

Latino Aging and Health in Social, Institutional, and Environmental Contexts: Foundations and Frontiers

*Proceedings of the 2018 International
Conference
on Aging in the Americas*

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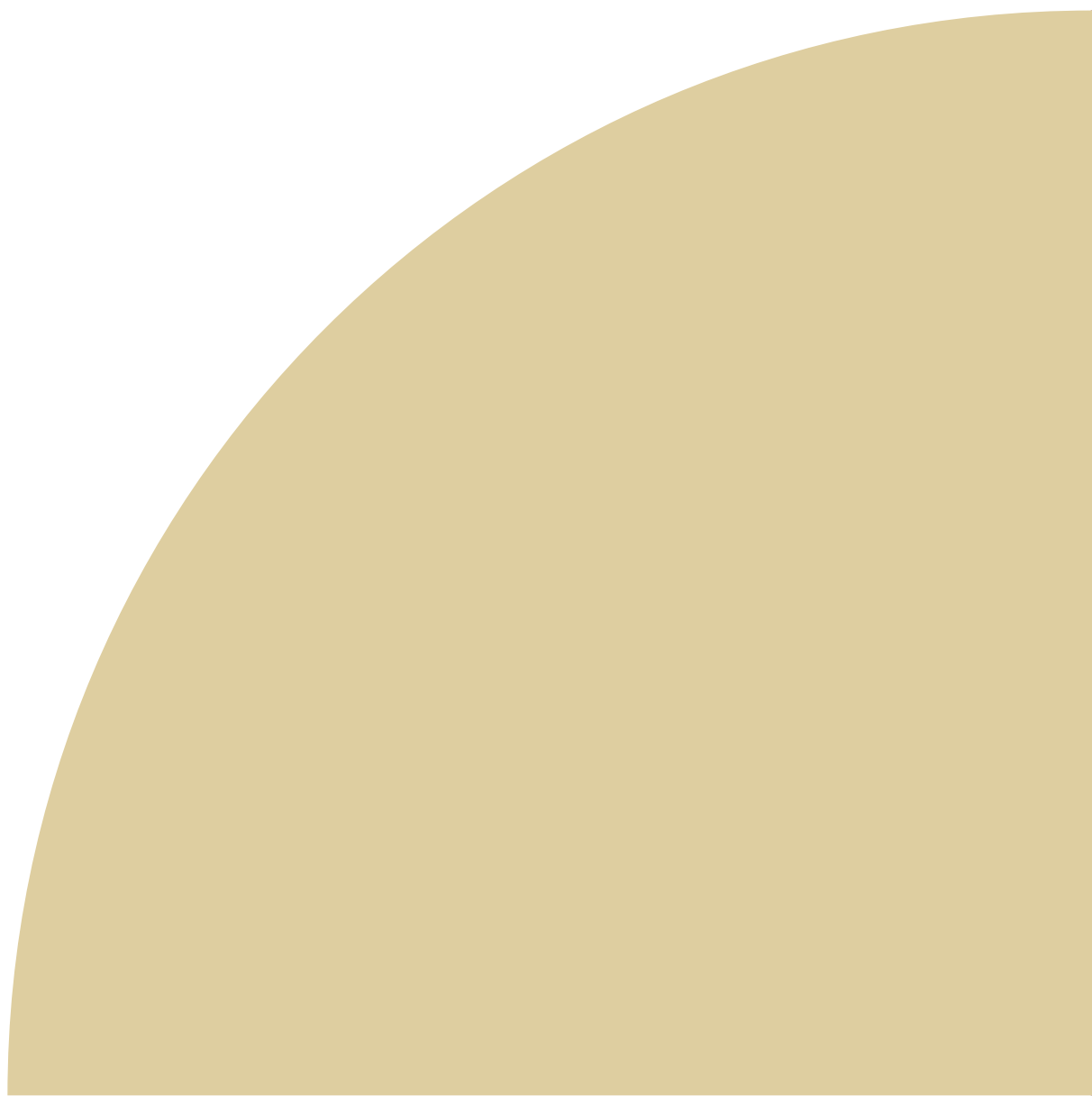


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Foreword

By 2025, at least one-fifth of the population of 15 countries in the Americas will be 60 or older. The populations of older adults in Mexico and older Latinos in the United States continue to grow dramatically. Population aging is the most important- and yet inevitable feature of the health and prosperity of both nations in the near future. In the short term, it has serious consequences for the family, the community, and governmental agencies at all levels—these groups struggle to adapt to the needs of rapidly growing older populations while devoting adequate resources to fostering economic development and full employment.

Given the interconnectedness of the populations of Mexico and the United States and in recognition of these challenges, over the past twenty years the Conference Series on Aging in the Americas (CAA) has brought together leading senior scholars and emerging scholars to develop a critical mass of theoretical and practical work aimed at greatly expanding our knowledge base concerning the consequences of population aging in the Americas, and by example older Hispanics in Mexico and the United States.

The International CAA (ICAA) installments have three major aims: (1) to facilitate the exchange of ideas aimed at addressing key issues confronting the aging populations in the Americas; (2) to promote an interdisciplinary collaboration by researchers in the fields of Hispanic health, health care policy, and behavioral and social aspects of aging; the CAA installments are unique in their focus on the aging populations of the United States and Mexico; and (3) to set a research agenda for understanding and improving the health and well-being of older Latino adults and their families.

The latest iteration, the 2018 ICAA, was held in Tucson, Arizona and organized by Dr. Terrence Hill (The University of Arizona), Flavia Andrade (University of Illinois at Urbana Champaign), and Mariana López Ortega (Mexican Institute of Geriatrics, Mexico City). Over 100 participants in the social sciences—senior investigators, emerging and newly emerged scholars, and community professionals—came together to engage in a two and a half-day peer-reviewed program that included distinguished keynotes, invited presentations, a scientific poster session, mentoring program, and consensus building where participants review key issues raised during the conference and identified new directions for research. At the 2018 ICAA papers addressed interlocking aspects of healthful aging as they relate to place, space, and time, including Latino aging and health in social, institutional, and environmental contexts. The conference extended previous iterations of the ICAA conference series by examining the established foundations of socioeconomic inequality and broader health disparities in aging Latino populations. There were

several highlights in this year's program, including a new session on environmental inequality and one devoted solely to health and aging in Mexico.

We would like to personally thank our sponsors and partners. We are indebted to the National Institutes of Health, National Institute on Aging, AARP of Arizona and Texas, the Arizona Center on Aging, the University of Arizona School of Sociology, the University of Arizona Department of Psychology, the University of Arizona College of Nursing, and the University of Arizona Center for Latin American Studies for their generous administrative support, organizational guidance, and financial sponsorship. We also appreciate continued support from our Institutional Partners (R13 Investigators): The University of Texas at Austin, Population Research Center and LBJ School, University of Southern California, University of Texas Medical Branch at Galveston, and the University of California at Los Angeles.

Terrence D. Hill, Ph.D.
2018 ICAA Lead Organizer


Sponsors



Introduction

Each year, The International Conference on Aging in the Americas brings together scholars across academic disciplines to review current research on Latino health and aging. Although installments differ in detailed focus, all are joined by common tenants and objectives. The distinguishing feature of ICAA its interdisciplinary, collaborative nature: it gathers a broad array of researchers in fields of Hispanic health, healthcare policy, and the behavioral and social sciences. The invited presenters and emerging scholars exist at the forefront of their respective fields; in bringing them together for this interactive event, ICAA fosters an exchange of ideas and efforts aimed at addressing key issues affecting the health of aged Hispanics. A final noteworthy aspect of the series is its focus on the future leaders of research in population aging research, highlighted by the annual Emerging Scholars poster presentation session, which showcases the efforts of upcoming researchers in various fields of study.

This year marked the 10th anniversary of the conference series. Spread across three days in Tucson, Arizona, the conference consisted of six panel discussion segments, mentoring events, consensus building, and poster presentations by emerging scholars. Since its beginnings, ICAA has explored myriad topics converging on health and aging in transnational Hispanic communities. This year's core theme was Latino Aging and Health in Social, Institutional, and Environmental Context: Foundations and Frontiers. Through this year's topic, conference organizers and investigators gave renewed focus to environmental and religious determinants of health in aging populations. The conference presenters in the third and fourth panels directly addressed these concepts through presenting their research. In other panel sessions, scholars explored determinants of health in both Mexico and the United States. The following pages document notable events and presented research from the 2018 conference installment.



Proceedings

Day 1: Tuesday, September 18

The 2018 conference began with the ICAA-AARP mentoring panel led by Kyriako Markides (University of Texas-Medical Branch), Rogelio Saenz (UT-San Antonio), Fernando Torres-Gil (University of California-Los Angeles) and Robert Wallace (University of Iowa). Following the panel, Conference Organizers Terrence Hill (The University of Arizona), Flavia Andrade (The University of Illinois at Urbana-Champaign), and Mariana Lopez Ortega (Mexican National Institute of Geriatrics) held a Welcome Dinner and Recognition Ceremony to introduce the conference goals and objectives as it related to the Series theme “Contextualizing Latino Aging and Health in Americas: Space, Time and Place.

Day 2: Wednesday, September 19

KEYNOTE

Following a brief welcome from Terrence Hill, the conference commenced with an introduction by Luis Miguel Gutierrez-Robledo (Mexican National Institute of Geriatrics). In his keynote presentation, Gutierrez-Robledo assessed disparities in transnational Latino healthy aging. He noted that contemporary social, economic, and environmental determinants will affect the ongoing aging process of today's younger generations. Populations who face accumulated disadvantages in upbringing, income, and access to care will face more challenges in retiring and aging than more privileged populations. Despite persisting inequalities, Gutierrez believed that healthy aging remains an achievable goal in the United States and Mexico. However, pursuing positive outcomes will require a broad policy approach to help mitigate inequality in aging. This must be facilitated by increasing understandings of how aging pathways diverge by socioeconomic status and taking deliberate action to combat negative consequences of economic disparities on health and the biology of aging.

Paper Session I: Social Determinants of Health in Mexico

The first session of the 2018 ICAA, moderated by Mariana Lopez Ortega, outlined emerging research on aging and health in Mexico. Juan Campos Alanís (Universidad Autónoma Estado Mexico) began with a presentation on socio-spatial segregation of older adults in the metropolitan area of Mexico City. His research examined issues of residential segregation in urban areas using geospatial analysis, with paramount focus on magnitude and location of the elderly. Alanís highlighted the limited residential mobility of this population and contended that public policies must orient attention towards the problem of segregation in the elderly. Liliana Giraldo (Instituto Nacional de Geriatria) presented research on identifying and preventing older adult abuse in Mexico City health centers employing qualitative data. In the study, Girado examined health care profession-

als' perceptions of elders and elder abuse, underscoring the importance of addressing barriers of abuse detection in preventing negative health outcomes. Next, Blanca Estela Pelcastre (Instituto Nacional de Salud Pública) presented a case study focusing on health barriers in indigenous, rural communities in Mexico. Recognizing the lack of social protection in indigenous elders, Pelcastre proposed a healthcare model with six strategic areas in which to advance health options and improve quality of life. In the final presentation on aging in Mexico, Victor Manuel Mendoza Nuñez (Universidad de Investigación en Gerontología) discussed the role of the Community Model of Healthy Ageing in preventing and controlling chronic non-communicable diseases (CNDC) in older Mexican populations. He reported that the third stage in the development model promoted resilience and generativity, which especially enhances strength and capacity in aging. Nunez subsequently suggested incorporating existing community gerontology models into the State Health System in order to prevent CNDC and promote functioning in old age.

Paper Session II: Social Determinants of Health in the U.S.

Presided by Flavia Andrade, the second panel engaged with aging populations in the United States. Elizabeth Vasquez (State University of New York at Albany) addressed effects of childhood adversity on multimorbidity among diverse racial/ethnic middle-aged and older adults. Using data from the National Epidemiological Survey on Alcohol and Related Conditions, Vasquez found significant association between childhood adversity and multimorbidity with regards to both somatic and psychiatric disorders. She concluded by highlighting the importance of screening for and addressing the effects of childhood adversities in promoting healthy aging. John Ruiz (University of Arizona) then presented an examination of the Hispanic mortality paradox using ethnic differences in Arizona hospital utilization trends. He noted a 2:1 discrepancy in non-Hispanic White versus Hispanic use of hospital systems and rates of mortality in admissions in Arizona, interpreting this as indicative of a broader Hispanic health advantage in spite of the population's significantly worse risk factor profile. In the final presentation, Georgiana Bostean (Chapman College) discussed her research on disproportionate Latino exposure to vice stores in California. Using CA census tracts, she found Latinos to be disproportionately exposed to tobacco retailers according to spatial densities of the population. She noted the troublesome nature of these findings considering how geographic retail environments interact with health-related behaviors. Although all presenters on this panel addressed different regions and aspects of health, all were united in examining how sociodemographic factors affect health outcomes in Latino populations in the United States.

Paper Session III: Environmental Inequality and Health

In the third panel, moderated by Peter Ore (University of Arizona), presenters aimed to identify how environmental inequalities affect health outcomes. Liam Downey (University of Colorado-Boulder) reported on the fragmentary state of research combining topics of environmental inequality and injustice. He proposed using the term “unequal exchange” to link these disparate areas of research together to think more deeply about the historical and identity-based disparities that emerge from environmental inequality. In relating his writing to the conference, Downey concluded that reducing unequal exchanges can greatly improve health and aging prospects of Latinos in the Americas. Andrew Jorgenson (Boston College) outlined how sustainability and macrosociology perspectives might inform understandings of environmental inequality. His research illustrates the way in which carbon-intensity of human wellbeing is positively associated with poverty rates and income inequality, suggesting that reducing poverty and inequality could promote health and environmental sustainability both sub- and cross-nationally. Kerry Ard (The Ohio State University) presented her research on temporal and spatial exposures in air pollution in specifically Hispanic populations, addressing gaps in research that predominantly focuses on communities of color. Ard stressed the need for increased policy attention towards understanding and mitigating the health consequences associated with disproportionate Hispanic exposure to industrial pollution. Patricia Romero-Lankao (University of Colorado-Boulder) likewise addressed racial and ethnic factors in air pollution exposure. Although socioeconomic vulnerabilities in cities do not necessarily correspond with spatial distributions of pollution health impacts, increasing urbanization and global warming contribute urban inequalities. She attributed the latter finding to social inequality, which influences certain populations’ abilities to adapt to evolving urban health risks.

Paper Session IV: Religion and Health

To wrap up the day, four final invited speakers discussed their research on religiosity and health outcomes in a panel discussion presided by Terrence Hill (University of Arizona). Neal Krause (University of Michigan) began by discussing analyses of Hispanic health in relation to religion and age. Using survey data from United States adult populations, he found that, regardless of age, Hispanics experience beneficial health outcomes from church-based relationships. This interaction is not present in White populations, and suggests that encouraging social-religious ties could be an avenue to improving Hispanic health outcomes. Following this, Christopher Ellison (UT-San Antonio) discussed his research on religious involvement and sleep quality in older Mexican Americans. In the study, he found that religious attendance strongly predicted sleep quality, a relationship mediated by depressive symptoms. He concluded that higher religious involvement is associated with better sleep, largely resulting from reduced depressive symptoms. Next, Terrence Hill (University of Arizona) presented his research

regarding relationships between mortality risks and religious participation in older Mexicans. His data revealed a 20% reduction in risk of all-cause mortality amongst weekly churchgoers, as compared to non-participants. Synonymous with implications of previously discussed presentations, these findings underscored the importance of exploring policies to promote religious involvement in aging populations. Mariana Gonzalez-Lara (Mexican National Institute of Geriatrics) concluded the session by discussing her investigation into religious attendance among older Mexican adults. Noting research establishing religion as a positive predictor of health outcomes, alongside research showing high religious importance across the Mexican population, she described her analyses of factors pertaining to attendance at religious services in older populations in Mexico. Implications for health outcomes were subsequently discussed. Overall, the conglomerate research presented in this paper session reinforced existing research on religiosity-health interactions, and additionally addressed policy suggestions for improving Hispanic health through religious involvement.

Poster Session and Awards Ceremony

Following the panel discussions, speakers and attendees gathered to review poster presentations by a handful of selected Emerging Scholars. Sunshine Rote (University of Louisville) organized the session, and judge positions were filled by Beth Stahmer (University of Arizona), Marc Garcia (University of Nebraska-Lincoln), Amy Burdette (Florida State University), Joseph Saenz (University of Southern California), and Kelly Balistreri (Bowling Green State University). All scholars presented research on various topics pertaining to transnational Hispanic health; abstracts for each individual presentation can be found in the Emerging Scholar Abstracts section in following pages. The judges awarded the top three presentations for their excellence and creativity in content. Alicia R. Riley received First Place for her presentation “Hispanic Advantages in Later Life Disability: New Insights on Nativity and Social Support.” Her research examined nativity as a moderator of Hispanic health outcomes in America. Using data from the National Social Life Health and Aging Project, she found that among Hispanic adults native to the United States, ethnicity is associated with lower disability rates; this effect, however, is reversed among immigrants. Hilary Flowers (University of California - Los Angeles) received Second Place for her presentation “Nativity and Citizenship Effects on Older Adults’ Access to Care,” in which she investigated effects of nativity and citizenship on older adult health care access. Flowers proposed that continuation and expansion of gaps in access to care between citizens and non-citizens may, over time, explain health outcome disparities for older adults in the United States. Finally, Jacqueline Avila received Third Place for her presentation “The Effect of Diabetes on the Cognitive Trajectory of Older Mexican Adults.” Avila examined how diabetes and education, in Mexican populations with poor diabetes management

and low education levels, affects health trajectories. She found that cognitive impact from diabetes was significant in elders with 1-6 years of education. Following the awards ceremony, ICAA activities suspended for the day.

Thursday (Sept 20)

Amy Goyer, AARP's Family & Caregiving Expert, gave a very moving and insightful lecture on family caregiving. She shared her poignant stories about caring for her father with dementia, long-distance caregiving for other family members, and the challenges of juggling work and family. The lecture highlighted the personal and professional challenges of caregiving, including overwhelming demands on time, financial resources, and personal well-being.

Paper Session V: Dementia and Caregiving

The fifth panel discussion, moderated by Jacqueline Angel (University of Texas at Austin), highlighted frontier research on dementia and caregiving in Hispanic populations. Commencing discussions, Janice D. Crist (University of Arizona) addressed the reasons Mexican American families chose to use, or not to use, long-term health support services. Using mixed-method research designs, including ethnographies and randomized control trials, Crist identified myriad factors that lead to barriers to care. In light of her findings, she underscored the importance of recognizing the cultural uniqueness of the growing population of aging Mexican Americans in shaping more effective matching of care options. Emma Aguila (The University of Southern California) then detailed her research on effects of non-contributory pension programs (NCP) on informal care for older Mexican adults. Notably, she found that while both elders receiving NCP and those not receiving it experience declining hours of care, NCP recipients see lesser decreases. Maria Aranda (University of Southern California) presented her research on potential detrimental effects of symptoms of neuropsychiatric elders on their caregivers in Hispanic populations. Data revealed that caregivers of adults who displayed at least three symptoms in one month exhibited higher depression levels than caregivers of elders displaying no symptoms. Aranda discussed implications of her findings in relation to caregiver interventions and services. In the final presentation on caregiving, Carolyn Mendez-Luck (Oregon State University) similarly discussed lived experiences of caregivers in Hispanic familial contexts. Noting lagging research on Alzheimer's caregiving among Latinos, she outlined her qualitative research on enduring coping strategies used by caregivers in this context. The most common strategies found were imposed distraction, meditation, and prayer.

Paper Session VI: Emerging Scholars Research

In the final ICAA 2018 panel, Ronald Angel (University of Texas at Austin) presided over emerging scholar presentations that addressed topics across the field of

Hispanic aging.

Catherine Garcia (University of Southern California) kicked off discussion, presenting her research on biological risk profiles among Latinos in the United States. She noted that much available information on Latino health is obtained via self-report through interactions with the health care system and argued that this research method may paint incomplete portraits. Using biological risk factors as an objective yardstick of health, Garcia was able to more comprehensively understand health differentials among Latino subpopulations. Ana Canedo (University of Texas at Austin) subsequently addressed the healthcare needs of migrants voluntarily returning to Mexico. Pointing to an upward trend of health-related reasons for migrant return, she stressed the importance of understanding this population's healthcare needs and designing policies to accommodate them. In the next presentation, Melanie Plasencia (University of California, Berkeley) spoke about her ethnographic research in a Northern New Jersey Latino enclave. Over 20 months, she investigated the roles kin and fictive kin play in elder decisions to age in place rather than age elsewhere with immediate kin. Field data revealed that aging Latinos assess numerous factors (economic concerns, emotional bonds, quality of relationships) beyond location of immediate family when determining residence. In the final invited speaker presentation of the conference, Adriana Reyes (Cornell University) showcased her research on size and geographic dispersion of caregiving networks for the disabled. She underscored the importance of documenting and assessing care networks for aging adults, across racial groups, as families become more dispersed with time. Addressing the conference themes, Reyes acknowledged that a large number of Hispanic older adults do not have family nearby and are in need of improved support services.

Consensus Building and Boxed Lunch

Following the final panel discussion, all involved members of the 2018 ICAA grouped together to discuss implications of presented research and future directions of both the conference series and the field of Latino health and aging. William Vega (Florida International University) moderated discussion and provided closing remarks for the conference's end. The discussion praised the conference for its rich discussions of a wide range of topics, from health disparities and caregiving to religion and environmental inequality. Participants suggested the need for future conferences to include more:

- (1) Workshops and open discussions
- (2) Discussions of stress processes
- (3) Discussions of cellular aging and other biological processes
- (4) Discussions of health measurement and methodology (e.g., multilevel models and sampling)
- (5) Discussions of families and related services
- (6) Discussions of technology
- (7) Discussions of policy questions

Invited Speakers Abstracts

PAPER SESSION I: SOCIAL DETERMINANTS OF HEALTH IN MEXICO

Socio-Spatial Segregation of Older Adults: An Unknown Dimension of Ageing

Juan Campos Alanís, Universidad Autónoma Estado México (juan_campos70@hotmail.com) Carlos Garrocho Rangel, El Colegio Mexiquense (cfgarrocho@gmail.com)

Background and Objectives: The aging of the population in Mexico will be the most important demographic event of this country, in the 21st century. The number of people over 65 will go from 7 to 22% in the next 25 years, and this change will take place mainly in the cities, due to the significant population flows they have received since the mid-20th century. The analysis of the spatial distribution allows to identify if there are processes of residential segregation that have negative and positive effects. The objective of this work is to demonstrate, from the Geography, the existence of that segregation in the Metropolitan Area of Mexico City (AMCM), to generate a series of recommendations of public policies oriented to the attention of this population group.

Research Design and Methods: We used census information for the years 2000 and 2010, both at the Basic Geostatistical Area and at the blocks level (those with the most existing details in Mexico). A series of spatial analysis techniques were applied, through the Geographic Information Systems (simple measurements of spatial statistics, global and local spatial autocorrelation, bivariate spatial correlation, and temporal space).

Results: The results are overwhelming: clusters of spatial concentration of older adults were identified in the oldest parts of the city, which in part replicate the process of expansion of Mexico City. This shows the limited residential mobility of this population, due to cultural and economic issues. Another important finding is that this population lives mainly in areas with good levels of well-being, but the tendency in the future is that these circumstances will be transferred to the poor periphery.

Discussion and Implications: These results can provide important information for the design of differentiated public policies that modulate the residential segregation towards its positive part, through the knowledge of the magnitude and location of the elderly.

Translational Significance: Policies are needed to address the problem of segregation in the elderly.

Health Care Professionals and Older Adult's Perspectives on Barriers to Detection of Older Adult Abuse in Mexico City

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Natalia Guevara Jaramillo, Instituto de Investigaciones Sociales (nataguevara@yahoo.com)

Background and Objectives: Health care professionals, especially doctors, nurses, psychologists and social workers, play an important role in preventing, identifying and shining a light on elder abuse. In this paper we intend to explore perceptions of health care professionals regarding barriers to the detection and management of elder abuse cases in Mexico City health centers.

Research Design and Methods: This is a qualitative and transversal study with an ethnographic focus. We conducted 30 semi-structured interviews with health care professionals (doctors, psychologists, nurses and social workers) employed in public health services of the Mexico City government. Interviews were recorded and transcribed. We took field notes in health care centers, and performed thematic analysis.

Results: Information gathered about health care professionals' perceptions was organized into four subjects: 1. Institutional and administrative aspects within Mexico City's health services (individual, institutional and inter-institutional work); 2. Elder abuse and its relationship to public health (health professionals' perception of elder abuse as a social rather than public health problem, elder abuse awareness and management of abuse cases); 3. Perceptions about older adults and their social environment; and 4. Consequences of attention towards elder abuse (legal aspects and fear of retaliation).

Discussion and Implications: As other studies have also indicated (Anetzberger et al., 2005), this study underlines the need to educate and train health care professionals to recognize and respond to elder abuse, as well as the need to institutionalize clinical attention to elder abuse and treat this issue as a public health problem.

Translational Significance: If health care systems are to achieve more appropriate responses to elder abuse, understanding the barriers to abuse detection is indispensable.

Community Based Gerontology Model for Healthy Ageing

Víctor Manuel Mendoza Nuñez, Unidad de Investigación en Gerontología (mendovic@unam.mx)
Marissa Vivaldo-Martínez, Unidad Investigación Gerontología (marissa.vivaldo@gmail.com)

Background and Objectives: National Autonomous University of Mexico (FES Zaragoza, UNAM), has developed a Community Model of Healthy Ageing. This model considers the active participation of elderly in the prevention and control of chronic noncommunicable diseases (CNCD) linked to old age, and maintain the functioning.

Research Design and Methods: The study is based on a qualitative methodological approach, namely participative action-research, directed towards the delimitation of the main components to be incorporated into the actual community development program.

Results: Even though we have achieved satisfactory results so far, a limitation of the program has been the difficulty associated to its implementation in the absence of direct institutional supervision and support. Therefore, we have incorporated two complementary elements to the original model – resilience and generativity- with the purpose of assuring a more comprehensive impact through the enforcement of contextual and personal variables directly relevant to healthy ageing.

Discussion and Implications: We identified three stages in the development of the model: (i) Informative. Community activities were centered in the transmission of relevant information on ageing, (ii) Formative. The model evolved towards the formation of promoters through a constructivist perspective, helping along the empowerment of aged people supported by a horizontal educational process, framed in active ageing, and (iii) Emancipatory. In this last stage we find that resilience and generativity are basic elements to strengthen and enhance human capacities during ageing, because they allow people to change attitudes regarding self-care, re-establish a sense of self confidence and the capacity and appropriation of power.

Translational Significance: Our experience suggests that the empowerment of older adults framed in a model based on community gerontology should be recognized and incorporated into the State Health System as an option to prevent CNCD and promoting functioning.

PAPER SESSION II: SOCIAL DETERMINANTS OF HEALTH IN THE U.S.

Childhood Adversity and Multimorbidity in a Racial/Ethnic Diverse Sample of Older Adults

Elizabeth Vásquez, State University of New York at Albany (evasquez2@albany.edu)

Background and Objectives: Childhood adversity (CA) has been associated with increased health risks later in life. However, it is unclear whether CA may be associated with multimorbidity among diverse racial/ethnic middle-aged and older adults. We evaluated whether there were racial/ethnic differences in the association between CA and the number of somatic and psychiatric multimorbidity combinations in a sample of U.S. middle age and older adults.

Research Design and Methods: Data from the 2012-2013 National Epidemiologic Survey on Alcohol and Related Conditions (N = 10761; >55 years) were used to test whether the number of self-reported somatic conditions (i.e. heart disease, hypertension, stroke, diabetes, arthritis, cancer, osteoporosis, and chronic lung problems) as well as DSM-5 psychiatric disorders (i.e., depression) during the past 12 months differed by history of CA, age (i.e., 55-64 or >65), or racial/ethnic group (i.e., non-Hispanic White (NHW; n=7476), non-Hispanic Black (NHB; n=2003), and Hispanic (n=1282). *Results:* The prevalence of reporting >2 somatic conditions or psychiatric disorders was 48.8% and 11.4% for those with CA history, and 41.1% and 3.3% for those without CA history. Adjusting for sociodemographic and other health risk factors, CA history was significantly associated with greater numbers of somatic conditions among racial/ethnic middle age adults but this was not the case for older adults.

Discussion and Implications: Our findings suggest that middle age adults with a history of CA are more likely to suffer from somatic and psychiatric multimorbidity, highlighting the importance of screening for CA in promoting healthy aging.

Translational Significance: It remains increasingly important to address the effects of CA in combination with multimorbidity in order to improve the overall health of middle age and older adults.

Ethnic differences in Arizona Hospital Utilization Trends: Population-level Evidence for a broader Hispanic Health Paradox

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Background and Objectives: Despite a significantly worse risk factor profile, Hispanics experience lower incidence of most diseases and live longer than non-Hispanic Whites (NHWs). This epidemiological phenomenon commonly referred to as the Hispanic mortality paradox is robust, replicated, and characterized by relatively large effects. An important question is whether this ethnic advantage in longevity reflects a broader health advantage. The current aim was to examine whether Hispanics experience a broader health advantage by examining state-level hospital utilization.

Research Design and Methods: Inpatient hospital utilization rates per 1,000 and confidence intervals were generated using the American Community Survey (ACS) public use microdata and the Arizona Department of Health Services (ADHS) Hospital Discharge Data for the period of January 1, 2008 through December 31, 2015. In Arizona, there were over 500,000 inpatient admissions per year in the ADHS HDD. The current data exclude mental health hospitals as well as child and pregnancy admissions. Subgroup population estimates by race/ethnicity, age, and payer status and their corresponding confidence intervals were estimated using replicate weights from the ACS.

Results: Overall, NHW adults consistently exhibited significantly greater hospital utilization than Hispanics in Arizona. Accounting for population size differences, the average annual hospital admission rates for NHWs were 130 per 1,000 NHW vs 60 per 1,000 Hispanics; a two-fold difference. These omnibus differences remained when the data was disaggregated to look within 4 insurance status categories (Medicare, Medicaid, private, and uninsured) and within age. In addition to lower utilization, Hispanics did not appear to enter the hospital in worse condition. For example, the average in-patient mortality rate for NHWs was 17.84 per 1,000 NHW admissions versus 15.42 per 1,000 Hispanic admissions. These admission and outcome trends held in Emergency Department (ED) utilization.

Discussion and Implications: Hispanics are more than 2:1 less likely to use the hospital system and have lower mortality when admitted in the state of Arizona. These differences are evident in both in-patient admissions and ED use and hold within insurance and age categories, supporting a broader Hispanic health advantage. Implications for health surveillance and resilience mechanisms will be discussed.

Socio-Demographic Disparities in the Neighborhood Nicotine Retail Environment

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Background and Objectives: Latinos may be disproportionately exposed to vice stores (e.g., tobacco retailers) at the neighborhood level, however, previous study findings are difficult to interpret due to inconsistent outcome measurement. We extend the literature by using spatial methods to examine whether, in California (CA) census tracts, a greater percentage Latino population is associated with greater density of alcohol and tobacco retailers, and whether there are age disparities in exposure to vice stores in tracts with predominantly Latino populations.

Research Design and Methods: We combined data on alcohol and tobacco retail licenses with American Community Survey (2012-2016) data on CA tracts (N=7,814). Bivariate analyses examined mean alcohol and tobacco retailer density per kilometers of roadway in tract for predominantly Latino tracts (>60% Latino; n=1,833) versus non-Latino tracts. We compared OLS regressions with spatial lag models predicting alcohol and tobacco retailer density (logged). Covariates included socio-demographic characteristics, population density, percent of tract classified as commercial land use, and density of other vice stores.

Results: Mean tobacco density was higher, and alcohol retailer density lower, in predominantly Latino census tracts. Spatial lag models accounting for spatial dependencies showed that, net of controls, a greater percentage Latino within tracts was associated with higher tobacco retailer density, but marginally significantly associated with higher alcohol retailer density. In predominantly Latino tracts, the proportion of Latinos who were middle age (25-54) was associated with higher alcohol retailer density.

Discussion and Implications: Our findings, that Latinos are disproportionately exposed to tobacco retailers in CA census tracts, suggest that retail environment studies must account for the spatial relationship of vice stores and neighborhood characteristics. These disparities are troubling considering the retail environment is associated with health behaviors.

Translational Significance: Policymakers and urban planners should consider potential health impacts on minority adults over the life course when permitting vice stores and designing tobacco and alcohol control interventions.

PAPER SESSION III: ENVIRONMENTAL INEQUALITY AND HEALTH

Environmental Inequality in the Americas: Unequal Exchange, Labor, Pollution, and Health

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Background and Objectives: Individual- and group-based disparities in aging and health resources, shaping the lives of Latinos and non-Latinos throughout the Americas and highlighting the important link that exists between environmental inequality, aging, and health. Environmental inequality and justice scholars, though often ignoring the relationship between environmental inequality and aging, have made great strides over the past 25-30 years in defining environmental inequality and justice; explaining the successes and failures of environmental justice organizations; measuring and explaining the existence and extent of environmental inequality in specific locations; and investigating cross-national transfers of pollution, waste, and resources between wealthy and developing nations. Nevertheless, the conceptual tools and explanatory models employed in each of these areas of environmental inequality and justice research have largely remained separate from each other, producing an important but somewhat fragmentary and incomplete explanatory framework and body of knowledge.

Research Design and Methods: None.

Results: None.

Discussion and Implications: This paper argues that the concept “unequal exchange,” which has been used extensively by researchers studying cross-national transfers of pollution, waste, and resources, can be used to more closely link these disparate areas of research. Unequal exchange can also be used to define environmental inequality and justice, think more deeply about the ramifications of environmental inequality and justice, explain the existence and historical transformation of environmental inequality and justice in specific locations, and better understand race, ethnic, gender, and class disparities in health and aging. Finally, unequal exchange can help us better understand how environmental inequalities in different places are linked to each other and how these inequalities shape migration and other lifecourse experiences.

Translational Significance: Reducing local, national, and global levels of unequal exchange can thus play an important role in improving the health and aging experiences of Latinos in the Americas.

Environment, Inequality and Human Well-Being in Latin America: Perspectives from Sustainability Science and Macrosociology

Andrew Jorgenson, Boston College (andrew.jorgenson@bc.edu)

Background and Objectives: Sustainability requires reducing the carbon intensity of human well-being: the level of CO₂ emitted per unit of human well-being.

Research Design and Methods: I examine how multiple forms of inequality and poverty affect the carbon intensity of human well-being in cross-national and sub-national contexts, while taking into account the effects of other socio-economic and political factors.

Results: Findings from longitudinal models indicate that the carbon intensity of human well-being is positively associated with multiple forms of income inequality as well as poverty rates.

Discussion and Implications: These findings suggest that reducing inequality and poverty are potential pathways to sustainability in both sub-national and cross-national contexts.

Translational Significance: Reducing income inequality and poverty will likely have both health and environmental benefits.

How Exposure to Air Pollution Varies by Hispanic/Latino Ethnicity: Across Time and Space

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Background and Objectives: The literature examining the variation in exposure to environmental hazards by race and ethnicity has provided robust evidence that communities of color have been continually exposed to more environmental toxics than predominantly non-Hispanic White communities. However, this body of work has yet to fully examine how the Hispanic population fits in to this picture. Despite the fact that there has been a great deal of media attention that the Hispanic population has grown substantially in the U.S. over the past few decades, this population is quite ethnically heterogeneous and demographic patterns vary substantially across these groups. It is likely that the histories and social characteristics of these groups has led some to settle predominantly in more environmentally dangerous areas than others.

Research Design and Methods: This paper seeks to explore these relationships by estimating the amount and toxicity of pollution exposure that some of the larger groups that make up the Hispanic population in the U.S. (i.e. Cuban, Dominican, Puerto Rican, Mexican) have experienced over time across the United States. This is achieved by interpolating demographic data from the 1990, 2000 and 2010 censuses to provide annual population estimates at the census tract level from 1995 to 2004. These data are overlaid with modeled air pollution exposure for 415 industrial chemicals, weighted by their toxicity to human health for every 1 kilometer square in the continental United States. Average estimated exposures by ethnic groups are estimated annually and examined in regionally specified multilevel models.

Results: These results will help to reveal how industrial pollution varies by ethnic group in order to provide a clearer picture of the health risk experienced by this diverse population.

Discussion and Implications: Such work is essential to understanding the socialstructural underpinnings of disease in America's growing Hispanic communities.

Translational Significance: More policy attention should be devoted to the health consequences of industrial pollution on Hispanic communities.

Understanding Inequality in Health Risks in a Changing Climate

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Background and Objectives: Urbanization and environmental change pose systemic, yet nuanced health risks to urban populations.

Research Design and Methods: To analyze health risks we gathered, validated and analyzed data on temperature, air pollution, mortality, and socioeconomic vulnerability in the Latin American cities of Bogota, Colombia, Mexico City, and Santiago de Chile. We combined different methods – e.g., time series, generalized linear models (GLMs) with Poisson log-linear distribution to calculate the relative risk of dying from exposure to air pollution or weather at the city level, and multicriteria vulnerability indices.

Results: We found that the spatial differences in socioeconomic vulnerabilities within cities do not necessarily correspond with the spatial distribution of health risks associated to pollution. Furthermore, the intra-urban spatial differences in socioeconomic vulnerability do not necessarily correspond with the spatial distribution of health impacts. However, for the most part, global warming and urbanisation contribute to intra- and interurban inequalities in populations' capacity to adapt to and mitigate health risks. Differences in this capacity mostly depend on differences in socioeconomic status, springing from social inequality, i.e., from differential access to the asset base from which response actions and investments can be made.

Discussion and Implications: Our findings show that wealthy and educated populations – who tend to live longer – may be equally at risk to the health implications of air pollution.

Translational Significance: Policies designed to mitigate these risks should use multiple indicators beyond socioeconomic characteristics as predictors of a population's risk in relation to air pollution.

PAPER SESSION IV: RELIGION AND HEALTH

Religion and Health among Hispanics: Exploring Variations by Age

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Background and Objectives: The Hispanic Paradox specifies that Hispanics tend to enjoy better health than Anglos even though Hispanics have greater health risk profiles. The purpose of this study is to see if these advantages can be traced to social relationships in religious institutions. In the process, an effort is made to contribute to the literature by focusing on a key biomarker of health - Epstein Barr Virus antibodies (EBV).

Research Design and Methods: The data come from a nationally representative survey of adults in the United States. Data provided by Hispanics (N = 366) and non-Hispanic Whites are used in the current study (N = 901).

Results: Three findings emerge from the data. First, statistically significant differences in EBV did not emerge between Hispanics and non-Hispanic Whites. Second, the data indicate that emotional support that is received from fellow church members is associated with lower EBV values among Hispanics of all ages, but not among Whites of all ages. In contrast, emotional support that is received outside religious institutions failed to provide similar protective effects for Hispanics. Third, there do not appear to be significant age differences in the relationships among ethnicity, church-based social relationships, and EBV.

Discussion and Implications: Hispanics appear to enjoy biologically observable health advantages from church-based social relationships but the same benefits do not appear to be afforded to Whites. Moreover, the health-related advantages observed among Hispanics only emerge in church-based social relationships and not social ties outside the church. The fact that there are no age differences in this relationship suggests that church-based social relationships provide potential lifelong benefits for Hispanics.

Translational Significance: Bolstering social relationships in the church represents a potentially important way to improve the health of Hispanics of all ages.

Religious Involvement and Sleep Quality among Older Mexican Americans

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Background and Objectives: Despite a considerable body of work on religion and health, the potential role of religious factors in shaping sleep quality remains understudied. Our study addresses two key questions raised in previous literature: (1) Is religious attendance –perhaps the most common indicator of religious involvement in the health and aging literature—associated with sleep disturbance among older Mexican Americans? (2) Does depression mediate any observed association between religious attendance and sleep within this population? Research

Design and Methods: Relevant hypotheses were tested using OLS regression models of cross-sectional data collected from the original cohort of the Hispanic Established Population for the Epidemiologic Study of the Elderly (H-EPESE). The baseline H-EPESE was based on a probability sample of 3,050 Mexican Americans ages 65 and older drawn in 1993-1994. Due to missing data on our focal variables, our final analytic sample included 2,408 respondents.

Results: OLS models indicated that religious attendance was a strong predictor of sleep disturbance (measured via four-item index), with controls for mobility status, social integration and support, and a host of sociodemographic factors. Subsequent adjustments for depressive symptoms eliminated the link between attendance and depression, and mediation analyses confirmed the existence of a significant mediating pattern.

Discussion and Implications: These findings add to the existing evidence that religious involvement is associated with better sleep quality largely due to reduced depressive symptoms among regular churchgoers, and this work also provides new information on an understudied population: older Hispanics. Several limitations and promising future research directions are discussed.

Translational Significance: Policies designed to facilitate involvement with religious communities could contribute to the sleep quality of older religious Mexican Americans.

Religious Participation and Mortality Risk in Mexico

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Background and Objectives: Although several studies suggest that religious involvement tends to favor longevity, most of this work has been conducted in the United States. This paper explores the association between religious participation and all-cause mortality risk in Mexico.

Research Design and Methods: We used data from the 2003-2015 Mexican Health and Aging Study (n = 14,743) and the Cox proportional hazard regression model to formally assess the association between religious participation and all-cause mortality risk.

Results: Our key finding is that older Mexicans who participate once or more per week in religious activities tend to exhibit a 20% reduction in the risk of all-cause mortality as compared to those who never participate. This estimate persisted with adjustments for health selection (ADL, IADL, cognitive functioning, and depressive symptoms), several potential mediators (social support, smoking, drinking, and chronic disease burden), and a range of sociodemographic characteristics. While we observed considerable health selection due to functional limitations and mental health, we found no evidence of mediation.

Discussion and Implications: Our results confirm that religious participation is associated with lower all-cause mortality risk among older adults in Mexico. Our analyses contribute to previous research by replicating and extending the external validity of studies conducted in the United States and Denmark.

Translational Significance: Policies designed to facilitate involvement with religious communities could contribute to the longevity of older religious adults in Mexico.

Factors Associated with Attendance at Religious Services in Mexican Older Adults

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Background and Objectives: Religion is recognized as an external experience of formal expression with associated traditions and practices shared by a faith-based group. In the elderly, it has been studied that religion have a positive role in individuals' health and well-being. As religion is highly important in older adults lives, the maintaining of connection with familiar religious practices sustains faith connection for people with dementia. Church attendance rates in Mexico are among the highest in the world, with almost 50% of Mexicans attending church services weekly. Specifically, 84% of Mexicans report that religion is very important or important, whereas only 3% claim that religion has no meaning in their lives. Attending religious services or participating in other religious activities may be associated with better health behaviors because religious organizations often provide information or activities related to health topics that may lead to healthier lifestyles. Therefore, the aim of this study is to evaluate the factors associated with attendance at religious services in Mexican older adults.

Research Design and Methods: Data for this analysis come from Wave 3 (2012) of the Mexican Health and Aging Study.

Results: The average age is 63.99.2, 43.9% are women, 82% attends religion services, 73.9% think that the importance of religion is very important. Co-variables were taken into account: importance of religion, age, sex, years of school, comorbidities, self-rated health, medical attendance, financial status, mobility/disability, cognitive impairment and support from any person. According to the adjusted model, only importance of religion (OR 0.22, p<0.001, CI 95% 0.19-0.25), age (OR 0.98, p<0.001, CI 95% 0.97-0.99), being women (OR 0.87, p = 0.04, CI 95% 0.76-0.99) and comorbidity (OR 0.66, p=0.009, CI 95% 0.49-0.90) were statistically significant.

Discussion and Implications: The importance of religion plays a very important role in the elderly, it does not matter if there is any physical condition that limits it, as long as they consider religion something important.

Translational Significance: The fact that older adults attend to religious services is very important since faith and prayers to God make them feel they will have a better health status, and that could improve their individual conditions.

PAPER SESSION V: DEMENTIA AND CAREGIVING

Why Mexican American Caregiving Families Choose to Use or Not Use Long Term Support Services

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Background and Objectives: Mexican American (MA) elders are the fastest growing group of elders in the US and more functionally impaired at younger ages than other elders, yet use long term support services (LTSS) disproportionately less than other groups. Costs can be reduced by using LTSS, decreasing re-hospitalizations, emergency visits, elder functional impairment, and caregiving burden. The objectives are to present evidence found during the ENCASA 18-year program of study, of why these services are under-used.

Research Design and Methods: Designs were CBPR, interdisciplinary, and mixed methods, including ethnography, grounded theory, descriptive, and randomized control trial.

Results: Familistic norms, experiences of discrimination, lack of knowledge and confidence in home health services, and culturally specific decision-making processes by MA elders and caregivers are barriers. More use of services associated with elders' lower levels of physical health and independence and more confidence in services; and caregivers' financial resources, service awareness, and low subjective burden. Systems-wise, the odds for Latino elders' receiving referrals was significantly lower than for Anglo elders; uninsured clients received fewer referrals than those with Medicaid, Medicare or private insurance; and an integrative literature review of research studies showed that policy causes information and access incongruent with MA families' needs regarding end-of-life decisions.

Discussion and Implications: MA voices and trials provide evidence that providers and the healthcare system should address the historical, cultural uniqueness of this large and growing population to shape more effective, family-oriented precise matching of care options, based on culture and socio-political barriers.

Translational Significance: Findings may be translated into Alzheimer's Disease specific care by tailoring care delivery to present options in a family/group-oriented rather than individualistic approach, with sensitivity to cultural and language needs. Access for MA families so that they make informed decisions to use the right service at the right time would be increased.

Non-contributory Pension Programs and Caregiving of Older Adults

Emma Aguila, University of Southern California (eaguilav@price.usc.edu)

Background and Objectives: In recent decades, many studies have explored the effects of non-contributory pensions (NCP) on aggregate poverty, household investment in human capital, health, and subjective well-being of older adults. Few studies, however, have investigated the effect of NCP on informal care for older adults. We investigate whether access to a pension affects the dynamics of receiving informal care.

Research Design and Methods: We use panel data of 944 adults at least 70 years of age in two communities of Yucatan, Mexico. The data were collected in 2008 and 2009 among treatment and control groups before and after implementation of a NCP. We employ difference-in-differences approach.

Results: Both those receiving a NCP and those not receiving one received fewer hours of care over time. The decrease in number of hours of care, however, was lower for those who received a NCP. The number of caregivers, particularly of grandchildren providing care, also decreased. The decreases were lower for men than for women.

Discussion and Implications: Where no formal public long-term care services exist, as in Mexico, informal care becomes the main source of care for older adults. The fact that the NCP reduced care by grandchildren may indicate substitution between formal and informal care and the need to generate strategies to support current caregivers.

Translational Significance: Substitution of unpaid care following receipt of a NCP shows how such policies may affect care for older adults. Such findings have many implications for policymakers considering specific formal strategies to support caregivers.

PAPER SESSION VI: EMERGING SCHOLARS RESEARCH

The Influence of Neuropsychiatric Symptoms on the Psychological Well-Being of Family Caregivers: Findings from the H-EPESE

Maria Aranda, University of Southern California (aranda@usc.edu)

Background and Objectives: Providing care to older persons can be meaningful and satisfying to family caregivers. On the other hand, caring for older adults who exhibit neuropsychiatric symptoms may be deleterious to the caregiver's own wellbeing. Little is known about the consequences of caring for older adults with neuropsychiatric symptoms in racial and ethnic populations.

Research Design and Methods: Using population-based data from the HEPSE, we examined the association of sociodemographic, caregiving context, physical and functional health and neuropsychiatric symptoms (NPI score) on the psychological wellbeing of 637 English- and Spanish-speaking family caregivers.

Results: Slightly over 60% completed the interview in Spanish, 3 of 4 respondents were females, the average age was 56, and around 75% were adult children. In terms of care recipients' neuropsychiatric symptoms in the past month, 31% displayed no symptom, 26% displayed 1 to 2 symptoms, 25% displayed 3 to 4 symptoms, and 18% displayed more than 5 symptoms. Based on the CES-D, we found that the mean level of depressive symptomatology is relatively low in this sample (4.9, sd = 7.01). Yet, caregivers to older adults who displayed 3 or more neuropsychiatric symptoms had higher depression levels than caregivers who displayed no symptoms. Receipt of Medicaid, caregiver self-rated health, and care recipient frailty were significantly related to caregiver depression levels. Interaction effects were noted with respect to language of interview, neuropsychiatric symptoms, and hours of ADL assistance.

Discussion and Implications: Our work highlights the psychological effects of caring for older adults with neuropsychiatric symptoms as well as physical frailty and poor caregiver health. Caregiver psychological wellbeing is an important public health issue given the potential consequences of depression.

Translational Significance: Identification of caregivers caring for loved ones with high NPI symptoms can inform delivery of caregiver and care recipient interventions and services.

Biological Risk Profiles among Latino Subgroups in the Health and Retirement Study

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Background and Objectives: Information on the health of Latinos is typically obtained from self-reports or diagnosis by health professionals. Evaluating health patterns using self-reports that rely on interaction with the health care system may result in an incomplete portrait of Latino health due to differences in health insurance coverage, health care access, and utilization of care. Measures of biological risk factors provide objective indicators of health status that are related to the onset of disease and disability. The objective of this analysis is to examine biological risk profiles by race, ethnicity, and nativity to better understand health pattern among the Latino population.

Research Design and Methods: We used data from the 2006-2012 Health and Retirement Study to compare cardiovascular, metabolic, inflammatory, and total biological risk profiles among U.S.-born Mexicans, foreign-born Mexicans, U.S.-born Puerto Ricans, island-born Puerto Ricans, U.S.-born otherLatinos, foreign-born other Latinos, and U.S.-born Whites.

Results: Latinos are heterogeneous in biological risk profiles. U.S.-born Mexicans, foreign-born Mexicans, U.S.-born other Latinos, and foreign-born other Latinos had a higher rate of cardiovascular risk relative to Whites. U.S.-born Mexicans, foreign-born Mexicans, island-born Puerto Ricans, and foreign-born other Latinos had a higher rate of metabolic risk than Whites. Island-born Puerto Ricans were more likely to have inflammation than Whites. When assessing total biological risk, U.S.-born Mexicans, foreign-born Mexicans, island-born Puerto Ricans, and foreign-born other Latinos had a higher rate of total biological risk than Whites. The observed race/ethnicity/nativity differences were largely attenuated when accounting for socioeconomic status, an indication that high levels of risk among Latino subpopulations relative to Whites is related to low socioeconomic status.

Discussion and Implications: Our findings demonstrate the usefulness of using objective measures of risk for health among older adults and is valuable in addressing Latino subgroup health disparities that mainly rely on self-reported health data.

Translational Significance: Using indicators of biological risk provide a more comprehensive picture of population health as well as being able to disentangle health differentials among Latino subpopulations. Health and Access to Care among Migrants Returning from the United States to Mexico

Health and Access to Care among Migrants Returning from the United States to Mexico

Ana Canedo, University of Texas at Austin (anacanedo@utexas.edu)

Background and Objectives: It is estimated that between 2005 and 2015, nearly two million people returned voluntarily to Mexico from the United States (ENADID). Currently, figures continue to show high rates of voluntary-return migration to Mexico, with migration flows to the U.S. steadily declining (Mexican Census). This brings into question the following: Who bears the health care costs of return migration? And what are the primary healthcare needs of the Mexican migrant population?

Research Design and Methods: In this context, the present study aims to examine the age-related health and health care utilization patterns of Mexican voluntary-return migrants by using data from the Survey of Migration at Mexico's Northern Border (EMIF Norte, for its Spanish acronym) for the 2014-2017 period. (n = 18,617). The analyses assess how these patterns vary by age among those who chose to return because of health reasons in comparison to those who had other motivations for returning. w

Results: There is an upward trend in respondents citing health reasons for returning home between 2014 and 2017. Migrants returning due to health concerns are predominantly middle-aged adults (mean age: 45 years). Multivariate analyses will examine competing age-related risk factors for return migration across the adult life course.

Discussion and Implications: Given the vast majority of respondents' lack healthcare coverage in Mexico, it is crucial to understand their healthcare needs and inform the design of policies that seek to improve both health outcomes and healthcare access for returnees

Translational Significance: Findings from this study will allow policymakers to reduce the vulnerability of Mexican voluntary return migrants by better understanding their healthcare needs.

When Neighborhood Becomes Family: The Role of Kin & Fictive-Kin in Decisions to Age in Place in a Latino Enclave

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Background and Objectives: Existing scholarship often assumes that biological family members have the most influence in shaping where older Latino/as decide to age in place. However, fictive kin in the neighborhood are also regarded as family and become significant motivators for aging in place. The current study contributes to the literature on Latinos and aging by examining the role of family and fictive-kin in a Northern New Jersey Latino enclave. The research asks: What role do family and fictive-kin have in decisions to age in place? What are the factors and motivations that influence wanting to age in a Latino enclave? Lastly, why do older Latinos choose to reside in the enclave instead of relocating to the suburbs with immediate kin?

Research Design and Methods: To address these questions, I conducted twenty months of intense ethnographic research and sixty-five in-depth interviews in Spanish and English among Latino ages 65 and older.

Results: I argue that it is not so much biological or blood ties that determine aging Latino/a's decisions but rather a constellation of concerns, including the economic situations and emotional bonds they have with their biological family members, as well as their quality of relationship with fictive kin who can provide various kinds of support and access to social and medical services in their current ethnic communities.

Discussion and Implications: This study demonstrates that older Latino/as are not blindly following the assumed "cultural tradition" of living with biological kin but that they proactively evaluate where they can create the most ideal conditions for aging, given their set of emotional, social, medical, and economic concerns.

Translational Significance: Findings from this study are of potential value to policy makers and practitioners interested in assessing the resources, support networks and needs of aging Latino/as in urban communities.

Racial Differences in Proximity to Family Caregivers among Disabled Older Adults Adriana

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Background and Objectives: As the population ages an increasing number of Americans will become disabled and require help with daily activities. For most, family provide substantial amounts of care. Hispanic and black older adults are both more likely to have disabilities and to rely on family for caregiving. This paper examines two questions: What is the size and proximity of potential family caregiving networks for the disabled? Are there racial differences in the size and geographic dispersion of these networks?

Research Design and Methods: Using the Panel Study of Income Dynamics we estimate the size and proximity of the potential family caregiving networks for older adults aged 40 and older with at least one ADL or IADL. We estimate the weighted distribution of availability of children, parents, and spouses as potential sources of support. We also conduct multinomial logistic regression to estimate racial differences in family availability controlling for demographic and socioeconomic characteristics.

Results: Hispanics have the largest number of family to draw on for care, however not all of these family members live close, with some family living outside of the U.S. About 15 percent of disabled older Hispanics do not have family living close (less than 200 miles), whereas only 9 percent of whites and 6 percent of blacks do not have family close.

Discussion and Implications: As the population continues to age, the need for caregivers will increase and the burden will likely fall on family to provide care. Proximity to family caregivers may contribute to health disparities across racial groups and are important to document as family become spread across large geographic spaces.

Translational Significance: A large number of Hispanic older adults with limitations do not have any family living nearby, which highlights the need to improve access to community-based support services for older adults.

Emerging Scholars Abstracts

The Effect of Diabetes on the Cognitive Trajectory of Older Mexican Adults

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

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

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

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

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

No Children, No Housing: Health Consequences for Latina and Hispanic Women

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Background and Objectives: Aging Latina and Hispanic women without children experiencing homelessness and housing instability have limited shelter and housing resources available to them in Tucson, Arizona. These women may have never had children, their children may be adults, or their children may no longer be in their care due to violence, legal matters, child custody issues, and immigration problems. They face significant mental, emotional, and physical health consequences that are further exacerbated when coupled with inadequate shelter and housing options. This study reports findings from a SAMHSA funded Mujer Sana ~ Healthy Woman project – a substance abuse, HIV/STI, hepatitis, and tuberculosis prevention and treatment enhancement program serving women experiencing homelessness and women enrolled in residential substance abuse treatment programs for women.

Research Design and Methods: Quantitative data with regard to housing instability and its broad consequences were collected during one-on-one interviews with participants at program intake, and at 3-months, 6-months, and 12-months post intake. Results: Latina and Hispanic identified participants in this project (n = 226) lived in the southwestern United States in the US - Mexico border region. Findings detail the considerable extent of health related problems associated with homelessness, and a description of shelter and housing resources available to women without children in Tucson, Arizona.

Discussion and Implications: The mental, emotional, and physical health consequences experienced by aging Latina and Hispanic women without children experiencing homelessness and housing instability have bearing on a woman's personal functioning, quality of life and ability to overcome homelessness. These barriers become more intense and are more challenging to address as women age, which highlights the need for housing dedicated to women living without children.

Translational Significance: Suggestions for advocates and service providers to prevent and assist aging Latina women experiencing housing instability and homelessness.

Living Arrangements and Cognitive Decline in the Mexican-American Population

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Backgrounds and Objectives: The prevalence of dementia in the elderly Latino population is expected to significantly increase from around 200,000 cases in 2000 to as many as 1.3 million cases in 2050. This demographic trend has important consequences for options in care and living arrangements. Very little is known about how of cognitive impairment trajectories co-vary with support available to Mexican Americans. We examine the relationship between living arrangements and the social support of individuals with dementia.

Research Design and Methods: Using data from nine waves from the 23 years of the Hispanic EPESE (n=3,952), we examine trajectories of cognitive functioning and family and social support. We first describe the change in Mini Mental Status Examination (MMSE) scores for survivors from Wave 1 (1993/1994) to Wave 9 (2015/2016), n=255. Growth Mixture Modeling (GMM) is then used to assess how changes in MMSE scores are distributed among living arrangements for individuals living independently compared to household extension (living with others) using the full sample. Results: Analyses reveal different trajectories in MMSE score. 12% (n=27) of the sample had no decrease, while the remaining (88%) were split between moderate decline (60% n=136, 1-10 point decline in MMSE) and severe decline (28% n=62 >10 point decline in MMSE). Changes in living arrangement over the same period show that 89% of individuals who move from independent living into extended household experienced cognitive decline.

Discussion and Implications: This study provides new information on how cognitive trajectories are associated with living arrangements. We discuss implications for improving community-based interventions for Latino family caregivers.

Translational Significance: Where you live in late life matters. Health affects where you live but this research suggests that cognitive health is affected by where you live. There may be protective effects of living independently.

Latina Breast Cancer Survivors: Finding Strength and Resilience in the Cancer Experience

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Background and Objectives: This study describes the resilience, self-care and selfeducation characteristics of breast cancer Latina survivors in Southern California.

Research Design and Methods: This study analyzed qualitative data collected as part of a study of Latina breast cancer survivors in Los Angeles County. Data comprise 12 focus groups conducted in 2009 and 2010 with 74 breast cancer Latina survivors, 6 focus groups carried out in Spanish and 6 in English. This study involved a nonprobability sample of 74 Latinas who were diverse in terms of demographic characteristics including age, stage at diagnosis, time since diagnosis, educational level, insurance status, and English-proficiency. Data were analyzed using a thematic analysis approach to identify and describe meaningful categories of breast cancer experiences expressed by focus group participants. The procedures included reading and summarizing the verbatim focus transcripts and comparing the summaries to prior coding conducted as part of the original analysis. Additional coding then commenced to address concepts that were not the subject of prior work. Common themes as well as variations in experiences are described.

Results: Preliminary analysis identified resilience strategies among Latina breast cancer survivors and differences in self-education and self-care between Latinas of varying acculturation levels. Preliminary resilience strategies identified include: family and friend support, faith community, maintaining positive attitude, pursuing healthful lifestyle changes and health education, and helping others. More acculturated Latinas appeared more empowered to educate themselves and be proactive in their recovery than less acculturated Latinas.

Discussion and Implications: Although this study identified notable differences (or within group disparities) in care experiences, it is important to recognize facilitators of strength and resilience in order to understand and disseminate strategies that support cancer survivors' wellness.

Translational Significance: Findings from this study will help inform future cancer screening programs and interventions tailored to this population.

Nativity and Citizenship Effects on Older Adults' Access to Care

Hilary Flowers, UCLA (hflowers@ucla.edu)

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

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

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

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

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

The Role of Psychosocial Stress in Osteoporotic Fractures

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Background and Objectives: Aging related fracture incidence rate is greater among White women, but it is quickly increasing in Latina women. Additionally, mortality rates following hip fractures are higher in non-White women and may be related to treatment disparities. A better understanding of risk factors and mechanisms is imperative to address the increasing fracture burden among the rapidly aging Latina women. There is evidence that psychosocial stress increases fractures through stressed induced cortisol degrading bone mineral density (BMD). The objective of this study is to evaluate the role of psychosocial stress in altering BMD specific to Latina postmenopausal women.

Research Design and Methods: The WHI DXA cohort is a longitudinal cohort study in postmenopausal women in the USA including N=743 Latina women. Psychosocial stress was self-reported at baseline using three measures: Role Limitations due to Emotional Problems, Stressful Life Events, Social Functioning, Social Strain, and Social Support. Total Hip BMD was measured at baseline and year 3 using DXA. Descriptive cohort characteristics were compared on decreased BMD status. To evaluate the association between baseline psychosocial stress and decreased BMD we analyzed psychosocial stressors in log binomial models to estimate relative risk (RR) in Latina women.

Results: Confounders included age, BMI, education, and clinical trial arm. Social Support and Social Functioning were associated with decreased BMD in Latina women (RR=1.24, 95% CI: 1.07, 1.43 and RR= 0.99, 95% CI: 0.99, 1.00, respectively).

Discussion and Implications: For aging Latina women social network stress is associated with decreased BMD, supporting prior research indicating the protective effect of social networks to health outcomes in Latinos. This research suggests social network interventions may help to mitigate rising fracture rates in Latinos.

Translational Significance: Strong social networks are related to good bone health and may prevent fractures in Latinos. Fracture research should investigate the role of community cultural capital including social networks in Latino health.

Sexual and Reproductive Behavior among Aging, Near-Homeless Hispanic and White Substance-using Women

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Background and Objectives: Health is generally understood to be connected with age, socioeconomic status (SES), race and ethnicity. In order to best provide for all individuals, including those belonging to at risk populations, we herein assess socioeconomic background, knowledge and perceptions related to reproductive health among women with substance use issues.

Research Design and Methods: Data were collected by interviewing Hispanic (N=226) and White (N = 448) women currently using drugs and alcohol, prior to implementing a curriculum that provided information about sexual and reproductive health. Results: The sample reflects a mixed aged population of very low SES and respondents indicating challenging life situations. Nearly every second woman disclosed being raped in the past. 92% of the women gave birth to at least one child in their lifetime. One fifth of the mothers gave up their child(ren) for adoption, and 10% experienced having at least one child removed by Child Protective Services. One out of eight women reported having three or more male sex partners the past 30 days. Over 33% of women were diagnosed with one or more sexually transmitted infections (STIs) once in their lifetime. While a majority believed that male condoms (67%) and other barrier contraceptives (45%) are effective to prevent HIV infection, surprisingly many (35%) believed that hormonal contraceptives, spermicides, vasectomy and/or tubal ligation are somewhat or very effective in preventing HIV infection.

Discussion and Implications: Our study demonstrates the compounded challenges women in this study group face, suggesting that efforts to help these women should be holistic, and not focus only on singular aspects. Future analysis will test the hypothesis that older individuals, in both the Hispanic and White groups, preferentially take greater ownership regarding the use of contraceptives and sexual behavior to prevent STIs due to their greater life experience including own encounters with contracting and living with a sexually transmitted disease.

Translational Significance: Such baseline data as reported in this study are required to understand, promote and improve health outcomes over the life course, and particularly as at risk populations age.

Use of the Cultural Space of the Elderly in Guadalajara, Mexico City and Monterrey

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Background and Objectives: The work offers information about a less studied topic regarding old age in Mexico, specifically, about the use of cultural spaces by elderly people. By use, it is understood not only the visits by older people, but also, as will be seen, use is also the significance of volunteering, looking to go to museums to create and recreate their social capital and continue, or begin, to nurture their cultural capital. The work is guided under the lines of active aging, in which mobility, autonomy and access to culture are fundamental human rights for the elderly. Special attention is given to three states in Mexico and its major cities: Guadalajara, Mexico City and Monterrey

Research Design and Methods: The database used for analytics is the 2016 Museums Statistics, managed by the National Institute of Statistics and Geography. This database allowed us to analyze and crosstab a variety of variables along with age as the control variable Results: The results show that there is a significant number of older people who attend museums, as well as, who help and work as volunteers in museums. A relevant result show that some of the attendees to museums declared to be interested in cultural spaces due to motivation during their childhood. This fact should be compared with recent generations.

Discussion and Implications: Even though, public policies (federal and local) should promote more ways to the information and access to the elderly for these facilities in order to engage and encourage active aging in Mexico and to promote generational and social connectedness for elderly people. Interest and assistance to museums, and cultural spaces, lack of studies and comparisons in Mexico, especially for the third age group. Implications on this kind of studies should point to social connectedness of the elderly and intergenerational interaction.

Translational Significance: Research on the use and access to cultural activities and expressions among elderly should improve and disseminate its importance as tools to connect them with the society, their context and with other generations.

Initial Findings from the Evaluation of Recuerdos Perdidos/Lost Memories, a Telenovela for Caregivers of People with Alzheimer's Disease

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Background and Objectives: The number of Latinos with Alzheimer's Disease (AD) is expected to grow by 832% by 2060, yet, there is a lack of understanding of the disease. The Alzheimer's Association of Greater Los Angeles launched a bilingual, telenovela-style video series entitled "Recuerdos Perdidos/Lost Memories" to increase awareness and educate Latino caregivers about AD. Through sharing the story of a Latino family as they experience their grandmother's decline with AD, it provides information about AD, explains the warning signs of the condition and process of getting a diagnosis, outlines the disease progress and what to expect, as well as ways to access supportive services. This poster presents findings from an evaluation conducted with viewers.

Research Design and Methods: Individuals responded to surveys after having watched the telenovela during an in-person caregiver training session or online. Results: The majority of the viewers (n=328) were age >65 (66%), female (75%) and identified as Hispanic/Latino (55%). Almost 90% of the participants stated that watching the telenovela helped them understand what AD was, and to recognize the signs of AD (86%). 84% stated that watching it helped them understand the process of getting a diagnosis and to see how the disease affects the whole family (91%). Similar results were found among online viewers (n=129). In thinking about feelings before and after watching this telenovela, both groups showed significant decreases in their level of embarrassment and ability to criticize AD related behaviors.

Discussion and Implications: This telenovela appears to facilitate information for Latino adults about the signs of AD, getting a diagnosis and how the disease affects the family. It also appears to reduce stigma around the condition.

Translational Significance: The "Recuerdos Perdidos/Lost Memories" telenovela can serve as a culturally appropriate, psychoeducational resource that can be used to address lack of understanding about AD which can lead to stigma.

Effectiveness of a Psychoeducation Program Based on Family-Systemic Therapy

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Background and Objectives: Families need a comprehensive attention to provide high-quality caregiving to older adults. The constant need of adaptation of family members to multidimensional responsibilities demands ways of preventing and resolving family conflicts; nevertheless, supportive strategies are usually aimed at primary caregivers. This pilot study had the purpose to design, implement and evaluate the short-term effects of a psychoeducation program to improve family communication and decisionmaking regarding health care practices for older adults.

Research Design and Methods: Between 2016 and 2017, we conducted a preexperiment, using a single group, pretest-posttest design. 16 family caregivers, from 5 families, joined a five-session workshop delivered in their homes. Participants filled out a 56-item survey on family caregiving needs of older adults and agreed to be video recorded during communication activities planned in each program session. Data were analyzed by using a mixed methods approach.

Results: Family caregivers were all women aged 40 to 71 years, 87.7% were offspring and 12.5% were living with their parents (aged 80.0 ± 6.69 years). We identified a significant difference within the pretest and posttest assessment of effective communication: in the "comprehensive family care planning" activity ($Z=2.07$, $p<0.05$).

Discussion and Implications: The psychoeducation program increased effective communication between caregivers (positive connotation, opinion expression, and negotiation techniques); meanwhile, it decreased non-effective communication (criticism, hostility and inflexibility behaviors). Further studies with higher sample sizes should also incorporate multi-center design and test long-term effects of this type of intervention in both caregivers and care receivers.

Translational Significance: The findings suggest that families may benefit from psychoeducation programs that work with family dynamics and promote collaboration to meet their needs through life course.

Medication Adherence among Chronically Ill Hispanic Patients: A Comparison of Adherence Strategies

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Background and Objectives: Prevalence of chronic disease is high among low income, diverse patients. Medication adherence is a key component of chronic disease management, hence the need for its assessment

Research Design and Methods: Using data from the Medication Adherence, Health Literacy and Cultural Health Beliefs Study, we examined medication adherence within Hispanic participants ages 19-69. Participants (N=100; 49% female), recruited from a federally-qualified health clinic, reported at least one chronic disease: hypertension (58%), dyslipidemia (37%), diabetes (44%), depression (47%), and anxiety (22%). Thirty eight percent had not completed high school, 18.2% were homeless, and 58% had monthly incomes under \$1000. We asked participants what strategies they used to remember to take their medications and what strategies helped them ascertain whether they had taken them.

Results: Results indicated that participants did not adequately adhere to their medication (54% based on self-report). The youngest age group (19-30 years) had the lowest rate of medication adherence (25%), while the oldest age group (61-69 years) had the highest (67%). We asked participants what strategies they used to remember to take their medications and what strategies helped them ascertain whether they had taken them. Participants reported a variety of methods including memory or reminders, pill organizers, routine, other people, and body cues. Expectedly, responses varied by age group. Notably, all groups similarly used memory or reminders but, patients 19-30 years old were less likely to use pill organizers (11%) and routine (11%) than older patients (20%-44%).

Discussion and Implications: This study demonstrates consistency and variation across age groups in relation to medication adherence strategies. Age appropriate medication adherence strategies can prove beneficial to chronic disease management.

Translational Significance: The use of different adherence strategies and how they are impacted by age-related cognitive strengths and limitations should be considered when healthcare providers counsel patients on best practices regarding their medication regimens.

Gender Differences in End-of-Life Care in Older Mexican American Adults

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Background and Objectives: Disparities in end-of-life (EOL) services use (e.g., hospice) among older Mexican Americans (MAs) are well documented. A systematic integrative literature review was conducted to investigate factors that influence access to EOL services among older MAs and their families, and to identify existing knowledge gaps related to EOL services use.

Research Design and Methods: Using keywords hospice use, hospice care, EOL care, attitudes toward EOL, Hispanics, Latinos, or MAs in CINAHL and PubMed, resulted in 233 unduplicated articles. The final sample (n=20) included reports written in English that involved participants aged 50 years and older who identified themselves as MA. Reports where MAs were not equally represented in the sample were excluded. Content analysis was conducted using a priori codes from the Ethno-Cultural Gerontological Nursing Model (ECGNM).

Results: Findings suggest that older MA women are less positive towards life-sustaining technology (LST); whereas older MA males were more positive about using LST treatments. Reports also indicate that older MA women appear to trust the health care system to honor their wishes at EOL, as compared to older MA males who expressed feeling disempowered, fear harm, and seek protection from the health care system at EOL.

Discussion and Implications: Gender differences related to EOL were discovered in eight of the 20 articles suggesting that gender is a significant factor associated with EOL care. As the older MA population increases, tackling disparities in EOL services use requires attention to how gender influences EOL care.

Translational Significance: These findings are significant for public health because it challenges the notion that all Latinos, regardless of age, gender, and subgroup, experience EOL in the same manner. This review cautions healthcare providers, researchers, and policymakers against assuming the one-size-fits-all approach to EOL decision-making. Older MAs have varying life experiences that are influenced by different factors such as ethnicity, gender, and culture.

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

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

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

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

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

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