

The 2010 International Conference on Aging in the Americas (ICAA) began with a dinner at the Bob Bullock Museum on Wednesday, September 15, 2010.



Jacqueline Angel, Professor of Sociology and Public Affairs at The LBJ School of Public Affairs opened the program: “Disability, Caregiving, and Long-term Care in Aging Latinos” with **THE WELCOME**.



David Warner, Professor of Public Affairs and Wilbur J. Cohen Professor in Health and Social Policy at the LBJ School of Public Affairs introduced the **After Dinner Speaker**.



Dr. Eduardo Sanchez, CEO, Blue Cross Blue Shield of Texas, delivered a lecture addressing critical issues in the health of Hispanic families in later life.

Thursday began with a sense of excitement and a full day of invited lectures and scientific panel sessions.



Victoria Rodriguez, Vice Provost and Dean of the University of Texas at Austin Office of Graduate Studies gave some opening remarks on the **first day of scientific sessions**.



Kyria J. Mariades, Anne and John Gnitzynger Professor and Director of Aging Studies, UTM Galveston introduced the **Opening Keynote Speaker**.



William Vega, Director of the Edward R. Royball Institute on Aging and Professor of Medicine, delivered his lecture *Latino Aging in Place: Issues and Potential Solutions*.

Thursday afternoon included papers on key trends in disability in Latin America, and in particular Mexico.



Keith Whitfield, Professor of Psychology, Duke University introduced the **Keynote Luncheon Speaker** on Thursday, September 16.



Dr. Emily Agree, Professor of Sociology at Johns Hopkins University gave a lecture on the *National Health and Aging Trends Study and Its Implications for Harmonization and Comparative Research in Latin America*.



Dr. Terrence Hill, Florida State University, Chair of the Juried Poster Session for Emerging Scholars with 2010 ICAA Winners.



The conference concluded on Friday, September 17 with a Keynote Lecture, a panel presentation on long-term care trends, and a consensus building session.



Ronald Angel, Professor of Sociology, The University of Texas at Austin introduced the **Closing Keynote Speaker**.

Fernando Torres-Gil, Director for Policy Research on Aging, University of California, Los Angeles, introduced the **Closing Keynote Speaker** entitled: Aging Policy and Implications for Preventive Long-term Care in Older Hispanics.



Dean Robert Hutchings
LBJ School of Public Affairs



William Sage, U.T. Vice Provost
UT.- Austin Health Affairs



Hector González, CAA Advisory Group member (left) with Bill Vega



Conference Co-President, Kyriakos Markides with David Warner (left)



**Elena Bastida, CAA Advisory Group Member (right) with
Helen Hazuda, 2010 ICAA Invited Speaker**



For more photos visit www.utexas.edu/lbj/caa



ACKNOWLEDGMENT

We are grateful to the following sponsors for providing generous support and in-kind contributions for the Third International Conference on Aging in the Americas (ICAA) which was held on September 15-17, 2010 at the University of Texas at Austin campus.

Office for Special Populations at the National Institute on Aging

NIH/National Institute on Aging (R-13) Conference Grant Award

The FIRST Fund of the Austin Community Foundation

Population Research Center, University of Texas at Austin

Policy Research Institute, LBJ School of Public Affairs, University of Texas at Austin

Office of Graduate Studies and the George W. Jalonick, III and

Dorothy Cockrell Jalonick Centennial Lectureship, University of Texas at Austin

The University of Texas Co-op

AARP

2010 International Conference on Aging in the Americas

Through advancements in healthcare, hygiene, and technology, populations in developed and underdeveloped countries alike are living substantially longer than ever before. Although life expectancies continue to increase worldwide, many problems are rising just as quickly, in terms of individual healthcare, long-term care-giving, and the implementation of potential healthcare policy. The fourth installment of the *International Conference on Aging in the Americas* seeks to pose solutions to these problems. Taking an interdisciplinary approach, the conference addressed a wide array of issues related to Latino healthcare, with emphasis on the aging Latino population. In a three-day time span, participants addressed, first, issues at the population level, focusing on the epidemiology and demography of disability; second, issues at the societal level, including the social context of care-giving and its relationship to changes in individuals' functional capacity; and finally, across both of these levels of analysis, some of the concerns, obstacles, and possibilities of long-term care policy and development.



Dr. Eduardo Sanchez, Vice President and Chief Medical Officer of Blue Cross Blue Shield of Texas, kicked off the conference on Wednesday night with an address titled “Older Americans 2010 – Key Indicators of Well Being.” Asking the question, “We talk about healthcare reform a lot in America, but are we healed as a nation yet?” Dr. Sanchez observed that in order to achieve true health reform, four major challenges must be overcome. First, there is the issue of many Americans' insurance status. Under the Patient Protection and Affordable Care Act (PPACA), the new healthcare law, health coverage will be expanded to more American families, insuring an additional 32 million people in either private or public programs. The question arises of whether or not our system has the capacity to absorb these potential patients. The second challenge is the concern over America's “weight status”; that is, the population is getting progressively heavier, and over time this burgeoning obesity will have severe public health consequences. Third, the ever-changing demographic character of

our country will potentially lead to even greater health disparities between people of different ethnicities. The final challenge that health reform faces is meeting the needs of the steadily increasing elderly population.

Dr. Sanchez went on to describe some of the trends associated with these challenges. The makeup of the United States population is becoming older and more obese each year, and individuals who fall into these subgroups are often plagued with higher levels of health-related issues and disability. If these trends continue, the current healthcare system, which already encompasses a strained Medicare and Medicaid program, may not be equipped to handle these changes. The demographic makeup of Texas is changing with regard to age, ethnicity, and disease type. Currently, one in ten Texans is above age 65, and this statistic is only going to grow in the future. This age shift will result in higher numbers of persons in the 65+ and 85+ age brackets. Additionally, 65 percent of the total population is non-Hispanic, but this value is expected to drop to 50 percent by the year 2050. While obesity is typically associated with the younger population, the U.S. will see a trend toward higher levels of obesity not just among the younger subgroup, but also among older adults. Degenerative (as opposed to infectious) diseases, including heart disease, cancers, and stroke,

are currently the most prevalent causes of mortality in the United States. Often, these are referred to as “lifestyle diseases” because the U.S. population overall is becoming more sedentary and unhealthy in daily lifestyle habits. Currently, there are ten states where the adult prevalence of obesity is over 30 percent, and these states are all in the South. Because of this pattern of unhealthy lifestyle choices, many people suffer from chronic health conditions that would otherwise be preventable. Accompanying this trend, there are several causes of death, including lung and throat cancer (resulting from smoking) and hypertension, that are due almost exclusively to poor lifestyle habits. Another area of concern, given that the young are the best transmitters of disease, is that levels of vaccination, especially in the younger age brackets, are much lower than they could be.

Dr. Sanchez noted that these factors have led our country into a situation in which the young, very overweight population is competing for limited resources with the increasing elderly population. The government must now strain to accommodate the costs of the growing healthcare needs of both of these populations. For instance, there are drugs such as Metformin that help those who suffer from diabetes, but the costs, to both the individual to purchase the medication and healthcare industries to develop it, are very high. Although high costs may seem intimidating, studies have shown that people who live to age 50 with the absence of risk factors, such as obesity, poor eating habits, and not exercising, have markedly longer survival rates and lower levels of cardiovascular disease than those who do live with risk factors. It is as if lifestyle becomes “imprinted” once one reaches the age of 50. One study explored the correlates of actually developing diabetes among individuals who were susceptible. Only 4.8% of the group of individuals who exercised and had healthy lifestyle habits developed diabetes. 9.8% of the group who did not exercise but used Metformin developed diabetes, and about 16% of those who had unhealthy lifestyle habits and used no preventive medication developed diabetes.

People who live to age 50 with the absence of risk factors, such as obesity, unhealthy eating, and not exercising, have markedly longer survival rates and lower levels of cardiovascular disease than those who do live with risk factors.

The take-home message, said Dr. Sanchez, is “genetics loads the gun, but lifestyle pulls the trigger.” Wellness tips for all ages include these: eat smart, be active, avoid tobacco, stay connected to family and friends, get plenty of sleep, and see your doctor as regularly as advised for your age. If members of our increasingly unhealthy population can imprint a healthier lifestyle upon themselves early on, many preventable chronic diseases and disabling conditions, which are costly both to individuals and to the government, will decrease substantially, allowing for a less strained healthcare system and an overall healthier population.



On Thursday, invited speakers tackled the second important thematic issue addressed at the conference, the social context of Latino aging and its linkages to functional health and dependency. **Dr. William Vega**, Director of the Edward R. Roybal Institute on Aging Professor of Medicine at the University of Southern California, spoke on the topic “Latino Aging in Place: Issues and Potential Solutions” to provide a broader view on issues facing the aging Latino community at large.

Dr. Vega noted that people often assume that Latino immigrants do not have good health, yet the opposite is actually the case, since life expectancy in Mexico

and other countries in Latin America is high (termed the “Hispanic Paradox”). However, as Latinos spend more time in the United States, their health starts to deteriorate for a variety of reasons. In his presentation, Dr. Vega focused mainly on low-income individuals, explaining that the proportion of female-headed households in poverty is increasing, and that Latinos are projected to remain under-educated and over-represented in poverty status.

Diabetes, obesity, liver cancer, liver disease, and other diseases are important causes of death for Latinos—more so than for the overall population. Obesity is linked with the length of stay in the United States: health indicators, including obesity status, indicate poor health for migrants to the U.S., especially for women, but the situation is worse for later generations of Latinos. Increasingly, Latinos live in ethnically segregated, low-income, high-risk communities, which lead to poorer health.

Even if we assume full implementation of the health care reform, by 2019 there will still be around 23 million people who are uninsured, including undocumented immigrants. There will also be an acute shortage of primary care physicians and geriatric, mental health, and addiction treatment specialists. Many of these problems will be in the primary care system, since most older patients, including those with mental chronic diseases, are referred to that level.

Among Latinos, the community is of critical importance in improving health outcomes. There are relatively low levels of depression among shorter-stay immigrants since they rely on ethnically homogeneous family networks. However, Dr.

Vega said he has found considerably higher rates of depression among longer-stay immigrants and U.S.-born Latinos. Nonetheless, shorter-stay immigrants do not show high rates of beneficial effects due to collective efficacy

Without adequately addressing social determinants of early disability and inferior health status in low income communities, public health, therapeutic, social services, or medical care responses will be inadequate to cope with the social and cost burdens imposed by 72 million aging people by the year 2030.

of

are

He observed that the role of public policy and aging officials in improving the health of Latinos in the U.S. is to encourage community participation as much as possible. Three elements in the healthcare law that can help serve this purpose are the Community, Transformation, and Initiative components. An example for officials to emulate is the California Endowment, which is helping to build “health communities.” One-stop geriatric services for care and support are desirable—for example, Geriatric Day Hospitals, as in Britain. Dr.



Vega suggested that public policy and aging officials address the problem at four levels of analysis: macro-systems, research, microsystems, and context. Work at each of these levels should aim to help Latino seniors.

Dr. Emily Agree presented her Keynote Lecture on the implications of the new National Health and Aging Trends Study (NHATS) for comparative research in Latin America. She currently serves as one of the lead investigators of the NHATS, which has several aims, including: 1) identifying factors that contribute to trends in disability prevalence, onset, and recovery; 2) determining how and why individual disability pathways differ between more and less socio-economically advantaged groups; and 3) assessing the consequences of disability, especially late-life disability,

and dependency.

The NHATS is a national survey of 11,200 Medicare enrollees aged 65 years or older, with oversamples of Hispanics and Blacks. Participants are to be interviewed in 2011 with annual follow-up interviews; caregivers will also be interviewed in 2011. Additionally, interviews will be conducted in nursing home, assisted living, and other residential care settings; and data will include information on Medicare and Medicaid claims. The beta version of the data has a target release date of the end of 2011, or the beginning of 2012. The final version should be able for use around nine months after fieldwork, with supplemental and restricted-use files available later.

Dr. Agree noted that the NHATS survey will help with the conceptualization and modeling of disability, including its precursors and consequences. Current measures of disability, such as ADL measures, were developed long ago and for clinical use, not survey use. A more current model of disability will take into account that life expectancy has increased. Survival curves can be used to model the hypothetical (not actual) onset of disability (or other chronic conditions), and can be compared across populations. For example, the survival curve for Europe may look different from the survival curves for Asia or South America. Disability is not a proxy for health; it is different from health. Disability is a measure of long-term health and reflects an interaction with the environment. At onset of a particular condition, there are no functional consequences for health. Yet at the time of disability, there are functional consequences for health. The overall goal of disability research, said Dr. Agree, is to maximize individuals' autonomy. Policy interventions can be introduced to meet this goal.

While the NHATS model is not entirely the same as the well-known disablement model by Nagi, it is not substantially different. The World Health Organization's International Classification of Functioning, Disability and Health (ICF) model is designed to address limitations, and to include persons with and without disabilities to model the extent to which any given set of impairments leads to functional limitations which then can result in disability. The NHATS model looks like the ICF model with a few things added. Namely, the NHATS has self-report items on limitations, including participation in society, such as with volunteer and civic organizations. Environmental and contextual measures in NHATS include items covering mobility, safety, communication, and access to technology.

NHATS items were designed to have as much cross-environmental equivalence as possible—for example, in the home environment as opposed to the nursing home. Some items presented wording challenges; for example, how does the word “ramp” translate across cultures? Also, regardless of language, most people do not know what a “curb cut” is. As another example, an item about using adapted utensils is difficult to translate; it brings up the issue of whether the utensil is adapted, or whether the respondent himself or herself has adapted.

In the Health and Retirement Study (HRS), 70% of study participants had a modification in the home, yet a much smaller portion used it. One important reason for looking at neighborhood measures is to see who lacks accommodations in the neighborhood (outside of the home), such as ramps and handrails. These environmental accommodations are not always cost effective in some areas.

The closing portion of the conference included panel discussions and a Keynote Lecture by **Dr. Fernando Torres-Gil**, Director of the Policy Research on Aging at UCLA, emphasizing the long-term care policy environment and constraints on options in care and living arrangements. Dr. Torres-Gil's address, "Aging Policy and Its Implications for Preventive Long-term Care in the Mexican Origin Population," examined the overarching goal of current healthcare reform. Such elements as implementing a framework for care coordination, setting groundwork for wide-range continuum-of-care coverage, and integrating care across providers and settings provide a more specified approach to reaching this ambitious healthcare objective.

The public, however, still remains skeptical about the implications of this bill. The population subgroup that expresses the most doubt and concern is the Hispanic population aged 65+. As a general trend, Hispanics have less insurance coverage than any other ethnic group, and those who are covered tend to rely on public programs, such as Medicaid, which are under high scrutiny for change in the new healthcare bill. Although the goal of reform is to expand coverage, such as through expanding Medicaid eligibility, there is a general lack of knowledge and understanding among the population, particularly among Hispanic communities, which leads to the doubt surrounding the current notion of healthcare reform.

The PPACA was recently signed into law and consists of a number of provisions to be enacted over the next several years. These include the expansion of eligibility for Medicaid and other public programs as well as the subsidization of insurance premiums. Several billion dollars will be dispensed at many governing levels to change how our nation approaches and utilizes medical care and to move us toward a better state of overall public health.

The Community Living Assistance Services and Supports (CLASS) Act is another important implementation in the goal of maximizing insurance coverage for all persons. This act mandates the creation of a long-term care insurance program to provide benefits for those individuals who have non-medical expenses, e.g. home care, so that they can retain their independence. The only enrollment qualification is that one must be a

As a general trend, Hispanics have less insurance coverage than any other ethnicity, and those who are insured tend to rely on public programs, such as Medicaid, which are under high scrutiny for change in the new healthcare bill.

working adult with a taxable income, but in order to begin reaping the benefits, an enrollment period of about five years is in place, with premiums estimated at about \$200/month. As Dr. Torres-Gil pointed out, the dilemma here is the evaluation of risk, and assessing if you can work and stay healthy long enough to attain the benefits in the long run. This is the first national long-term care program available to Americans, and it has helped increase awareness of the need for more long-term care planning.

The response thus far has been widely segregated: Democrats have taken a firm unsupportive stance, reasoning that this long-term care emphasis will hinder passage of the overall healthcare bill in the future. Latino advocacy groups, on the other hand, have no issue whatsoever with the CLASS Act, and have been looked to for representation at the national level. It is apparent that outreach to the general Latino communities needs to occur to educate them about the healthcare bill.

There are many overlapping strands in the evaluation of Latino healthcare and caregiving, such as age, disability, and diversity among population subgroups. The new healthcare bill has the potential to benefit many people in the future, but there is still danger in assuming that the next generation of aging Latinos will have similar needs and respond in the same way as their predecessors.

The conference ended with a thought-provoking, **consensus-building session**. The goal of this forum was to find areas of agreement, disagreement, and gaps in research pertaining to the key determinants of disability and long-term care of older Latino people. In regards to the epidemiology of Latino disability, one key point raised during the meeting was whether the Latino paradox of better health exists in regards to disability and mortality despite the generally lower socioeconomic status (SES) of Latinos. On one hand, death indices and Census data indicate that Latinos do live longer than individuals in other groups. On the other hand, important measurement issues may be confounding these data. For instance, there is a strong need to focus studies on Hispanic subgroups instead of placing all analyses into a generalized “Latino” category. Also, there is not enough variation in SES among Latinos to separate SES from ethnicity for this group. Furthermore, a gap lies in how cultural factors influence the response task in survey research. Certain expressions or phrases are difficult to translate from English to Spanish, and proxies are frequently used to answer questions for the elderly respondent if an individual is suffering from dementia or has limited English proficiency.



The issues plaguing the aging Latino population originate within a microsystem of epidemiology and extend into a vast macrosystem of social disparities and long-term care stratification which must be fully understood in order to achieve a successful healthcare policy implementation.

Another important gap is the dearth of comparative research on Latino aging. The growth of research on aging, morbidity, and mortality for this population group is just as slow as for African Americans. Some pointed out that studies on Latinos have been even less vocalized and distributed than for other groups, including translation of research into a form that the general public can understand. Some attendees felt that research on aging among people of color should be synergistic and not independent. Some felt that research on Latino aging has been quantitative-heavy, but bereft of theory, and that research proposals to NIH and other agencies need to be written in order to fund the needed work in this area. A third gap is the need for research that considers the unique social determinants of Latino

disability—for example, immigration, housing and other ecological issues, micro-aggressions that Latinos face on a daily basis (including anti-immigrant sentiments), and the stress of having a loved one sent back to the country of origin.

There seems to be agreement that future studies should focus not only on older cohorts at hand, but on the younger population who will be responsible for providing care. Some of the cross-sectional data on the



current generation may be accurate for now, but there is no way of knowing if the needs of the next generation of elderly will be the same as those that are currently being observed. Another potential area for study is analysis at the macrosystem level. While some are hopeful about changes in the macrosystem of caregiving, others are skeptical. Specifically, with private insurance being bought by only

about 8% of people, there is a recognized need for healthcare system changes to reduce health gaps among the aged. A very scientific needs assessment of long-term care is also lacking. A needs assessment would be the foundation for research funding, helping to delineate what a quality care system would be, and how we can enable people to best utilize available resources.

In conclusion, the conference provided information on a wide spectrum of healthcare issues – from genetic and epidemiological predispositions, to population-wide disparities in care-giving, to potential policy implementation stemming from this knowledge – and also opened the doors for further research initiatives. Not only are we currently faced with a population that is older than ever, but we are faced with extremely diverse subgroups and ethnicities which bring their own unique healthcare challenges to the plate. For instance, while Latino individuals are substantially more likely than individuals in other ethnic groups to develop diabetes within their lifetime, they also have drastically lower rates of insurance use and community-based assisted living. Knowledge of both of these factors is critical for any form of public policy implementation to occur, and most importantly, for it to be beneficial. Although in the past several years we have seen huge strides in the area of Latino healthcare, there are still gaps in research and unanswered questions that need to be addressed. The Latino population is the fastest growing minority group in the nation, and once we resolve the various epidemiological and social obstacles that this group currently faces, we will have more answers in the quest for a healthy global population in the future.