The State, the Family and Support of Older Latinos

Mexico –US – China Workshop on Social Support and Ageing

Mexico DF, Mexico

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Percentage of Hispanics 60 and over will double in the next forty years

Mexican Americans are the largest subgroup and among the fastest growing segment.

Source: U.S. Census Bureau 2010 and P-25 Population Projections
Hispanic families, as well as local, state, and federal governments are faced with increasing challenges related to the allocation of limited resources for the care of vulnerable citizens — both young and old.
Social Context of Caregiving

Institutional Responses to Senior Care

National Policy
- Social Security
- Medicare/Medicaid
- Family and Medical Leave Act
- National Family Caregiver Support Program

State and Local Policy
- Area Agencies on Aging
- Medicaid Waivers
- Eldercare NGOs

Family Individual
- Family Characteristics
- Cultural Preferences
- Constraints
Life is much different than the world of even a few decades ago for Hispanic families, and today they find it harder to care for parents who are living longer than older Americans in other-race families.
Lower fertility and women’s labor force participation, geographic dispersion of families, and increased frailty and disability now make it difficult for Latino families to maintain this cultural tradition of nearly exclusive informal care of elders.
Simply put...

Mama Elena, you know perfectly well that being the youngest daughter means you have to take care of me until the day I die... but in my opinion you don’t have an opinion, and that’s all I want to hear about it. For generations, not a single person in my family has ever questioned this tradition, and no daughter of mine is going to be the one to start...

(Source; Laura Esquivel, *Like Water for Chocolate*, pp. 10-11)
Potential Dependency Burden?

- Hispanic family members currently provide nearly eighty percent of at-home long-term care, a higher percentage than for African-Americans and non-Hispanic whites (Torres-Gil, 2005).

- Grown children may spend more years caring for their parents than caring for their children (Bookman & Kimbrel 2011).
Institutionalized Population 65 and Over by Race/Hispanic Ethnicity

- Black: 5.3%
- Non-Hispanic White: 4.9%
- Asian: 3.5%
- Hispanic: 2.4%

Source: U.S. Census Bureau, 2000; SF-1, P30 B,C,H,I.
What we know from 18 years of the H-EPESE and other work on the level of dependency among Latino Elders?
Sources of Economic Vulnerability

- Compared to non-Hispanic whites, Mexican-origin adults typically arrive at the retirement years with substantially fewer:
  - financial resources
  - pensions
  - housing assets

- Late-life migration will compound the potential dependency burden compared to earlier arrivals and the U.S. born.

Source: Angel & Angel, 2009
Retirement Plan by Race, Mexican Ancestry, and Nativity

Immigration exacerbates economic problems

Source: Health and Retirement Study, 2006
High rates of Morbidity
- Type II Diabetes (Beard et al. 2009).
- Obesity (Angel et al. 2008; 2014).
- Depression (Black et al. 1998; González, Haan, & Hinton).

Lack of Healthcare Access
- No or inadequate health insurance coverage (Angel & Angel 2009).
Mexican-Americans Become More Dependent on Family as they Grow Older

Living Arrangement Expectations of Mexican-American Women in the Event of Illness

Percent

<table>
<thead>
<tr>
<th>Living Arrangement</th>
<th>Foreign-born</th>
<th>Native</th>
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<tbody>
<tr>
<td>Living Alone</td>
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<tr>
<td>Living with Family</td>
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- Children
- Nursing Home
Certain evidence suggests that the stresses associated with late-life migration and insertion into a new and unfamiliar environment increases isolation and the risk of depression and poorer health.

This makes Mexican-origin immigrant elders more dependent on family (Angel 1992; Angel, Angel and Markides 2000; Angel, Buckley and Sakamoto 2001).
Native-born parents show a greater willingness than children of late-life immigrant parents to seek assistance for household tasks and financial affairs from both within and outside the family network.
Caregiver Emotional Well Being

- Caregivers experience high levels of stress (84%) and depression (65%)

- IADL disability but not ADLs are associated with caregiver depressive symptoms

- Perceived social stress accounts for one-half of the effect of IADL disability on depressive symptoms

- Child caregivers of immigrants report more conflict with their parents than children whose parents were U.S. born

Percentage of Life after 65 Lived with Serious Disability

- **Mexican-Born Male 81.2 years**: 8.4 Years, 52%
- **Mexican-Born Female 83.3 years**: 11.8 Years, 65%
- **U.S.-Born Male 79.9 years**: 8.0 Years, 53%
- **U.S.-Born Female 82.8 years**: 10.7 Years, 60%

Implications of Protracted Incapacity

- In the future Latino communities will likely need and demand more and better long term care services.

- Caregiving burdens faced by the family will increase at a time when social and demographic changes make it more difficult to meet those demands.

- Longer lives will require better planning and modeling of the determinants of active life expectancy.

- Increasing burden means that the government cannot do it alone. The possibility of new options and an expanded role of new actors, including civil society organizations (NGOs, FBOs) should be explored.
Hispanics will make up majorities in many states, and they will make up a large fraction of the U.S. labor force that supports tomorrow’s retirees.

If these groups are confined to the low-paying service sector, which in addition to low wages offers poor access to health insurance, race, ethnicity, and age will interact to reinforce disparities that may give rise to serious generational conflicts (fractured solidarity).

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Long-term Care Reform

- Promote healthful aging in Hispanic communities, the most important source of economic and social progress.

- Policy options that strengthen the commitment of one generation to the next should be promoted, e.g., National Family Caregiver Support Act.

- Maximize well-being while containing costs; take individual and family preferences into account (PACE model).

- Increase awareness and funding of Qualified Medicare Beneficiary Programs.
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