

**Contextualizing Health and Aging on
Both Sides of the U.S./Mexico Border**

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Conference on
Aging in the Americas

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Foreword

In the current digital age we spend much of our work time in front of our computers, reading and writing articles, doing data analysis, participating in on-line meetings, and watching webinars. We listen to podcasts in the car on the way home, text with our families, and follow world events on Facebook and Twitter.

In this virtual world, it is a treat to have the opportunity to be face to face with colleagues to learn about their newest research findings, meet new potential and reconnect with existing collaborators and colleagues, and to experience the enthusiasm generated by a group of academics who share a common focus. The National Institutes of Health/National Institute on Aging's (NIH/NIA) conference grant funding makes this possible for focused conferences on an intimate level that fosters personal contact, in contrast to the thousands that typically attend wide-ranging national and international professional meetings where it is easy to get lost in the crowd.

The International Conference on Aging in the Americas (ICAA) is one of the successful meeting series sponsored by the NIA, along with supplemental funding from other sources. It is unique in focusing on the rapidly growing older adult population of Latin American descent, and provides an important forum for both established and new researchers to share emerging findings, discuss topics in need of further study, and begin to establish collaborations that will allow new areas to be addressed. It is a conference that is also aligned with the mission on minority aging of the NIA-funded Resources Centers on Minority Aging Research (RCMAR), where I direct the Coordination Center. We also host a successful NIA-funded conference series; our workshops are on methodological and emerging topics in the broader minority aging area. I can personally attest that organizing and running of meetings like this is a labor of love, and I am gratified that Jacqueline Angel and her colleagues at universities in the US and Mexico have continued to present outstanding meetings year after year. I have personally attended most of the ICAA conferences and always come away with lots of new ideas, inspiration, and motivation for my own research. I also value the many formal and informal conversations I have with new researchers who bring fresh perspectives and energy to the field.

To the many regular participants at ICAA, I congratulate you on your excellent studies and forward thinking research agendas. For researchers in Latino aging who are new or have not yet attended, I highly recommend taking time away from your electronic devices and connecting in person with the talented group of researchers and thought leaders at the ICAA meetings. These proceedings are a brief glimpse into what occurred at the 2016 meeting, but it is no substitute for actually experiencing it. Hope to see you at a future one.

Steven P. Wallace, Ph.D.
Director, RCMAR Coordinating Center

Introduction

The United States and México are two countries growing old. In the U.S., older Latinos account for a large and growing share of the total older population in the Southwestern United States and the country at large as aging baby boomers continue to turn 60. The rapid aging of México and the United States remain heterogeneous in terms of many social and demographic factors including their urban and rural populations. This heterogeneity calls for country and state specific and comparative analyses of the community and place (e.g., neighborhoods) as an important element in understanding how characteristics of physical, social and economic environments can give rise to disparities in Latino health in older adults.

For these reasons, the 2016 ICAA meeting focused on the influences of social and economic contexts on healthful aging in Latino communities across the U.S./México Border from Harlingen, Texas, Las Cruces, New México, San Diego, California to Chicago Illinois. Key thematic areas encompassed the ways in which Latino aging is affected by the life course in different contexts and places, including rural and urban areas in these regions. In this context, the papers addressed cross-cutting issues related to immigration processes, family and household structure, and macroeconomic changes on the quality of community life.

Several papers paid close attention to the new realities of aging in Latino families in local places, such as the peri-urban areas of the City of Austin, a newly minted WHO designated age-friendly community where Texas Latinos are growing rapidly older. The closing plenary session spotlighted the important role of local communities in developing affordable senior housing and supportive services in Southwestern towns and places and by example in San Antonio, Texas.

Papers also provided careful reflections on the political economy of aging policy designed to support the health and long-term care of a state's retirement-age population. As states become more ethnically diverse and older, public officials are acutely aware of the potential social and political consequences that these dramatic changes in demographic and cultural reality could bring about. Economic downturns may pose vexing problems for Medicaid funding, which represents a major portion of state budgets and a large fraction of which goes to the support of dependent elderly, a large and increasing number of whom are of Mexican origin. Altogether the presentations shed new insights on the consequences of the impending growth and impact of the older segment of a State's population on local economies.

This year's theme and the subsequent installments to follow in the cities of Los Angeles and Tucson delve into the contextual complexities of aging and health in the Americas.

Brief Summary of Conference Presentations and Events

The 2016 ICAA *Contextualizing Health and Aging on Both Sides of the U.S./Mexico Border* was held in San Antonio, Texas at the UTSA Downtown Campus' Durango Building. Approximately, 131 registered participants attended the conference, which was mainly sponsored by the National Institute on Aging (NIH/NIA Grant #: R13-AG029767-01A2). Conference participants came from both the U.S. and Mexico, representing major colleges and universities, public agencies, and private not-for-profit organizations. The Planning Committee would like to thank the conference participants, sponsors, and partners for contributing to the success of the meeting.

The 2016 ICAA began with a reception and dinner at the DoubleTree Hotel, across the street from the conference venue, on Wednesday, September 14, 2016. In his after-dinner lecture, keynote speaker **Peter Ward** (The University of Texas at Austin), explored the spatial mobility and tenure patterns of Hispanics focusing upon purposive housing and household studies in México. The second half of his presentation examined how Hispanics in the U.S. (California and Texas) enter the housing market in *colonias* and informal subdivisions.

On day Rene Zenteno (The University of Texas at San Antonio) presented the opening keynote address followed by a welcome from The University of Texas at San Antonio President **Ricardo Romo**.

Panel 1, moderated by **Fernando Torres-Gil** (University of California Los Angeles), discussed México's health care context. **Mariana López-Ortega** (Institutos Nacionales de Salud de México) discussed social perceptions on aging – most people do not have access to normal infrastructure, impeding their ability to function in society. **Hiram Beltrán-Sánchez** (University of California Los Angeles) discussed occupational history and functional limitations as means for classifying an individual as disabled. **Veronica Montes Oca** (Universidad Autónoma Metropolitana de México) highlighted the process of optimizing opportunities for health participation and security in order to improve quality of life.

The work of **Flavia Andrade** (University of Illinois at Urbana-Champaign) in Panel 2 (moderated by **Fernando Riosmena** from University of Colorado Boulder) presented socioeconomic differences in health in both México and Brazil. Her research found that there are differences in self-reported health by education between the countries. Following that, **Stipica Mudrazija** (Urban Institute) presented his research on the retirement security of Hispanics in the U.S. The Hispanic population is growing rapidly in the U.S., and aging Hispanics are twice as likely to need long term health services

as well as to report their health as fair or poor when compared to non-Hispanic whites. Both presenters spoke eloquently about the importance of developing policy that aims to understand the differences between groups in an effort to more effectively attack the problem.

Panel 3, moderated by **Luis Miguel Gutiérrez Robledo** (Institutos Nacionales de Salud de México) discussed aging in the context of stress, fear, and religious involvement. **Nestor Rodriguez** (The University of Texas at Austin) delivered an excellent presentation on aging environments of fear, and **Terrence Hill** (The University of Arizona) spoke on the topic of religious involvement and health.

After lunch and Panel 3, conference participants attended a peer-reviewed, Emerging Scholar poster session. The poster session organizer, **Terrence Hill**, reviewed all submissions to confirm topical relevance. A wide range of disciplines were represented, including Gerontology, Sociology, Demography, Economics, Public Policy, Psychology, Social Work, Medicine, Public Health, Nursing, and Kinesiology and Nutrition. There were 19 poster submissions to the open call for poster submissions. In the past, submissions have been rejected for being inappropriate for the conference theme or of low quality, however, this year all submissions were accepted. Four of the 19 submissions were selected by an expert panel for oral presentations, leaving 15 submissions for our poster session. Most regions of the United States were represented by the poster presenters, including the Southwest (The University of Texas at Austin; Texas A&M University; and The University of Texas Medical Branch, Galveston), Midwest (University of Michigan, Pennsylvania State University, University of Illinois at Chicago), West Coast (University of Southern California, University of California at Irvine, and Chapman University), Northeast (SUNY-Albany, University of Massachusetts, Lowell, and Mount Sinai), and Southeast (University of Alabama, Birmingham). The poster presenters also represented three institutions in México: El Colegio de La Frontera Norte, National Institute of Geriatrics, and Universidad Autónoma Metropolitana de México.

The top three posters were selected by a juried panel to receive prizes. The judges included: **Luis Miguel Gutiérrez Robledo** (Institutos Nacionales de Salud de México), **Mariana Lopez Ortega** (Institutos Nacionales de Salud de México), and **Flavia Andrade** (University of Illinois at Urbana-Champaign). The prizes were graphing calculators, external USB portable hard drives, and presentation pointers. First prize included all three items, second prize included two of these items, and third prize was one of these items.

First Prize: **Norma Padron**, Mount Sinai, "Aging, Acculturation and Substance Abuse"

Second Prize: **Jacqueline Torres**, University of California, Los Angeles, “Gender, migration and late-life health: Conditional effects of spousal U.S. migration on the health of older Mexican women”

Third Prize: **Joseph Saenz**, The University of Texas Medical Branch at Galveston, “Facets of Socioeconomic Position and Disability Onset and Progression”

The second paper session showcased four paper presentations from the Emerging Scholars poster session. These four outstanding submissions were selected by **Mary Haan** (University of California San Francisco) and **Eileen Crimmins** (University of Southern California) for oral presentation during the regular conference proceedings. **Lloyd Potter** (The University of Texas at San Antonio) was the presider. (Please refer to the section “Emerging Scholars Program” for more information.) Two of the papers, one by **Catherine Perez** (University of Southern California) and the other authored by **Brian Downer** (The University of Texas Medical Branch at Galveston), contributed to scholarship on the health status of aging Puerto Ricans. Using data from the 2002 Puerto Rican Elderly: Health and Conditions Project (PREHCO) (n=4,389) and the Health and Retirement Study (HRS) (10,679 whites and 1,160 Latinos), Perez focuses on adults aged 60 and older to examine differences in chronic conditions, disability, and self-rated health by race/ethnicity and gender. Her findings suggest that Puerto Ricans have healthier profiles compared to whites, with reduced odds of heart disease, stroke, lung disease, cancer, any activities of daily living (ADL) limitations, and fair-to-poor self-rated health, despite their disadvantaged social and economic status. Downer’s presentation addressed the influence of diabetes and depression on the likelihood for disability in older Puerto Ricans. **Julio M. Fernandez-Villa** (Universidad Autónoma Metropolitana de México) examined the lifestyle, health-related behaviors, beliefs and locus of control as factors related to health habits, which could lead to adverse outcomes such as mortality, morbidity, low quality of life, and institutionalization. The purpose of this study is to describe the association between positive health habit beliefs and mortality in Mexican older adults. Using data from the 2001 and 2012 cross-sections of the Mexican Healthy Aging Study (MHAS), **Jaqueline Contrera-Avila** (The University of Texas Medical Branch at Galveston) examined and compared healthcare utilization and expenditures among older adults in México before and after the implementation of the 2003 public health insurance program.

After the oral presentations from Emerging Scholars, **Lloyd Potter** distributed certificates to each of the presenters, while **Terrence Hill** presented the prizes to the winners. A reception followed. After the reception, ICAA hosted a mentoring session for Emerging Scholars comprised of both graduate students and postdoctoral fellows at Pico de Gallo Mexican Restaurant. The mentoring program, organized by **William Vega**

(University of Southern California) and **Brian Downer** featured a dinner and a “speed mentoring” session to facilitate feedback on the work presented at the poster session.

Brian Downer reported that 17 mentees and 11 mentor participants enjoyed the 2016 ICAA Speed Mentoring event. The layout of Pico De Gallo restaurant was just perfect. The event was staged in the private event area on the second floor of the restaurant, which was a very nice location with plenty of space for tables and chairs, along with a reception area that included a buffet. As part of the invitation letter, mentees were asked to describe their research interests, career goals, and other topics on which they would like to receive mentoring. This was done to help assign the mentees to mentors with similar interests. Each mentee was scheduled to meet with a total of three mentors, and each mentor was assigned three or four mentees. Each session lasted for 15 minutes, at which point the mentees rotated to their next assigned mentor. The 15 minute time limit seemed to be sufficient for mentees to converse with mentors without feeling rushed. Although Pico De Gallo was located within walking distance of the conference hotel, the convenient location of the restaurant led to the unexpected challenge of participants not arriving for the event at the same time. This meant that some mentor-mentee pairings had to be rearranged, and at times it was challenging to keep the event on schedule. This could have been avoided by using a more flexible format that allowed for mentor-mentee pairings to be altered in case a person ended up not being able to attend or arrived late. From all accounts, the Speed Mentoring event was a success and should continue to be a significant part of the ICAA program. At future ICAAs, there will be stronger language added to the acceptance notification of Emerging Scholars poster presentations regarding the expectation to attend the mentoring event.

On Friday, September 16, the last day of the conference, the paper sessions addressed issues related to binational perspectives of the interplay among social support, Mexican-Origin aging, and geriatric health services. **Harriett Romo**, Director of the México Center at The University of Texas at San Antonio, moderated Session 5 on aging and support systems. **Carolyn Mendez-Luck** (Oregon State University) examined elder care among Mexican origin caregivers in the twenty-first century in México and the United States. The changing demographics of both countries caused by migration, aging, and racial diversification will affect the delivery of elder care in the years ahead, with significant implications for the persons who provide that care (most of whom are women). All agreed that the built environment can be altered to make it easier for the elderly to improve their quality of life (e.g., better walkability, greater distribution of healthcare facilities), but a key part of improving the quality of life of the elderly is the availability of a social network of those who have things in common. In panel 6, moderated by **Iveris Martinez** (Florida International University), discussions took place regarding the lack of federal funding for the elderly, causing their service needs to be unmet. **Fanny Sleman** (Universidad Autónoma Metropolitana de México) examined the outcomes of aging rule-based policies in Mexican states. She discussed how the long and short term impacts of the older population returning to the labor force and remittances increase

inequality. The effects of inequality faced by the elderly lead to inadequate distribution of public resources, high rates of poverty, and high rates of uninsured Hispanics. **Jennifer Salinas** (The University of Texas School of Public Health, Brownsville) discussed the role of activism by the elderly and their caregivers. Several points provided in their presentations included the role of older adults in being advocates for policy making, inclusion of their voices in affecting policy making decisions, and engagement of older persons for their own benefits. Although the Presider **Iveris Martinez** highlighted the issue of human rights using the case study of México, there is a lack of knowledge in the human rights approach.

How do migration and fertility patterns affect the outcome of elderly poverty?

- This question was raised when looking at the mobility of the families of elderly residents and the need for government support.
- Additionally, with the movement of younger family members and the shifting responsibility of government in terms of taking care of the elderly, it places a greater burden on the family.
- An interesting point addressed by the presenters were:
 - The creation of new programs in México City which to help provide assistance for those elderly with mental disability

The conference concluded with a closing plenary moderated by **Rogelio Sáenz** (The University of Texas Medical Branch at Galveston) called “Latino Aging in the Homefront: Issues and Realities in San Antonio.” Three panelists, **Mercedes Bristol** (Grandparents Raising Grandchildren Coalition), **Adelita G. Cantu** (The University of Texas Health Science Center at San Antonio), and **Juan H. Flores** (La Fe Policy Research and Education Center) spoke about the current issues and realities in San Antonio. **Adelita Cantu** presented on food insecurity in Texas, and **Mercedes Bristol** led a very thought-provoking presentation on the hardships of the elderly raising their grandchildren and extended family members. This presentation resonated with the audience on a personal level as she discussed her own personal struggles in caring for her grandchildren and making ends meet.

Consensus Building and New Directions

Participants convened over lunch at the end of the conference to identify major priorities that have the potential to inform future research and extramural funding decisions related to aging in the Americas. **Jacqueline Angel** and **Rogelio Sáenz** facilitated a 60-minute discussion during a plated lunch with 35 invited speakers and Emerging Scholars. Audience members were asked to reflect upon three questions related to what they learned at the 2016 ICAA:

What did you learn at the 2016 ICAA and how will you apply it?

The session with the community organizations (“Latino Aging in the Homefront”) was a very innovative model for us to be able to learn about the real issues and problems happening in communities.

What really struck you as interesting, new, provocative, or meaningful in advancing your knowledge of scientific research practices and scholarship during the 2016 meeting?

Interaction with attendees, discussion of papers after formal presentation, and the international flavor of the program. I also particularly liked the Zenteno presentation because it was an up to date and thoughtful discussion of migration. The 2016 ICAA gave us an insight about the priorities and current state of the field in relation to geriatric population, for a global perspective.

Identify one major priority that has the potential to inform future research and extramural funding decisions related to aging in the Americas?

Participants noted that there is a need for more didactic sessions given by senior investigators on topics that emerging scholars and others can learn how to improve the scientific content of their work and discussions related to aging and health among immigrant populations and clinical or biological research.

Keynote Speaker Abstracts

How Place and Space Matter: Intersections between Housing, Health, and the Life Course Among Aging Latinos

Peter Ward, PhD, Professor, Lyndon B. Johnson School of Public Affairs, The University of Texas at Austin

The literature on low income housing and health outcomes is extensive, *inter alia* covering issues of the relationship between housing quality and health, and impact upon the elderly; the intersection between place and space upon ethnicities and individuals at different stages in the life course; and the impact of public policy to mitigate negative morbidity and mental health outcomes, declining mobility and increase access to local provider services to the elderly. Less well researched and appreciated, however, are the ways in which certain types of informally developed residential environments such as *colonias* and informal homestead subdivisions provide micro-level spaces and housing arrangements that are conducive to family building, household extension, and care for aging parents, albeit sometimes at considerable social costs, with particular chronic health and mobility impairment outcomes for the elderly. In short, space and place matters, whether it is the macro socio-economic and political/policy environments (national and state); tenure and residential type, neighborhood location and embedded social capital and networks, and micro-level housing conditions, living arrangements and opportunities for household extension, especially in order to care for elderly parents and, in the case of Mexican migrants, also for family reunification.

This presentation will first (and briefly) explore the spatial mobility and tenure patterns of Hispanics, focusing upon the baseline and replenished HEPSE datasets for California and Texas. The nature of the HEPSE data set makes discrete analysis of housing trajectories difficult given the substantially different cohort migrant streams that it contains. However, some discussion of the broad brush spatial and tenure trajectories are presented, with brief comparisons to the MHAS data, and other more purposive housing and household studies in México. The second half of the presentation provides an overview of how Hispanics in the U.S. (California and Texas) enter the housing market, especially through the prism of how low-income households become owners through informal homesteading (self-building and self-financed management) in *colonias* and informal subdivisions. Learning in part from low-income self-builder home-owner household experiences and environments in México, it will focus upon how low-income Hispanic households self-build and/or self-manage their built environment during the life course. *Colonia*-type housing is associated with a number of particular negative health and mobility impacts especially among the elderly; while at the same

time providing an affordable and socially embedded residential alternative of living into old age.

The New Era of México-U.S. migration: The post 2006 Experience and the Collapse of Undocumented Migration

René Zenteno, PhD, Professor, College of Public Policy, The University of Texas at San Antonio

Ten years ago México-U.S. migration entered a new era. In 2006 the number of migrants coming north started to decline as the construction industry went into a swoon. A few years later net migration hit the zero point. An enforcement campaign that produced more than 2 million removals also contributed, as did conditions in México. The result is a decade of reduced northbound flows, reduced circularity, and an increase of return migration to México. The work of understanding the causes let alone the effects has just begun. This presentation develops a composite picture of this distinctive new chapter using multiple sources of available information in combination with unpublished data from the Border Survey of Mexican Migrants. It also identify enforcement as a key issue and highlight future research directions.

Panel Presentation Abstracts

Panel Presentation I: México's Health Care Context

Contextualizing health and aging in México: An opinion nationwide survey on aging

Mariana Lopez-Ortega, Institutos Nacionales de Salud de México

Luis Miguel Gutierrez Robledo, Institutos Nacionales de Salud de México

In México getting old isn't nearly as bad as people think it will be. Nor is it quite as good. On aspects of everyday life ranging from mental acuity to physical dexterity to sexual activity to financial security, a new survey on aging among a nationally representative sample of 1,200 adults finds a sizable gap between the expectations that people have about old age and the actual experiences of older Mexicans themselves.

Population ageing is today recognized as one of the major national issues. To deal with it and build a sound public policy on the subject, information is an essential input. Public opinion on several aging issues, has only recently been explored by the National Institute of Geriatrics and the Autonomous National University of México through a national survey on the images of aging that arose as part of the study the Mexicans viewed by themselves: The main national issues.

To meet this challenge, a multidisciplinary research team was put together with professionals of demography, public health, the social sciences and gerontology who analyzed the answers of 1,200 Mexicans of all ages in four regions of the country - North, South, Centre and Metropolitan area of México city. The questions were designed to look after the perceptions that the Mexican society has about aging. The results have been published in a book, comprising seven chapters that deal with the panorama and trends of aging in México, perceptions of older adults, stereotypes and discrimination, abuse, work, care and adequacy of the environment of the older adult person.

To get the most out of the information provided by this survey, pioneer on public perceptions on issues of aging and old age, the chapters provide both recommendations to delve into research, as premises that must take into account the public policies aimed at this age group, that between 2000 and 2050 will be multiplied by four, going from 7.6% to 27.7% of the country's total population.

In this study, we found that among the interviewees, the negative stereotypes towards older adults still prevail, endangering the well-being and quality of life of this population, since these perceptions may increase the economic, social, and familiar neglect, as well as the risk of vulnerability and exclusion. The design and implementation of plans and programs that promote healthy aging since early stages and during the entire course of life of individuals, from a human rights perspective and with an emphasis on the autonomy and independence of older adults is essential in this regard. Notwithstanding the foregoing, not all ideas about older adults are unfavorable, on the other hand, positive appreciations of great value coexist, unveiling respect and a positive status, so that public policies aimed at this segment of the population must highlight the important role that older adults already play in our society.

Links between occupational history and functional limitations among older adults in México

Hiram Beltrán-Sánchez, University of California, Los Angeles
Anne R. Pebley, University of California, Los Angeles
Noreen Goldman, Princeton University

Aging in Latin America is occurring at a faster rate than in developed countries, with important consequences for these societies particularly given the lack of institutional resources and the unstable economies in the region (Palloni, Pinto-Aguirre, & Pelaez, 2002). One of the underlying causes of this aging process is an increase in survival at older ages. For example, between 1980- 1985 and 2000-2005, the probability of surviving from age 60 to 80 increased by 23% among men and

15% among women (United Nations Economic Commission for Latin America and the Caribbean (CELADE) Population Division, 2007). With increasing availability of longitudinal data in México, there is a unique opportunity to understand mechanisms affecting health and mortality in this population. In particular, there is a need to obtain a better understanding of the relationship between functional ability and socioeconomic status. In the case of México today, for example, a large fraction of older adults had a lifelong experience of strenuous physical work associated with their occupations, in part because México was predominantly rural until the early 1980s. While most of the literature on disability and functional ability emphasizes chronic disease as the main precursor in the disablement process (Verbrugge and Jette 1994), we argue that in the Mexican population occupational history may also play an important role. In this paper we use data from the Mexican Health and Aging Study (MHAS) to study the association between occupational history and functional ability net of other socioeconomic indicators.

We hypothesize that individuals who had been in occupations associated with strenuous physical work will be more likely to experience functional limitations such as restricted mobility. Preliminary results for the total Mexican older population in 2001 indicate that, net of economic resources and education, two occupational categories have significantly higher numbers of functional mobility limitations than those in professional occupations: (1) Drivers and assistant drivers of motorized surface transport; and (2) Workers in the making of foods, beverages and tobacco products. In ongoing work we are examining results separately for men and women, and we are analyzing the linkages between occupational history and changes in functional limitations over time by using the follow-up of MHAS in 2012.

The aging in México and the role of the Civil Society Organizations

Veronica Montes De Oca, Universidad Nacional Autónoma de México

Patricia Rea-Ángeles, Universidad Nacional Autónoma de México

Ron Angel, The University of Texas at Austin

The aging of populations is a subject that has changed public policy in many countries, including México, gradually over the past two decades. In several countries of Latin America and the Caribbean, policies and laws favorable to the elderly population have been introduced. Increasingly pensions and access to medical services are discussed in terms of rights and universality, themes that reflect the objectives of the Inter-American Convention for the protection of rights of the older people approved by the American State Organization (ASO) in June 2015. In México, this new focus on the rights of the elderly influences the positions of civil society organizations as well as universities. However, certain actions by the government weaken, or at least fail to strengthen, pension and health care systems. In addition, poverty has not decreased significantly either among the elderly or

younger generations. In this paper we analyze the official communications and statements of certain leaders and members of civil society organizations in México City, which has introduced policies dealing with older persons. These policies are considered to be at the forefront among Latin American and Caribbean nations by organizations such as the United Nations Economic Commission for Latin America and the Caribbean (ECLAC). We employ a qualitative approach to describe the different types of organizations in the city of México, as well as to analyze their official communications and perspectives on active ageing and social participation, as well as the social rights of older adults.

Among our most significant findings is that civil society organizations have fought for the labor rights of unions in strategic sectors that have been threatened by the economic policy of privatization. Their missions are not framed in terms of aging, but rather in terms of the right to employment. Other groups do not have a specific political agenda, but rather focus on such concrete needs as institutionalized care, strengthening community networks, and defending the rights of pensioners. These objectives are revealed in official communications and reveal the heterogeneity of views on old age and social participation. Our data clearly reveal that the different experiences of aging in the city are heavily determined by one's labor market history, as well as the more general processes of development and of inclusion/exclusion in the economy and the population at large.

Panel Presentation II: Contextualizing Human Security in the Americas: México, Brazil, and the U.S.

Intergenerational Families in a Rapidly Aging Context: Forty years of Elderly Empowerment in Brazil

Leticia J. Marteleto, The University of Texas at Austin

Simone Wajnman, The University of Texas at Austin

Cássio Turra, The University of Texas at Austin

Brazil has a rapidly aging population. In 1970, the proportion of Brazil's population ages 60 and older was 5%; in 2030, it is projected to be 20%. As fertility declined to below-replacement levels and population ages, it becomes increasingly crucial to understand how families adjust to their changing social and demographic environment. In particular, the well-being and financial empowerment of older persons is a growing policy concern worldwide. Yet, the consequences of these demographic shifts for the elderly often are not well understood, especially in low- and middle-income countries. The goal of this paper is therefore to examine the living arrangements of Brazilian elderly throughout the last four decades in Brazil. We are particularly interested on the income and consumption shares of household members as measures of financial power and independence of the elderly. The

paper pools census data from 1970 to 2010. Importantly, the extensive period we cover allows for tracking elderly whose reproductive years were mostly pre- or post-fertility decline and whose children were in their early economic active ages during the 1980s, a period that imposed adverse conditions for the employability and income of youth.

Assessment of the Impact of Socioeconomic Disparities in Health for the Debate about Retirement Age in Brazil and México

Flavia Andrade, The University of Illinois Urbana

Background: Life expectancy has been increasing rapidly in Brazil and México. Policy debates about increasing minimum retirement age have largely neglected the large social and health inequalities in these countries.

Objectives: Provide a comparison of in health levels across sex and education groups among adults aged 50 to 75 in Brazil and México using a nonparametric approach to display the age-specific curves of declining health within each group.

Methods: Data from Brazil were obtained from the Brazilian National Household Survey (PNAD) for the years of 1998, 2003 and 2008 and the National Health Survey (PNS) for the year of 2013. Data from México were obtained from the Mexican National Health Survey (ENSA) 2000 and the National Health and Nutrition Survey (ENSANUT) for the years 2006 and 2012. Descriptive statistics are provided by age, sex and period. Estimates of health levels (continuous or dichotomized) for each sex/education group will be obtained using locally-weighted scatterplot smoother (LOWESS), the most widely used non-parametric simple regression approach. Several related date-driven flexible non-parametric and semi-parametric models will be used to estimate age-equivalent measures based on estimates of diabetes, hypertension, heart disease and self-rated health.

Preliminary results: In Brazil and México, the proportion of adults 50 years and older with diabetes and hypertension has increased in men and women over the studied period. On the other hand, prevalence of heart disease has decreased as well as the proportion of poor and very poor health. Educational differences were found, with usually those with no educational attainment reporting worse self-rated health. Educational gradient was reversed among men in Brazil with those with higher education reporting higher levels of diabetes, hypertension and heart disease than those with no education. In México, women with higher education also reported some of the highest levels of hypertension, especially those 65 years and older.

Discussion: Even with the introduction of campaigns against obesity and supporting

healthy eating, diabetes and hypertension continue to be a large problem in Brazil and México with increasing rates throughout the studied period. However, adults close to retirement age report better self-rated health. Further studies based on clinical data are needed as large national surveys mostly rely on self-reports.

Present and Future Retirement Security for Aging Latinos

Stipica Mudrazija, *Urban Institute*

Prior research has found that older Latino workers, especially if foreign-born, on average earn lower wages and receive fewer benefits than non-Latinos. Once retired, Latinos on average have lower retirement incomes and rely disproportionately on Social Security benefits compared to other racial/ethnic groups. Building on the prior research, this paper examines trends in income and wealth for older Latinos and non-Latinos, and describes trends in employment, earnings, pension coverage and other determinants of retirement security for working-age Latinos and non-Latinos. It also presents results of simulation of future trends in employment and retirement characteristics for major racial/ethnic groups, such as employer-sponsored pension coverage or retirement income composition by sources, among others. The paper addresses the following research questions:

1. Retirement security of Latino retirees: How financially secure are Latino retirees today? What is their pension coverage? How does the level and composition of household income and wealth at older ages vary by race and ethnicity? How has retirement security changed over time?
2. Retirement prospects of the next generation of retirees: How much do working-age Latinos earn and save for retirement? How do employment, earnings, and employer-sponsored retirement plan coverage vary by race and ethnicity? How have they changed over time?
3. Long-term economic outlook: What is the economic outlook for future generations of older Latinos? How do their prospects for retirement security compare with non-Latinos of the same age and older Latinos today?

The analysis disaggregates the Latino population between U.S. and foreign born, as studies consistently show that immigrant Latinos represent a particularly disadvantaged group with respect to their work and retirement prospects. It also examines, to the extent possible, whether the Mexican-origin population differs from other Latinos.

The financial security of Latino retirees and retirement preparedness of older Latino workers is examined using the Health and Retirement Study data. The Survey of Income and Program Participation is used to investigate the readiness of younger and middle-age Latinos for retirement. The Urban Institute's Dynamic

Simulation of Income (DYNASIM) microsimulation model is employed to examine the outlook for Latino workers in the coming decades. The analysis starts with a sample of workers age 25-54 in 2012, and projects the key characteristics of interest such as employment, employment-based pension coverage, and retirement income by sources when the youngest among them reach age 62. DYNASIM has been specifically designed to analyze the long-run distributional consequences of retirement and aging issues and as such is ideally suited for this study.

By providing a systematic comparison of retirement security profiles of current and future Latino retirees, this study contributes to improved assessments of retirement preparedness for this fast-growing segment of the U.S. older population. The results will be discussed in the context of the critical importance of income adequacy for the health and wellbeing of older persons.

Panel Presentation III: Aging in the context of Stress, Fear, and Religious Involvement

Regional Effects on ADL's and IADL's of Longitudinal Exposure to Life Course Stress Factors: A Comparison of U.S. Latino and White non-Latino older adults

William Vega, University of Southern California

William Sribney, University of Southern California

We present a study comparing Latinos and White non-Latinos residing in various regions of the United States, and differences at two time points of ADLs and IADLs using proxy measures of life stress, and covariates including life satisfaction, perceived financial adequacy, housing cost pressure, perceived social support adequacy, depression and physical health then model to test for differences by region within and between ethnic groups. We use HRS data to model a set of hypotheses using health and depression measures as both covariates and controls, along with education and income, as predictors of functional status (ADLs and IADLs) by region. Of particular interest is the lower income segment of the compared samples to determine how regional factors influence outcomes, since both ethnic groups in this segment are primarily reliant on social security income for survival.

Aging Environments of Fear

Nestor Rodriguez, The University of Texas at Austin

Jacqueline Hagan, The University of Texas Medical Branch at Galveston

David Leal, The University of Texas Medical Branch at Galveston

This paper takes as its thesis that individual health conditions are much affected by the social conditions of family units and their communities. While individuals

experience specific health conditions, the stability and resourcefulness of families and communities affects the ability to seek health care for ailing family members. In many Mexican American communities, this ability became precarious with the sharp rise of immigration enforcement after the enactment of the Illegal Immigration Reform and Control Act of 1996, and with the establishment of the Department of Homeland Security in 2003. In places such as the Texas border with México and cities with large Mexican-origin populations, Mexican American households in general, and those households with mixed legal and unauthorized immigrant members in particular, experienced heightened levels of insecurity and fear as the presence of enforcement agents and enforcement activity increased, producing a sharp rise in arrests and deportations. To avoid exposure to enforcement activity, some families terminated contacts with public agencies and institutions (clinics, schools, hospitals, etc.). Using the findings of a published field study and survey data from the Pew Research Center, this paper analyzes the impacts of heightened immigration enforcement on Mexican American households. The paper includes special attention on Texas communities at the US-México border and in the cities of Houston and Fort Worth. Research findings indicate that enforcement stress on Latino-origin communities increased further with the establishment of the Department of Homeland Security in 2003, as this new federal agency brought a police force, Immigration and Customs Enforcement (ICE), primarily dedicated to arresting, detaining, and deporting massive numbers of immigrants.

Mexican immigrants, including older immigrants, accounted for a large majority of deported migrants annually.

Religious Involvement and Biological Functioning in México

Terrence Hill, University of Arizona at Tucson

Sunshine Rote, University of Louisville

Christopher G. Ellison, The University of Texas at San Antonio

Although numerous studies suggest that religious involvement tends to favor healthy biological functioning across the life course, most of this work has been conducted in the United States. To test the external validity of previous research, we examine the association between religious involvement and biological functioning in México. There is some evidence to suggest that religious involvement is associated with healthier behaviors like smoking and preventive health care use in México; however, to our knowledge, the association between religious involvement and biological functioning has not been studied in this context. Using data from the 2012 Mexican Health and Aging Study, a nationally representative panel study of health and aging in México, we examine the effects of religious attendance and religious salience on a range of biomarkers, including blood pressure, pulse rate, waist-to-hip ratio, glycosylated hemoglobin, cholesterol, thyroid function, c-reactive

protein, and vitamin D. Contrary to previous research conducted in the United States, our preliminary analyses of the full sample suggest that religious attendance is associated with higher levels of blood pressure and glycosylated hemoglobin. It is unclear why religious attendance would be associated with poorer biological functioning. In the United States, religious attendance tends to favor healthy biological functioning. However, there is some evidence to suggest that poor health can limit the religious attendance of older adults through processes related to health selection. There is no general theory to explain why religious attendance might actually cause poorer biological functioning. It could be that, in México, poor health may actually motivate religious attendance through processes related to religious coping.

Panel Presentation IV: Emerging Scholars - Oral Presentations

Healthcare Expenditures and Utilization among Mexican Older Adults: Analysis of the Mexican Health and Aging Study (MHAS)

Lloyd Potter, PhD, University of Texas at San Antonio

Jaqueline Contrera Avila, PhD Student, Department of Preventive Medicine and Community Health, University of Texas Medical Branch at Galveston

Sapna Kaul, PhD Student, Department of Preventive Medicine and Community Health, University of Texas Medical Branch at Galveston

Rebeca Wong, PhD, Department of Preventive Medicine and Community Health, University of Texas Medical Branch at Galveston

Objectives: Examine healthcare utilization and expenditures among older adults in México before and after the implementation of Seguro Popular—the public health insurance program introduced in 2003. **Methodology:** Data from the 2001 and 2012 cross-sections of the MHAS were utilized. Analysis was conducted on 12,701 and 13,654 direct interviews of individuals aged ≥ 50 years in 2001 and 2012, respectively. Healthcare services included nights spent in the hospital, and medical or outpatient procedures in the previous year. MHAS participants reported the expenditures they incurred for hospitalizations, medical or outpatient visits in the previous year. 2001 expenditures were converted to 2012 Mexican Pesos using the Consumer Price Index. We also examined demographics (e.g. marital status, education), insurance coverage (none, IMSS, ISSTE, Seguro Popular (only 2012), and other), and comorbidity (e.g. diabetes and heart diseases). The differences in proportions of service use, expenditure and covariates between the years were compared using a two-sample test of proportion. **Results:** The mean age was 62 years in 2001 and 66 years in 2012 ($p < 0.001$). There was a dramatic decrease in uninsured population from 2001 to 2012 because of Seguro Popular (38% to 12%, $p < 0.001$). Diabetes was the most prevalent disease in both years (16.2% to 23.2%

respectively, $p < 0.001$). The proportion of individuals with zero out-of-pocket expenditure increased among all services from 2001 to 2012. Hospitalizations accounted for the highest expenditures and increased from MEX\$16,329.59 in 2001 to MEX\$19,879.53 in 2012 ($p < 0.001$), despite the reduction in the mean number of nights in the hospital. Adults with two or more comorbid conditions had the greatest proportion of out-of-pocket expenditures in both 2001 and 2012. Conclusion: While the number of uninsured adults in México dramatically reduced from 2001-2012, the average hospital out-of-pocket expenditures have increased potentially due to an aging population with more comorbidities.

Influence of Diabetes and Depression Severity on the Likelihood for Disability and Mortality in Older Puerto Ricans

Brian Downer, PhD, Division of Rehabilitation Sciences, The University of Texas Medical Branch

Michael Crowe, PhD, Department of Psychology, University of Alabama at Birmingham

Kyriakos S. Markides, PhD, Preventative Medicine and Community Health, University of Texas Medical Branch

Diabetes and depression are associated with increased ADL disability and mortality among older adults. However, the majority of research has focused on older adults living in mainland US and it is unclear if the risk for ADL disability and mortality increases with greater severity of diabetes and depression. This analysis examined if the relationship between diabetes, depression, ADL disability, and mortality varies according to the severity of diabetes and depression. The final sample included 3037 participants of the Puerto Rican Elderly: Health Conditions Study observed in 2002-03 and 2006-07. Diabetes cases were identified by self-report and participants who scored >5 points on the 15-item Geriatric Depression Scale were classified as depressed. Diabetes and depression severity was defined as requiring insulin to control diabetes and currently receiving psychiatric treatment for depression. ADL disability was defined as difficulty eating, dressing, toileting, bathing, transferring from bed to a chair, or walking across a small room. Diabetics who required insulin had higher odds for ADL disability (OR=1.81 95% CI=1.16- 2.78) and mortality (OR=2.70, 95% CI=1.86-3.88) compared to non-diabetics. Diabetics who did not require insulin had higher odds for mortality (OR=1.50, 95% CI=1.13-1.97), but not ADL disability compared to non-diabetics. Depression was associated with increased odds for ADL disability (treatment for depression OR=3.76, 95% CI=1.96-7.09; no treatment for depression OR=2.12, 95% CI=1.54-2.90) and mortality (treatment for depression OR=2.14, 95% CI=1.13-3.86; no treatment for depression OR=1.33, 95% CI=1.00-1.74). These findings demonstrate that the likelihood for disability and mortality increases with greater severity of diabetes and depression. Efforts to limit

the severity of these conditions may decrease the risk for ADL disability and mortality in this population.

Association of Healthy Habits Beliefs and Mortality in Older Adults: A Secondary Longitudinal Analysis of the Mexican Health and Aging Study

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Natalia Sanchez-Garrido, National Institute of Geriatrics of México,

David X. Marquez, University of Illinois at Chicago

Mario U. Perez-Zepeda, MD, National Institute of Geriatrics of México

Mariana Gonzalez, Universidad Nacional Autonoma de México, México City

Introduction: World population patterns have been changing in the last few decades, increasing the proportion of older adults. Lifestyle, health-related behaviors, beliefs and locus of control have been proposed as factors related to health habits, which could lead to adverse outcomes such as mortality, morbidity, low quality of life, and institutionalization. The purpose of this study is to describe the association between positive health habit beliefs and mortality in Mexican older adults. Methods: This is a longitudinal analysis of the Mexican Healthy Aging Study. Health habit beliefs were assessed in the first wave with the question: “Do you think that a person of your age can improve his/her health through regular exercise, balanced diet, or by stopping smoking?” During the eleven year follow-up overall mortality was registered. Survival curves were calculated and Cox regression models were also fitted adjusted for confounding variables.

Results: Up to 91.05% believed that healthy habits could change adverse outcomes (n=5,798). There was a significant difference ($p < 0.001$) in survival rate between groups that believed in healthy habits compared to those who did not. After adjustment for confounding, Cox regression models showed a hazard ratio of 0.016 (95% CI 0.009-0.026, $p < 0.001$) for the group that believed in healthy habits. Conclusion: Our results show a protective effect of believing that healthy habits could change one’s own health. Though the mechanism is not completely clear, these results can be taken into account in order to reframe beliefs of older adults that in turn could impact adverse outcomes by increasing healthy habits.

The Health Status of Aging Puerto Ricans Compared to U.S. Populations

Catherine Pérez, MS Graduate Student, Leonard Davis School of Gerontology, University of Southern California

Jennifer Ailshire, PhD Graduate Student, Leonard Davis School of Gerontology, University of Southern California

When thinking about Latino health in the U.S., we often overlook one large population of Latinos – island Puerto Ricans. Little is known about the health statuses of aging island Puerto Ricans, and whether they look like Latinos in the mainland U.S. Using data from the 2002 Puerto Rican Elderly: Health and Conditions Project (PREHCO) (n=4,389) and the Health and Retirement Study (HRS) (10,679 Whites and 1,160 Latinos), we focus on older adults ages 60 and older to examine differences in chronic conditions, disability, and self-rated health by race/ethnicity and gender. We find that Puerto Ricans have healthier profiles compared to whites with reduced odds of heart disease, stroke, lung disease, cancer, any ADL limitations, and fair-to-poor self-rated health despite their disadvantaged social and economic statuses. Thus, showing that Puerto Ricans have similar health as Latinos. Further investigation reveals that within the island, Puerto Rican women have increased odds of hypertension, lung disease, any ADL limitations, and fair-to-poor self-rated health compared to men. Thus, there is a Puerto Rican female health disadvantage that is consistent with the double-jeopardy hypothesis that needs to be further explored. We will also examine race/ethnic and gender differences in the onset of chronic diseases, disability, and self-rated health over a 4-year period using 2002 and 2006 PREHCO and HRS data.

Panel Presentation V: Social Support and Mexican-Origin Aging

Contextualizing Elder Care among Mexican-Origin Caregivers in 21st Century México and the United States

Carolyn Mendez-Luck, Oregon State University

Background: *Familismo*, *marianismo*, and *respeto* are three important cultural forces used to explain the structure and interrelations of Mexican-origin families. Two hallmarks of these forces are the priority of the family as a collective unit over individual need and the status of the elderly within the family unit. Because of geographic proximity and extensive bidirectional migration, populations in México and Mexican-origin populations in the U.S. have had a unique opportunity to preserve these core cultural values across generations and geography. However, few transnational studies have investigated how women of Mexican descent align on these values as they relate to the provision of elder care. The purpose of this study was to explore views on family values and beliefs related to elder care and aging by women of Mexican ethnicity. This study provided a unique opportunity to make cross-national comparisons of groups of informal caregivers from the same cultural background to contextualize elder care in 21st Century México and the United States.

Study Design and Methods: The present study utilized qualitative interview data

from two independent prior caregiving studies. The first study was conducted in México City (1998-1999), and a comparable study was conducted in East Los Angeles, California (East LA) between 2006 and 2012, with most of the data collected in 2006 and 2007. One-time semi-structured interviews were conducted with 85 female Mexican-origin caregivers, 41 in México City and 44 in East LA (18 immigrant and 26 U.S.-born). Participants were recruited through multiple approaches, including partnering with local community-based organizations and churches, meeting face-to-face with community residents at bus stops and community health fairs, and through word of mouth. Interviews were audio-recorded and conducted in the language preferred by participants. Audio files were transcribed and analyzed in their original languages. We used Atlas.ti to facilitate data analysis. We analyzed data from a grounded theory approach involving the constant comparative method to refine and categorize the data.

Results: Overall, the majority of participants viewed family unity and interdependence as integral parts of Mexican culture. The majority also viewed women as the centralizing force in the family; women's social and family roles included the expectation and fulfillment of elder care. The enactment of care did not involve the consistent participation of others, and participants believed that respect for the elderly was declining in families and communities because of changing family values. The experiences of elder caregiving were very similar between the México City caregivers and the East LA caregivers but the meanings ascribed to the experiences were not. Immigrant East LA caregivers' understandings of caregiving sometimes aligned more closely with those of the México City caregivers than those of the U.S.-born East LA caregivers.

Discussion: Findings lend support to the persistence of *familismo* and *marianismo* in this sample of Mexican-origin caregiving women, regardless of nativity. However, findings suggest that the provision of elder care is occurring within a changing family environment.

Neighborhood Social Context and the Health of Older Latinos in US

Katy Cagney, University of Chicago

Julia T. Caldwell, University of Chicago

Objectives: The extant literature suggests that higher concentrations of African Americans and Hispanics at the neighborhood-level may contribute to accelerated functional decline for residents. Among older adults, we clarify which physical and social resources may be responsible for these poor outcomes.

Methods: Respondents from the National Social Life, Health, and Aging Project were linked to the tract-level information from the American Community Survey.

Functional decline was based on self-report and in-home assessments. Ordered logistic regressions estimated tract-level percent African American and Hispanic at baseline on functional decline at follow-up.

Results: After adjustment for baseline health, those in neighborhoods with a higher density of African Americans and Hispanics had increased odds of functional decline. Neighborhood physical disorder contributed to more functional decline, while social cohesion and residential stability less. African Americans in the highest density African American neighborhoods had lower odds of functional decline (OR = 0.41, 95% CI: 0.19, 0.89), while Hispanics in the highest density Hispanic neighborhoods had higher odds of functional decline (OR=2.10, 95% CI: 0.93, 4.66).

Discussion: Over a 5-year period, older adults had more rapid functional decline when living in neighborhoods with a higher density of racial/ethnic minorities. Future analyses will focus specifically at changes in Activities of Daily Living, and will explore additional measures that characterize neighborhood social context. Modifying neighborhood social and physical resources may mitigate the risk of falls and hospitalizations.

Neighborhood Factors and Caregiver Stress Processes among the Mexican-origin Population

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

Kyriakos Markides, The University of Texas Medical Branch

Previous studies on the Mexican-origin population indicate that homogenous neighborhoods, regardless of poverty rates, protect inhabitants against frailty, cognitive impairment, depressive symptoms, and premature mortality. The benefit of residing in co-ethnic neighborhoods or ethnic enclaves has been attributed to facets such as sociocultural resources, social support, and strong community institutions, all of which promote social cohesion. While engaged neighbors allow older adults to age in place with dignity, less attention has been paid to the role of both structural and objective indicators of neighborhoods for Latino caregiver stress processes. The current study goes beyond individual and family-level factors and places Mexican American caregivers in a community context. Using the H-EPESE (2010/2011) we find that both objective neighborhood indicators, especially percent Latino, and older adults' perceived neighborhood solidarity and are associated with caregiver mental health. These neighborhood factors are especially important for caregivers to U.S.-born elders. Taken together, interventions and policies that place Latino caregivers in a larger community context, including efforts that (1) educate caregivers on how to effectively

mobilize neighborhood support networks, (2) reduce social isolation and crime, (3) build strong community resources, and (4) alter the built environment to encourage social interactions are key to supporting cultural values and preferences but also offsetting the financial and emotional costs of caring.

Social Factors as Mediators of Cognition during the Life Course among the Elderly: The Case of Mexicans in México and the United States

Sylvia Mejia, Colegio de la Frontera Norte Tijuana, México

Rogelio Sáenz, The University of Texas at San Antonio

A growing literature has demonstrated that cognitive function is shaped by factors operating across the whole life course. The linkage between early-life conditions and adult disease measured at one stage in the life course has received special attention, however the accumulating effects of social disadvantages in normal cognitive elders are not well established. Using two national, longitudinal datasets with Mexican origin population: living in the US and in México (Hispanic EPESE and MHAS), we assess the association between social factors operating across life course and cognitive deterioration in late life. The study examined the relation between social factors that characterize life course of elders with normal cognitive functioning and cognitive impairment after a ten-year period. For each dataset, we constructed and harmonized social measures of early-life SES, adult SES, migration status, physical health and health behaviors. A higher proportion of Mexican-American elders living in the US (39%) showed cognitive impairment, compared to 23% of Mexicans living in México. The role of social factors in cognitive impairment between the two groups is discussed.

Panel VI: New Binational Perspectives on Geriatric Health Services: México and the U.S.A.

Ageing rule-based policies outcomes in the Mexican states

Fanny Sleman, Universidad Nacional Autonoma de México

Dr. Verónica Montes de Oca Zavala, Universidad Nacional Autonoma de México

This study presents a comparative study of the thirty two subnational aging policies (in the form of subnational rules and regulations), that have been approved in the last three decades in the Mexican states. Although these laws and regulations have been innovative in “the title” to embrace the aging issue around Mexican states, in the substance, most of them show a slight progress in the advance of the aging international agenda, and also, some of them illustrate a regressive pattern from the shift from policies based on citizens’ rights, toward policies attached to a welfare intervention or others of clientelistic nature.

Healthcare access and utilization on the U.S.-México border region

Jennifer Salinas, University of Texas School of Public Health at Brownsville

Background: The U.S.- México border region is home to the majority of Mexican Americans that live in the United States, therefore central to our understanding of the Hispanic Paradox. While border-residing Mexican Americans have been documented to carry a higher burden of chronic diseases and disability than their non-border residing peers, there is some evidence to suggest that border residents may enjoy a protective effect from mortality. Explanations for this advantage have largely focused on cultural contextual factors such as ethnic concentration, with less concentration on how the fluidity of the border and accessibility to healthcare services on either side of the border may contribute to health or mortality risk.

Methods: We will make use of the Hispanic EPESE and data from El Paso, TX to examine healthcare access and utilization among older Mexican Americans living in the border region compared to non-border residents. In addition, assessment will be made to determine the association between healthcare access and utilization with health outcomes and mortality.

Expected Findings: We expect that because of the fluidity of the border – Mexican Americans living in the region will have better access to and utilization of healthcare services – including those in México – than their non-border residing peers. This better access and utilization will be associated with lower mortality but not disease burden.

The Physical and Social Environment: Effects on Mental Health

Maria Aranda, University of Southern California

Dr. Aranda will speak about conceptual issues on how physical and social environments influence mental health in the later years. The link between environment and mental health has been studied for decades, thus supporting the notion that place does matter and goes beyond its influence on physical health alone. Mental health in late-life is a function of multiple factors including the influences that physical and social environments exert on the individual and community. For older Latinos, many who are influenced by global cultural processes, “place” can exert both healthy and not-so-healthy consequences to aging in place. Some of these influences include healthy vs. toxic physical environments, social cohesion vs. isolation/ segregation, and the availability of quality resources to thrive. Dr. Aranda will provide examples of how cultural processes and programs in communities can assist older Latinos to age in place with dignity.

**Emerging Scholars Panel: Contextualizing Elder Care among Mexican-Origin Caregivers
in 21st Century México and the United States**

Healthcare Expenditures and Utilization among Mexican Older Adults: Analysis of the Mexican Health and Aging Study (MHAS)

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Objectives: Examine and compare healthcare utilization and expenditures among older adults in México before and after the implementation of Seguro Popular (i.e., the public health insurance program introduced in 2003). **Methodology:** Data from the 2001 and 2012 cross-sections of the MHAS were utilized. Analysis was conducted on 12,701 and 13,654 direct interviews of individuals aged ≥ 50 years in 2001 and 2012, respectively. Healthcare services included nights spent in the hospital, and medical or outpatient procedures in the previous year. Out-of-pocket expenditures included the payments incurred from these services. 2001 expenditures were converted to 2012 Mexican Pesos using the Consumer Price Index. We also examined demographics (e.g. marital status, education), insurance coverage, and comorbidity (e.g. diabetes and heart diseases). The differences in service use, expenditures, and covariates between the years were compared using chi-square tests. Two-part regression models (applicable to skewed outcomes) were used to identify covariates associated with healthcare expenditures and use. **Results:** The mean age was 62 years in 2001 and 65 years in 2012 ($p < 0.001$). There was a dramatic decrease in the uninsured population from 2001 to 2012 (46% to 15%, $p < 0.001$) because of Seguro Popular. Hospitalizations accounted for the highest expenditures in both years although those expenditures did not differ. Outpatient and medical visit expenditures increased from MEX\$2,438 in 2001 to MEX\$4,047 in 2012 ($p = 0.02$). The proportion of individuals who did not pay anything out-of-pocket increased among all services from 2001 to 2012. Adults with three or more comorbid conditions had the highest proportion of healthcare utilization in both 2001 and 2012. In, these adults spent an extra of MEX\$2,344 compared to people with chronic diseases. **Conclusion:** While the number of uninsured adults and individuals with out-of-pocket expenditures decreased from 2001-2012, those with three or more chronic conditions still incurred the highest out-of-pocket expenditures among older adults in México.

Influence of the lifetime occupation on cognitive decline among the Mexican elderly

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Objective: To estimate the effect that cognitive demands of lifetime occupation have on cognitive decline among Mexican older adults. Methodology: The Mexican Health and Aging Study (MHAS) is a prospective panel study of health and aging in México, with a representative sample of adults aged 50 and older in México. Selection criteria were: having a lifetime occupation and cognitively normal score at the baseline survey (n=3580). In addition, those with high-frequency occupations and those who had complete cognitive follow-up information in 2012 (n=929) were selected for the analyses. Cognitive Decline was assessed from MHAS 2001 to MHAS 2012, to construct the outcome variables: Verbal Cognitive Decline, Non-Verbal Cognitive Decline, and Cognitive Decline in both domains (Mixed). Nested logistic regression models were conducted for each outcome variable. The main independent variable was the cognitive demand of the lifetime occupation in two categories (Verbal, Non-Verbal cognitive demand). Time-invariant and time-variant covariates included: age, sex, education, depressive symptoms, and comorbidities (such as diabetes and stroke). Results: Lifetime occupation's cognitive demand was not associated with Verbal and Non-Verbal Cognitive Decline in old age, but high Verbal Cognitive Demand was associated ($p < .05$) with Mixed Cognitive Decline. Depressive symptoms were associated with both Verbal and Non-Verbal Cognitive Decline ($p < .05$), while stroke was associated with Non-Verbal Cognitive Decline ($p < .05$). Old age was associated with Verbal Cognitive Decline ($p < .05$) in a stepwise regression analysis. Conclusion: Consistent with other studies, comorbidities, and old age were associated with Cognitive Decline. Lifetime occupation's cognitive demand did not predict either Verbal or Non-Verbal Cognitive Decline. However, contrary to expectations, high Verbal cognitive demand was associated with Mixed Cognitive Decline. Future studies on cognitive reserve and the protection afforded by lifetime occupation in should continue.

Smoking trends among U.S. Hispanics by nativity and duration of residence, 1998–2013

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Annie Ro, PhD, Assistant Professor, University of California at Irvine

Nancy Fleischer, PhD, Assistant Professor, University of Michigan

Studies have consistently documented lower smoking prevalence among foreign-born individuals living in the U.S. than among the U.S.-born (Acevedo-Garcia, Pan, Jun et al. 2005, Baluja, Park and Myers 2003, Caraballo and Lee 2004, Lariscy, Hummer, Rath et al. 2013). Although smoking has declined in the U.S. overall in recent decades (Agaku, King and Dube 2014), it is unclear whether this trend is similar for U.S.-born and foreign-born Latinos—who simultaneously experience increasing duration of U.S. residence with the

passage of time. Moreover, secular declines in smoking in major Latin American immigrant sending countries (Elba C. Díaz-Toro, Juan Carlos Vega, Jeannette Noltenius et al. 2010, Reynales-Shigematsu, Shamah-Levy, Mendez Gomez-Humaran et al. 2011) suggest that recent immigrant entry cohorts may have lower rates of smoking compared to prior entry cohorts. Considering immigrant smoking patterns has implications for the immigrant mortality advantage in coming decades (Blue and Fenelon 2011, Goldman 2016), however, research is needed that accounts for both duration of U.S. residence and immigrant entry cohort to understand secular smoking trends among foreign-born Latinos compared with the U.S.-born. This study contributes to existing research by pooling four waves of the National Health Interview Survey (1998, 2003, 2008, 2013) to examine smoking trends among U.S.-born and foreign-born Latinos over this period, stratifying by gender. We track immigrant cohorts across years by duration to estimate whether smoking prevalence changed at a differential pace for the foreign-born versus the U.S.-born, controlling for age, education, and language of interview. Preliminary results show that among men, the 1998 immigrant entry cohort experienced the largest decline in smoking prevalence between 1998 and 2008 (approximately 26% to 16%); the 2003 and 2008 entry cohorts had similar smoking prevalence on arrival (approx. 20%), and reached approximately 16% in 2013 (compared to 25% among U.S.-born Hispanics).

A Cost-Benefit Analysis of Long-term Services and Supports for Dual Eligible Elders in Texas

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States face serious challenges in financing long-term services and supports (LTSS) for growing populations of Medicaid-eligible older citizens. As in other areas of health and social support, a shift from fee-for-service to managed care financing holds great potential for controlling costs while providing program participants high quality care. In this study, we compare managed care community-based LTSS capitation models for dual eligible older individuals in California and Texas. We compare the ways in which the two states employ two major federal Medicaid waivers, in addition to the Program of All Inclusive-Care of the Elderly (PACE), a federally mandated option within Medicare. While Texas has focused on the consolidation of most of its waiver programs into a single statewide capitated managed care program, California continues to experiment with a more diverse set of local programs. Results suggest that PACE may be the more cost-effective option in both states. However, our analysis suggests that low capitation rates may be stifling expansion of PACE in Texas. As with Texas, detailed analysis of capitation rates in California suggests that PACE may be a less expensive option than institutional care for the frailest dual eligible residents. A major question that arises relates to the extent to which local waiver experiments can be brought up to scale

statewide, and whether California and other states will make the expansion of managed LTSS a priority in response to rapidly growing Medicaid expenditures.

Longitudinal Perspectives on Homeownership for Mexican Origin Elderly

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Objectives: To examine health and financial correlates of homeownership longitudinally for Mexican Origin individuals over the age of 65. Methods: We analyze data from multiple waves (Waves 1-7) of Hispanic Established Populations for the Epidemiologic Study of the Elderly (H-EPESE). Our focus is specifically on the health and financial situation of elderly individuals, as well as familial considerations such as number of surviving children and children's marital status. We will first examine the correlates of home ownership at baseline and follow up (Waves 1 and 7). We will then explore changes in household rosters and living arrangements between waves (All waves). Finally, we will use a competing risk model to take into account mortality and loss to follow up in the survey (Waves 1 and 7). Results: Preliminary analysis shows that Mexican Origin Elderly (should this be capitalized?) exhibit high rates of ownership at baseline (64%) as well as at follow up (58%). What is less clear is what the roles of mortality and transfer of ownership are. Furthermore, we have not yet fully characterized living arrangements within households. Discussion: Previous research on cross-sectional correlates of home ownership has revealed that motivations of Mexican Origin Elderly living with others are clearly more complex than simple filial piety considerations might hold. Extended living arrangements provide concrete financial and instrumental benefits for both elderly parents and their adult child caregiver. This research will build upon these ideas by adding longitudinal analysis.

Influence of Diabetes and Depression Severity on the Likelihood for Disability and Mortality in Older Puerto Ricans

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Diabetes and depression are associated with increased ADL disability and mortality among older adults. However, the majority of research has focused on older adults living in mainland U.S. and it is unclear if the risk for ADL disability and mortality

increases with greater severity of diabetes and depression. This analysis examined if the relationship between diabetes, depression, ADL disability, and mortality varies according to the severity of diabetes and depression. The final sample included 3,037 participants of the Puerto Rican Elderly: Health Conditions Study observed in 2002-03 and 2006-07. Diabetes cases were identified by self-report and participants who scored >5 points on the 15-item Geriatric Depression Scale were classified as depressed. Diabetes and depression severity was defined as requiring insulin to control diabetes and currently receiving psychiatric treatment for depression. ADL disability was defined as difficulty eating, dressing, toileting, bathing, transferring from bed to a chair, or walking across a small room. Diabetics who required insulin had higher odds for ADL disability (OR=1.81 95% CI=1.16-2.78) and mortality (OR=2.70, 95% CI=1.86-3.88) compared to non-diabetics. Diabetics who did not require insulin had higher odds for mortality (OR=1.50, 95% CI=1.13-1.97), but not ADL disability compared to non-diabetics. Depression was associated with increased odds for ADL disability (treatment for depression OR=3.76, 95% CI=1.96-7.09; no treatment for depression OR=2.12, 95% CI=1.54-2.90) and mortality (treatment for depression OR=2.14, 95% CI=1.13-3.86; no treatment for depression OR=1.33, 95% CI=1.00-1.74). These findings demonstrate that the likelihood for disability and mortality increases with greater severity of diabetes and depression. Efforts to limit the severity of these conditions may decrease the risk for ADL disability and mortality in this population.

Association of Healthy Habits Beliefs and Mortality in Older Adults: A Secondary Longitudinal Analysis of the Mexican Health and Aging Study

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Introduction: World population patterns have been changing in the last few decades, increasing the proportion of older adults. Lifestyle, health-related behaviors, and locus of control have been proposed as factors related to health habits, which could lead to adverse outcomes such as mortality, morbidity, low quality of life, and institutionalization. The purpose of this study is to describe the association between positive health habit beliefs and mortality in Mexican older adults. Methods: This is a longitudinal analysis of the Mexican Healthy Aging Study. Health habit beliefs were assessed in the first wave with the question: "Do you think that a person of your age can improve his/her health through regular exercise, balanced diet, or by stopping smoking?" During the eleven year follow-up, overall mortality was registered. Survival curves were calculated and Cox regression models were also fitted, adjusted for

confounding variables. Results: Up to 91.05% believed that healthy habits could change adverse outcomes (n=5,798). There was a significant difference ($p < 0.001$) in survival rate between groups that believed in healthy habits compared to those who did not. After adjustment for confounding, Cox regression models showed a hazard ratio of 0.016 (95% CI 0.009-0.026, $p < 0.001$) for the group that believed in healthy habits. Conclusion: Our results show a protective effect of believing that healthy habits could change one's own health. Though the mechanism is not completely clear, these results can be taken into account in order to reframe beliefs of older adults that in turn could impact adverse outcomes by increasing healthy habits.

Estimating Years Free of Cognitive Impairment by Race/Ethnicity in the U.S.

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Cognitive impairment and dementia are major health issues confronting older adults. In 2002, approximately 13.9% of people in the United States aged 71 and older had dementia, and 22.2% had cognitive impairment without dementia. Previous research suggests that older African Americans and Hispanics are more likely than older whites to suffer from cognitive impairment and dementia. Despite growing interest in racial/ethnic disparities in cognitive health, less is known about racial/ethnic differences in life expectancy with and without cognitive impairment/dementia. This study employs data from 8 waves of the Health and Retirement Survey (1998-2012) to estimate racial/ethnic differences in the transitional probabilities among four states: cognitively normal, cognitively impaired/no dementia, dementia, and death among 32,271 Non-Hispanic whites, African Americans, U.S.-Hispanics, and foreign-born Hispanics ages 50 years and older. Sullivan-based multistate life tables are used to estimate life expectancies with and without cognitive impairment *and* dementia in later life. Results show that older African Americans and Hispanics spend a larger fraction of their remaining years with cognitive impairment and dementia relative to older whites, regardless of gender. Foreign-born Hispanic women and African American males are particularly disadvantaged in the proportion of years spent after age 50 with cognitive impairment and/or dementia. This issue merits special attention in the development of community-based, long-term care programs to appropriately target the specific needs of different minority and immigrant elderly who are entering into their last decades of life.

Education and Accumulation of Chronic Conditions after Age 50 among Mexican and Non-Hispanic White Male Immigrants

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In 2014, an estimated 6.1 million (about 13%) of Americans age 65 and over were foreign-born. The increasing diversity of this group calls for a better understanding of health disparities *among* older immigrants. The current project explores the patterns of accumulation of chronic conditions (hypertension, diabetes, cancer, heart disease, lung disease, stroke, psychiatric conditions, arthritis) after age 50 among Mexicans and non-Hispanic white immigrants. The research uses the eleven waves of the Health and Retirement Study (HRS) data collected biannually between 1992 and 2012. The results from the random intercept Poisson regression models (for males) show that at age 50, both non-Hispanic white and Mexican immigrants have a sizable health advantage vis-à-vis the non-Hispanic white and Mexican native-born, respectively. Among the non-Hispanic whites, those who migrated as young adults (age 18-34) were able to preserve their health advantage well beyond age 65, but those who migrated in early middle age (35-49) experienced faster accumulation of chronic conditions, and eventually lost their health advantage. In contrast, among Mexicans, both young adult and early middle aged immigrants experienced faster accumulation of chronic conditions vis-à-vis native-born Mexicans. The results were robust, as they included socio-economic controls (education, household income, employment status), access to services (health insurance, social security) and health-related behavior (BMI, past and current smoking). However, when the sample of non-Hispanic whites was restricted to those with less than 12 years of education, the patterns among this group were similar to those among the Mexican subsample. These results suggest that poorly educated, older foreign-born who migrated as young adults, both non-Hispanic white and Mexican, experience a steeper increase in the number of chronic conditions after age 50 compared to the native-born with similar levels of education. Because the majority of older foreign-born who migrated between ages 18-34 from México are poorly educated, the pattern is present for the entire group.

Mobility performance is associated with self-reported physical activity levels among older Mexican-Americans

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Mobility performance has been associated with physical activity levels among the general population of older adults. To our knowledge, this relationship has not been examined among Hispanic older adults. To address this, we conducted a cross-sectional analysis of 1,832 community-dwelling Mexican-Americans from the 1995-1996 wave of the Hispanic Established Population for the Epidemiological Study of the Elderly. The Short Physical Performance Battery (SPPB), which consists of tests of usual walking speed, standing balance, and a five-repetition chair stand test, was used to assess mobility. Low SPPB scores predict disability, nursing home admission, and mortality. Participants completed the Physical Activity Scale for the Elderly (PASE) to quantify their physical activity. The PASE provides a self-reported summary of physical activities across a spectrum of physical exertion levels over the previous 7 days. The 1995-1996 was the only wave of the HEPESE that included the PASE.

We conducted multivariable linear regression with SPPB as the predictor and PASE score as the outcome. We adjusted for potential confounders of age, gender, marital status, body mass index, household yearly income, education, hand grip strength, having nervous or mental problems, osteoporosis, Parkinson's disease, epilepsy or seizures, cataracts, glaucoma, a severe allergy, high cholesterol, back pain, Alzheimer's disease, arthritis, diabetes, cancer, high blood pressure, stroke, or heart attack. Participants had a mean (SD) age of 75.26 (5.90) years. Potential confounders accounted for 12.8% of the variance in the PASE score ($p < 0.001$). SPPB score accounted for 9.1% of the variance in PASE score, after adjusting for potential confounders ($p < 0.001$). The results showed that mobility performance and self-reported physical activity levels are significantly associated among Mexican-American older adults. Additional research is needed to determine if physical activity interventions and rehabilitative care for mobility may complement each other to enhance the health-related quality of life of community-dwelling elderly Mexican-Americans.

Differences by Education in the Odds for Self-Reported Chronic Health Conditions among Non-Hispanic White and Puerto Rican Older Adults

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The association between higher education and lower odds for health conditions in the U.S. is well documented, but research using data from less developed countries is limited. The objective of the present study was to examine if the relationship between education and chronic health conditions differs between non-Hispanic white and Puerto Rican older adults. Data came from the 2002 waves of the Health and Retirement Study (HRS) and the Puerto Rican Elderly: Health Conditions (PREHCO). Participants were ≥ 60 years of age, and had data for age, gender, education, marital status, and chronic health conditions. The final sample included 11,224 and 4,169 participants from the HRS and PREHCO, respectively. Logistic regression was used to estimate the odds for type 2 diabetes, hypertension, heart conditions, stroke, and arthritis in Puerto Ricans and non-Hispanic whites. All models controlled for age, gender, education, and marital status. Education was categorized as 0-6, 7-12, and 12+ years (ref). A cohort by education interaction was included to determine if the relationship between education and health differs between Puerto Ricans and non-Hispanic whites. Puerto Ricans had significantly higher odds for type 2 diabetes and hypertension, but significantly lower odds for stroke, heart conditions, and arthritis. Lower education was associated with greater odds for type 2 diabetes, hypertension, and stroke for non-Hispanic white but not Puerto Rican older adults. Having completed 0 to 6 years of education was associated with higher odds for self-reported heart conditions, whereas in the HRS cohort having completed less than 12 years of education was associated with higher odds for self-reported heart conditions. These findings indicate that greater education is associated with lower odds for chronic health conditions among non-Hispanic white, but not Puerto Rican, older adults.

A study about the aging process in rural México

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In México, the study of the elderly and the aging process has concentrated on medium or big cities or on metropolises. This process, its consequences, characteristics, and

geography, is almost an enigma. In this study, I reveal which regions have higher rates of aging, which, in some cases, overlap with traditional migration territories. The vertex between rural aging in México and the U.S. is the migration process, which is regional, historic, traditional, and not only impacts demographics but also economic, social and political. In addition to migration, there is also a shift in the occupational structure of young people in rural México, leaving apart the work on the land. By these processes, rural México, its space, and its society, are getting older, and most worrying, without replacement in terms of labor. As a consequence, the continuity of a political and historic class might be reaching its end, leading to the question: Are the *ejidatarios*, as a class, close to disappearing? Behind this question we find structural reforms done by the Mexican government in the early 1990s, which affected the Mexican countryside, especially in economic and social terms. Rural México needs to offer its inhabitants more opportunities and a higher level of welfare while it is possible, as it did for the entire nation in the middle of the last century, supporting the industrialization of México. For instance, health for vulnerable groups, gender (widowhood and dependence) and a lack of public policy for the elderly in rural spaces are serious worries.

Thus, this work presents some ageing indexes, mapping of the situation of concern and a brief context of rural México. The data is extracted from the national census of population.

More Deaths than Births: Are Some Municipios in México Starting to Follow the Pattern of Certain Counties in the United States?

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México had a remarkable demographic transformation in the twentieth century. It started the century with a 1.1% growth rate, reached its peak in the 1970s at 3.3%, and is currently at 1.2%. In the 1960s, México had one of the highest total fertility rates in the world. During that time, women in México had almost seven children each (6.75). In 2016, México has a TFR of 2.3, just slightly above replacement fertility (2.1). It still has more births than deaths and its population is still growing. However, the drastic reduction in fertility, along with population aging points to potential natural decrease at the subnational level. Natural decrease is the phenomenon where there are more deaths than births in a population within a given period of time. Demographic research has suggested that it is at the subnational level where the phenomenon of more deaths than births first begins to appear. In this paper, we analyzed the birth/death ratios of 2,430 *municipios* (counties) of México with birth and death data from 2005 to 2013. Descriptive analyses indicate that natural decline is occurring at the subnational level in

México in 396 municipios, or 16.3% of the total. Most of these natural decrease *municipios* are located outside of the metro areas. Using measures of fertility, population aging, as well as indicators of the social conditions of women, regression analysis was performed using Stata 14 with data from the Instituto Nacional de Estadística y Geografía (INEGI). Overall, fertility decline and population aging were identified as significant predictors of natural decrease, alongside female educational opportunity. These results are similar to previous analysis of natural decrease in the United States and Europe in which fertility patterns, a changing age structure, and more specifically, population aging are important factors influencing natural decrease.

Aging, Acculturation and Substance Abuse

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This study takes advantage of a 2002 National Survey on Addictions conducted by México's National Institute of Statistics (INEGI) which conducted an in-depth survey on addictions (alcohol, tobacco and drugs) and also included questions regarding migration to the United States. Given data limitations, this study uses solely a descriptive approach. The motivation for this study is to expand on the literature of the effects of immigration and acculturation in the context of drug consumption and exposure for individuals who immigrated to the United States for a period of time and returned to México. So far, little attention has been given to the effects of this "double acculturation" process, and understanding whether drug exposure or consumption patterns change due to this are relevant in light of the large increase of emigration to the United States as well as changing economic and regulatory conditions which make it more likely that these individuals will return to México. The working hypothesis throughout this study is that acculturation and assimilation could be mechanisms through which Mexicans who emigrate to the U.S are differentially exposed to or consume drugs, and these differences persist once they return to México. This piece is structured as follows: Section I provides some background on the recent trends of emigration of Mexicans to the United States and discusses briefly the change in drug consumption in recent years in México. Section II discusses the literature on acculturation and assimilation and how it relates to drug exposure and consumption on immigrants. Section III discusses the data, relevant variables, and proposed Methods. Section IV discusses the results and Section V presents a conclusion and proposals for future research.

The Health Status of Aging Puerto Ricans Compared to U.S. Populations

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When thinking about Latino health in the U.S., we often overlook one large population of Latinos – island Puerto Ricans. Little is known about the health statuses of aging island Puerto Ricans, and whether they look like Latinos in the mainland U.S. Using data from the 2002 Puerto Rican Elderly: Health and Conditions Project (PREHCO) (n=4,389) and the Health and Retirement Study (HRS) (10,679 whites and 1,160 Latinos), we focus on adults age 60 and older to examine differences in chronic conditions, disability, and self-rated health by race/ethnicity and gender. We find that Puerto Ricans have healthier profiles compared to whites with reduced odds of heart disease, stroke, lung disease, cancer, any ADL limitations, and fair-to-poor self-rated health, despite their disadvantaged social and economic statuses, showing that Puerto Ricans have similar health statuses as Latinos. Further investigation reveals that within the island, Puerto Rican women have increased odds of hypertension, lung disease, any ADL limitations, and fair-to-poor self-rated health compared to men. Thus, there is a Puerto Rican female health disadvantage that is consistent with the double-jeopardy hypothesis that needs to be further explored. We will also examine race/ethnic and gender differences in the onset of chronic diseases, disability, and self-rated health over a 4-year period using 2002 and 2006 PREHCO and HRS data.

How Effective is Family Support at Buffering Poverty for Older Latinos?

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Some aspects of intergenerational support have become institutionalized, however, these programs may not be equally effective across all groups. By substituting a reliable flow of benefits to replace earnings, federal programs have enabled many older adults to remain both financially and residentially independent. For relatively healthy older adults with sufficient income, maintaining independent households--relying on earnings, wealth, and retirement benefits--is often preferred. However, others who are less healthy or have lower incomes may rely on family support, as families often are the first source of help in times of hardship and need. One reason these programs may not be equally effective across populations is differences in eligibility for social programs; older Latinos are less likely to receive income from Social Security (78% of Latinos compared to 90% of all older than 65). How do older Latinos cope without income from Social Security? I hypothesize that extended family co-residence fills in for the lack of access to public programs for Latinos and Latino immigrants in particular. How is the economic well-being of Latinos contingent on their family support? Using the 2008 Survey of Income and Program Participation, I examine the role of Social Security and family co-residence on the economic well-being of older adults. Having income from Social Security reduces the odds of poverty for older adults, as does living with family members. However, receipt of income from Social Security is less effective at reducing poverty for older Latinos compared to whites, whereas living in extended family living

arrangements is more protective for Latinos compared to whites. While families are able to help minimize poverty among older Latinos without Social Security, access to family networks is not uniform, and Latinos still suffer disproportionately higher levels of poverty. Poverty is associated with several negative consequences including poor health.

Does Spousal Loss Predict Cognitive Function? Results from the Mexican Health and Aging Study

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Background: While mortality following spousal loss has received considerable research attention, the cognitive effects of spousal bereavement remain understudied. Analyses of data from the United States and other developed countries have suggested that the detrimental effects of spousal loss extend to cognitive function. This has not been studied in developing countries such as México. We examine whether spousal loss is associated with cognitive function in a sample of older Mexican adults and whether these associations differ by sex and anticipatory spousal loss. Method: We use Waves 2 (2003) and 3 (2012) of the Mexican Health and Aging Study (MHAS) including only respondents who were married in 2003. Those who lose a spouse between waves are considered to be widow(er)s, while the continuously married are the control group. Cognition is measured through verbal learning, verbal recall, and visual scanning. Covariates include cognitive function prior to widow(er)hood, educational attainment, age, chronic conditions, and household wealth. Spousal loss is considered unanticipated if one's spouse reports good health prior to death. Results: Males who recently lost a spouse performed significantly worse on verbal learning tasks, an effect that seemed to diminish with time since widowerhood. The effect of spousal loss on cognitive function for males was stronger when the loss of their spouse was unanticipated. Spousal bereavement did not seem to affect cognitive function for females, regardless of anticipatory status. Discussion: Our results echo previous work suggesting that spousal loss has a negative impact on cognitive function, that the consequences of spousal bereavement are stronger for males, and that elevated risk seems to decline with time since widow(er)hood. Further, the effect of spousal bereavement on cognitive function may be more pronounced when spousal loss is unanticipated.

Association of arthritis and vitamin D insufficiency with physical disability in Mexican older adults – Findings from the Mexican Health and Aging Study

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Purpose: This study examined the association of arthritis and vitamin D insufficiency with upper-lower extremity functional limitations and ADL disability among Mexican older adults. The paper presents results for the Mexican sample and compares them with previous literature using data from other developed and developing countries. **Methods:** We examined 1,830 participants aged 50 years or older and their spouse or partner, regardless of age, from a subsample of the Mexican Health and Aging Study (MHAS). Measures included sociodemographic characteristics, body mass index, comorbid conditions, physical function tests, C-Reactive Protein and vitamin D. Logistic regression analysis was performed to test the association of arthritis and vitamin D insufficiency with any upper-lower extremity functional limitations and ADL disability. **Results:** 14% of the participants had self-reported arthritis and 32.7% had vitamin D insufficiency. Participants with arthritis with or without vitamin D insufficiency were significantly more likely to report limitation in any upper extremity activities (OR = 3.16, 95% CI = 2.12 - 4.69 and OR = 2.02, 95% CI = 1.20 - 3.37, respectively) when compared with those with neither arthritis nor vitamin D insufficiency. For any lower extremity limitation, we found that participants with arthritis without vitamin D insufficiency were significantly more likely to report limitation in any lower extremity activities (OR = 3.08, 95% CI 1.90 - 4.99) when compared with those with neither arthritis nor vitamin D insufficiency. Arthritis with or without vitamin D insufficiency was associated with any ADL disability (OR = 2.98, 95% CI = 1.70 – 5.23, and OR = 1.96, 95% CI = 1.22 – 3.15, respectively) when compared with those with neither arthritis nor vitamin D insufficiency. **Conclusions:** Self-reported arthritis and vitamin D insufficiency are prevalent among Mexican older adults. Both conditions are associated with increased functional limitations in upper and lower extremities and with ADL disability. Early detection and treatment of arthritis and vitamin D insufficiency would reduce health care costs and future medical complications.

Anthropometric Measures and Cognitive Decline in Older Mexican Americans

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Background: Previous studies report inconsistent results on obesity as a risk factor for cognitive decline in late-life. This study examined body mass index (BMI) and waist circumference (WC) as predictors of cognitive decline in older Mexican Americans over 17 years old. Methods: Data are from seven waves of the Hispanic Established Population for the Epidemiological Study of the Elderly (H-EPESE). The outcome was cognitive function measured with the Mini-Mental State Examination (MMSE). BMI and WC were predictors, and socio-demographics, depressive symptoms, and medical conditions were covariates. Results: The sample included 2,061 participants with baseline MMSE scores of 21 or greater and with complete baseline data on all variables. Using linear mixed models, baseline BMI ≥ 35 kg/m² was associated with the slowest rates of decline in total MMSE and nonmemory domain scores ($\beta = 0.16$, SE=0.05, $p=0.002$ and $\beta = 0.12$, SE=0.04, $p=0.001$, respectively). The underweight category (BMI < 18.5 kg/m²) was associated with the fastest declines in total MMSE and nonmemory domain scores ($\beta = -0.64$, SE=0.18, $p=0.0004$ and $\beta = -0.52$, SE=0.14, $p=0.0002$, respectively). Rates of decline in memory domain scores did not vary by BMI. However, BMI was significantly associated with memory domain scores in the fully-adjusted mixed model only when WC was included. This result indicated that central obesity was associated with relatively poor memory function. Conclusion: Late-life high BMI categories were associated with slower rates of decline in cognition function while underweight BMI was associated with faster cognitive decline. Central obesity was consistently associated with relatively poor memory function over time.

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2017 ICAA

Space, Time and Place: Effects on the Older Latino Population Macro political factors, social determinants, and built environment associations with health and elder lifestyles

September 20-22, 2017

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- Disseminate knowledge the evidence of area (place) effects on health and mental health, general functioning, disability, and mortality of Latino elders;
- Examine variation in area-level effects on Latino elders' health, mental health, and functioning in the context of other major social (structural) determinants and potential confounders such as income, education, occupation, healthcare access, housing, employment, public safety, social engagement, food security, community-based resources, and household composition and social support;
- Foster high quality scholarship including transnational research on "place" including local and regional effects on health and functioning of Latinos elders; and
- Increase the ability of emerging scholars to conduct social research in aging that has relevance for health policy and program development and implementation.

The 2017 ICAA is sponsored by NIH/NIA, The University of Texas at Austin, The University of Texas Medical Branch, UCLA and USC.

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