, Social, and Economic Dynamics of Hispanic and Latin American Aging* will focus on the social and economic demography of Hispanic aging, migration, and immigrant adaptation and Latino integration. The

works presented in the conference will deal with the dynamics of health and aging among Latinos in the United States and Mexicans in Mexico, as well as its social and economic correlates. The meeting will also serve as a springboard of discussion on how migration stems from and affects the health, social, and economic dynamics of aging on both sides of the border, and how aging relates to immigrant adaptation and Latino integration/assimilation processes. Rebeca Wong and Fernando Riosmena will serve as conference co-organizers of the meeting. They are responsible for planning and organizing the scientific program in consultation with the CAA Team and coordinating with the Population Research Center's staff on administrative duties.

The longer term plans include meetings on various topics of relevance to Hispanic aging with more of a comparative focus. The following are some general directions and new themes recommended by Dr. Robert Wallace along these lines.

- A. Work on the role of randomized control studies and experimental interventions in policy studies to improve the quality of life among older Hispanics on both sides of the border.
- B. Studies assessing the impact of immigration processes on the health and socio-behavioral outcomes of migrant populations.
- C. In-depth investigations of personal health services and their effect on public health and geriatric social services in both the U.S. and Mexico.
- D. A session devoted to research resources for questions on ethnicity and elder health. These might include access to data sets, biobanks, informatics platforms and data sharing capacities to inform trainees and others. Particularly the resources at NIA and the equivalents in Mexico and other Latin American nations would be of value.
- E. Examination of the history of Hispanic populations and culture in the US since the American revolution. This would enable the humanities to become more involved in the research process and provide additional opportunities to support bi-national studies of aging in the Americas.
- F. A theme suggested by one of the policy sessions of this meeting is addressing the tensions and difficulties of merging policy and politics with social and behavioral science, including economics. This is currently an important issue for both the National Science Foundation and the National Institutes of Health, and there could be an important benefit for trainees in hearing cogent analyses of the problem. Resources at the National Research Council may be able to provide assistance.
- G. The growing emphasis on biomarkers of health and psychosocial behavior has been supported in part by the National Institute on Aging. It may be worthwhile to introduce new investigators to the methods and directions of such research, to entice some to pursue multi-disciplinary career pathways that are likely to be productive in the future.

## Appendix A

### History of the Conference Series on Aging in the Americas

The Conference Series on Aging in the Americas has several goals. One is to promote interdisciplinary collaboration by gathering a broad array of researchers in the fields of Hispanic health, health care policy, and behavioral and social aspects of aging into a single forum to exchange ideas and foster collaborative efforts aimed at addressing key issues affecting the health of aged Latinos.

The first conference, “Aging in the Americas: Critical Social Policy Issues,” took place in 2001 and explored the consequences of changing population processes, including migration, on the economic dependency of Hispanic individuals. For more information, including a conference summary report, visit: <http://www.utexas.edu/lbj/caa/index.php>.

The second conference was held in 2005. A wide variety of issues and opinions were covered at the second conference, but three themes stood out: There is a Hispanic aging boom driven in part by the fact that Hispanics live longer than non-Hispanic whites; longer years of life for Hispanics do not translate into healthier years of life; and for many Hispanic populations, particularly those residents of the U.S.-Mexico border, aging must be understood in a binational context. For more information on the second conference, including a conference summary report, abstracts, videos and transcripts, visit <http://www.utexas.edu/lbj/caa/research.php>.

The third conference explored the biobehavioral underpinnings and social interaction on Hispanic health in 2009. Conference participants deduced what was lacking in the research in order to develop effective health care policy in the Mexican-origin population. The conference shed new light on the need for a collaborative effort in investigating Hispanic health and the protective role of immigration and family.

In 2010, the fourth installment examined the issues of disability, caregiving and long-term care policy. The meeting brought together nearly 200 participants, including many of the world’s leading researchers in older people of Mexican origin from academia, science and policy disciplines. For more information, visit: <http://www.utexas.edu/lbj/caa/2010/index.php>

At the 2012 meeting the papers encompassed national, international and comparative studies of Hispanic aging and related methodological challenges. The meeting was held in Los Angeles, California at the University of Southern California. For more information, visit: <http://www.utexas.edu/lbj/caa/2012/index.php>

At the most recent installment of the Conference Series on Aging in the Americas, researchers came together to address key issues related to the changing demographics in Mexico and the U.S. and the complex social dimensions of Hispanic population health and aging for both nations at The University of Texas at Austin on September 17-19, 2013.

## Appendix B

### External Reviewer's Program Evaluation

I. Welcome from **Jacqueline Angel**, Principal Organizer of the Conference.

The welcome was warm and useful. Prof. Angel gave an important report on the long-term context of the ICAA meetings and how the intellectual threads have continued for more than a decade. The creative elements of the meeting have a strong history and attendee following that is important the enduring themes of this conference. All of this was reinforced by brief comments by UT President Hutchings and co-organizer **Mark Hayward**. Particularly important was an emphasis on the research interactions, datasets and other research activities and resources that have been generated or enhanced by the conference over the last decade.

The keynote address after the welcoming dinner, given by **Jorge Chapa**, was provocative and challenging. It offered a specific view of Mexican-American immigrant identity and assimilation into American culture. This talk gave an interesting and stimulating background to the research questions that were addressed in the next two days.

II. Panel Session: Demographic and Economic Implications for Health and Well-Being in Mexico and the US: An Overview

**James Smith** gave an important talk on the demographic changes of immigrants to the US, focusing on the progressive attainment of education, and the methodological issues and biases associated with studying these issues. The talk went a long way to dealing with the conceptual issues of assimilation and measuring educational attainment, ethnicity and heritage and the selective factors related to social change among immigrant groups.

**Jorge Bravo** presented a cogent comparative analysis of the demographic nature of current and future populations in Mexico and the US, and the implications for pensions and for social security policy and sustenance in the two countries. He took a national transfer accounts framework approach to public and private domains of the elements of this security. These included food, housing, education, pensions, employment, family transfers, assets, general consumption, household income and overall economic support of elders. Major contrasts between the two countries are apparent and form a useful basis for continued research. This comprehensive approach should be emulated by investigators in both the US and Latin America.

**Ronald Angel** presented an analysis of pension reform, civil society and social security in Latin America. A history of pension systems in general was useful to provide context. In Latin America, important changes and experimentations have been made over the last 50 years, begging further study, including population participation and responses to this evolution and the resulting outcomes such as gender inequity. Finally, the ultimate roles of families and non-governmental resources for older citizens in the Americas or elsewhere were emphasized.

**Maria Mora** gave a useful discussion of the three papers in the panel. Of note, for personal reasons, this was delivered by Skype but was easily understood, and allowed interaction with attendees. Her comments added greatly to the issues raised by the presenters. A special

emphasis was the consideration of US-Mexican border policies and how the special cultures, regulations and employment practices may yield enlightenment on the issues raised by studying the issues in cross-national context.

### III. Panel Session: New Data and Methodological Approaches to Aging Research in Mexico and the US

**Emma Aguila** presented a study that was very important: it was a randomized intervention study among poorer Mexicans, when such studies are very uncommon with respect to both policy matters such as policies on social welfare programs. Cash transfers were offered to a random sample of families and the health, social and economic outcomes were rigorously assessed. Among those receiving the transfers, there was a 5% reduction in employment (*sic*), but more doctor visits and less hunger. Many variables were evaluated and the findings are extremely important for short term personal and family outcomes of increasing disposable income.

**Chenoa Flippen** presented her work on the effect of transnational transfers among extended immigrant families for health and other social impacts. Important findings included the precarious economic status of the US immigrants, and the threats to older persons and extended families in the source countries because of emigration of younger family members. Patterns of these problems in different Latin American countries are also an important issue. Many additional research questions stem from these activities, and in the ecology of transnational aging.

**Maria Aranda** presented her work on the prevalence and correlates of falls in older Mexicans. Thoughtful and useful presentation based on the Mexican National Health and Nutrition Survey. She took a multi-causal approach to the falls problem, which is useful. It was useful to have an assessment of rural/ urban differences. Several factors that have been found in other studies were also discovered here, as well as recognition of the heterogeneity of the falls. Better work is needed to understand which interventions are appropriate.

**Flavia Andrade** presented a thoughtful overview discussion of the three papers. She took a structured approach to the strengths and limitations of each of the presentations in this session. *This is an approach that worked very well and might be usefully extended to other sessions where discussants are present.* She also provided a useful discussion on available datasets that can be used to study bi-national research questions that arise in the presentations here or elsewhere. A particular call for more information on the environment—social, political and physical—was an important point. This was useful for identifying research directions as well.

### IV. Keynote address at the lunch session by Steven Murdock on the future of the US based on Hispanic migration.

This was a thoughtful and considered discussion of the demographic trends in the US related to the economic future of the country. The basic message was: how the country fares will be closely related to how well the minority population fares, across the country and in the various regions of the country. This was a provocative presentation but it was based on detailed demographic data and reasoned interpretation. It was an excellent choice for a lunchtime

presentation. His experience as a community – engaged, politically-aware demographer enabled an important perspective on our economic future.

### V. Panel presentation on social, cultural and mental health issues.

**Maria Aldrete** gave a reasoned and interesting report on social and health issues forces on successful aging in Mexico, and contrasting the basic concepts of longevity and aging. The aging imperatives in Mexico are upon us, but spending on health is less in substantially less in Latin America than in the US. The methodology was qualitative, in contrast to most of the other presentations, and served as a useful complement to them. The sample was small but the folk wisdom and attitudes of the older old should offer utility to those making policy or creating quantitative research.

**Erick Guerrero** gave an important presentation on culturally-competent services and research among those with substance abuse problems. The presentation addressed an important issue in Latino populations in the US, something that isn't often covered in population surveys of older people. However, there was actually very little discussion of cultural competence. This seemed to be defined more by Spanish language competence only, and that was associated with less programmatic success among clients in this analysis. More intensive work on the meaning of cultural competence is needed.

**Ladson Hinson** presented additional work (he presented at last year's conference) on qualitative analysis of Hispanic caregivers of dementia patients in Hispanic families. This research provided more evidence of the help in scientific networking offered by the ICAA. This was a very useful way to define new research areas and to boost the use of qualitative research for a wide variety of questions on caregivers. There would have been value, had time allowed, to conduct a further discussion on how to do systematic reviews of qualitative studies from the scientific literature.

**Luis Gueteirrez-Robledo** gave a useful discussion of these three papers (the Gonzolez paper was cancelled), and offered insights into the topics by displaying data on Mexican elders, highlighting some of the issues as they relate to international context. It was gratifying to see that Mexican data is available on a wide variety of important issues, and these should be made more widely available to investigators with international interests.

### VI. Panel Discussion on Transnational and Bi-national Migration Issues

**Rogelio Saenz** gave an interesting presentation on migration over the past half century from Mexico to the US. This was presented in the context of racial inequality as well as in demographic and epidemiological terms. Much data were presented, and it might be useful to take more time to savor and interpret the information. Also, it might have been useful to contrast the findings with other immigrant groups who have a different US experience than Hispanics, such as Asians.

**Veronica Montez de Oca** gave a useful presentation on Latino (Mexican) family living arrangements and structure within the US. The historical context, as in several other

presentations, was of value. The findings that undocumented Mexicans in the US tend to have older, more extensive multi-generational family units is of interest for provision of health and social services.

**Sylvia Mejia** presented an interesting discussion on the elder migration flow from Mexico to the US in the last decade. The border crossing survey is innovative and undoubtedly difficult to conduct, and there are several problems with the representativeness of such surveys. Nonetheless, it is a useful and provocative dataset despite its limitations and selection factors. While the proportion of the migration flow from south to north is low for elders, it remains an important and interesting population to evaluate with respect to health and social outcomes.

**Peter Ward** gave a presentation on the quality and nature of housing in international context, “colonias” that exist in Texas and some housing in Mexico. This work includes ownership and stability of populations in these housing units. This work is important and requires more study by Prof. Ward and others. He has shown that the status of repair of the housing can be related to the health outcomes of older persons living in the study housing. This is one more example of public health dimensions relevant to the health of elders and others.

**Kyriakos Markides** gave some useful reflections on this session’s presentations.

## Appendix C

### CAA Publications Committee

#### Purpose

The Publications Committee ensures the timely production and distribution of scientific and policy-relevant materials that represent the highly-regarded work presented at installments of the Conference Series on Aging in the Americas (CAA). Each new installment will be named the *International Conference on Aging in the Americas* (ICAA). 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.

1. The invited speaker papers will be considered for a peer-reviewed journal and edited collection by Springer Science. This outlet will play a pivotal role in the dissemination of the ICAA's empirical findings, enabling information to be directed at demographers of aging, gerontologists, geriatricians, and social scientists. We will explore various scientific journal venues. For example, the Editor-in-Chief of the *Journal of Cross-Cultural Gerontology*, Margaret Perkinson has approved the submission of a proposal for a special issue addressing issues to be covered at the 2012 ICAA related to bi-national research methods on aging: U.S. and Mexico.
2. Besides journal publications, scientific abstracts (250 words) of the presentations by invited speakers and emerging scholars will be printed in a supplement to the official program; posted on the CAA website [www.utexas.edu/caa](http://www.utexas.edu/caa), and published in a policy report by the National Alliance for Hispanic Health and the LBJ School of Public Affairs.
3. In addition, topical in-depth *Issues Briefs* will provide research summaries and critical analysis of emerging issues in a concise format, limited to 4000 words excluding the abstract, references, and tables and figures. Abstracts are limited to 250 words, and references are limited to 40 entries. No more than 5 tables/figures are accepted for *Issue Briefs*. The text should include an introduction, body of evidence (no list of bullet points), and conclusion. All submissions should use APA bibliographic reference style.
4. Another web-based publication option is the submission of a full-length article on Hispanics and healthful aging to Medline Plus, the NLM [National Institutes of Health website designed for patients and their families](#). This will allow knowledge imparted at the conference to be made easily accessible to a wider audience.
5. A prospectus for a third volume of the edited collection on the health of aging Hispanics: the Mexican-origin population will be submitted to Springer Sciences in October 2012.

#### Organization

The Publications Committee shall be a standing committee of CAA Advisory Group.

### **Membership**

**The Publications Committee consists of** a Chair and up to five other members, including ICAA Co-Organizers and a media officer). Members are appointed for one-year terms. Dr. Jacqueline Angel will begin serving as the Chair of the Publications Committee for the 2012 installment. As Chair she is responsible for managing the CAA's publication activities. She will work in consultation with the membership of the CAA Advisory Group on the selection of other committee members.

### **Objectives and Scope of Committee Activities**

- To plan, oversee and approve all publications according to each publication's policy as approved by the CAA Advisory Group
- To exercise editorial responsibility for the ICAA submission of manuscripts to peer-reviewed journals and the Springer edited collection, CAA annual report, the CAA website and other publications as the CAA Advisory Group may direct
- To determine the appropriate medium for publication and distribution
- To encourage mentoring of emerging scholars in involvement of co-authorship of relevant publications
- To ensure the CAA activities and conference programs are appropriately promoted in relevant professional publications and on the web
- To develop policy relating to website structure, appearance and navigation as appropriate

### **Meeting Frequency and Timing**

The **committee will meet** quarterly via conference call and at selected scientific and professional meetings.

**Appendix D**

**2013 ICAA paper submission- Invitation**

October 4, 2013

2013 ICAA Invited Speakers:

My colleagues and I, Fernando Torres-Gil, Kyriakos Markides, and Bill Vega would like to thank you again for your participation in the 2013 ICAA meeting at U.T. Austin. We think you would agree that the topic of this year's installment focusing on the changing demographics of aging in the United States and Mexico and their impact on the health and well-being of these two nations deserves serious research attention. It is clear from the consensus building session that the knowledge is vitally needed. Your paper was an important contribution to advancing this science. For this reason we would like to formally invite you to submit your paper or a revised version of it to a special edited collection under contract by Springer Science: *The Nexus of Aging and the Latinization of the United States*. Although all manuscripts will receive careful consideration for publication, final acceptance will rely on peer- review results, and final editorial decisions will be based on quality, contribution, and appropriateness of each paper to the respective themes of the volume. It may be useful to contact the editor or co-editors during the preparation of your manuscript. Bill Vega will serve as lead and corresponding editor on this volume.

In addition, you may consider submitting a second paper for an additional volume currently under development in the Springer series edited by David Leal on *Race and Immigration*. Fernando Torres-Gil will serve as lead editor of this second book. This volume examines specific *policy issues* related to the conflicts and concerns of societies aging with diversity in the context of aging in Mexico and the United States. For those interested in submitting a paper for a proposed second volume, you will receive further guidance about the policy themes in the near future.

We have an aggressive publication deadline for the first volume because of the NIA's priorities to publish such high-quality work presented at the conference. A first draft of the paper would be due November 15, 2013 and promptly reviewed for consideration by the CAA co-editors of the special issue. We expect that the final review process will be completed by March, 2014. Final drafts will be due on June 15, 2014. Your paper should not exceed 30 pages (double-spaced), including tables, figures, and references in APA format based on the work presented at the conference.

Please confirm that you will submit a chapter for this edited volume by October 15, 2013.

We very much hope that you will contribute to this exciting project, and we look forward to hearing from you.

Very truly yours,

Jacqueline Angel, Ph.D.  
Kyriakos Markides, Ph.D.  
Fernando Torres-Gil, Ph.D.  
William Vega, Ph.D.