USC Edward R. Roybal Institute on Aging

Current Conditions among Older Latinos and African Americans in Low- and Middle-Income Los Angeles Neighborhoods

> Report Summary La Mikia Castillo, Donald A. Lloyd and Iris Aguilar

Overview

The USC Edward R. Roybal Institute on Aging conducted a community survey to determine—in the wake of the recent economic crisis—the current living conditions and health status among older residents of East and South Los Angeles. The USC Roybal Institute survey team would like to thank the residents in the East and South Los Angeles communities who welcomed us into their lives for the purposes of our community survey.

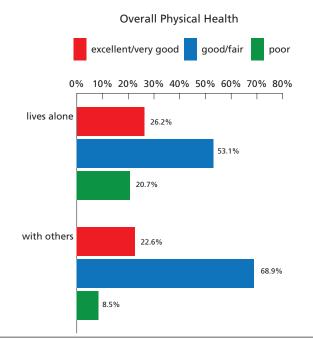
The USC Roybal Institute survey team completed inperson interviews with 114 Latinos and 139 African Americans, whose average age was 74 years and ranged from 60 to 100. Interviews were conducted in neighborhoods with a high concentration of African American and Latino senior citizens. The reported household income median was less than \$15,000 per year. We hope that our findings will provide useful insights for community stakeholders, and provide guidance to local policymakers, leaders of service providing organizations, and practitioners who seek to better meet the needs of our aging population.

Key Findings

Older adults living with others and with support networks generally had better physical health and mental health.

Support networks are critical to the maintenance of physical and mental health among older adults. Studies show that successful aging occurs when older adults live in communities with family members or other loved ones.¹ Over 50% of individuals in our survey reported living alone, and many who live alone reported having "poor" physical and mental health.

- 21% of those living alone reported having "poor" physical health compared to 8% of those living with others.
- 11% of those living alone reported "poor" mental health compared to 6% of those living with others.





The prevalence of individuals who screened as positive for *serious psychological distress was much greater in this community survey than among African American and Latino Californians aged 60 and older in the statewide California Health Interview Survey (CHIS).

While these findings might raise concerns about older minority group members who live alone, it is important to note that more than 50% who reported living alone also indicated that they "have contact with family or relatives nearly every day."

Younger elders were affected the hardest by the recent economic downturn.

More minority older adults in our study areas are living on low incomes now than a decade ago,² which raises concerns about how these individuals' daily needs are being met. The costs of housing, food and medical expenditures among other expenses act as barriers for low-wage earners who are trying to care for themselves during this difficult economic time. Participants age 60-69 reported the greatest number of adverse conditions related to the economic downturn. We found no difference in average number of economic consequences between men and women, or between Latinos and African Americans; somewhat surprisingly the number of adverse economy-related impacts was the same for those above and below the median income level.



- 53% surveyed reported a household income below \$15,000 per year.
- Latinos were significantly more likely to have low incomes than African Americans (65.6% and 42.7%, respectively).
- Over a third say it is "somewhat difficult" or "very difficult" to pay for their housing (37.7%), food (34.0%), and medical expenses (38.8%).

Men and seniors with higher incomes experience lower rates of activity limitations.

Our survey found that older adults with lower incomes had higher rates of activity limitations. The possible implication low income has on self-care/independence is important as aging service providers restructure health/human service programs.

- 73% reported limitations doing vigorous activities;
 56% had limitations when stooping, crouching or kneeling.
- 38% had difficulty lifting or carrying 10 lbs.
- Walking a quarter mile was challenging for 36%, and walking up 10 steps without resting was difficult for 30%.





Obesity is a major concern among the older adult group interviewed.

Obesity is recognized as a rapidly growing health concern in the U.S. population, and older minority people are not exempt; nearly half (45%) of our participants had a body mass index score greater than 30, which is the point that distinguishes the obese from those who are overweight or less.

- Over 80% of participants in this survey were clinically overweight or obese.
- 44% of obese participants had diabetes.
- Women were significantly more likely to be obese (50%) than men (31%).

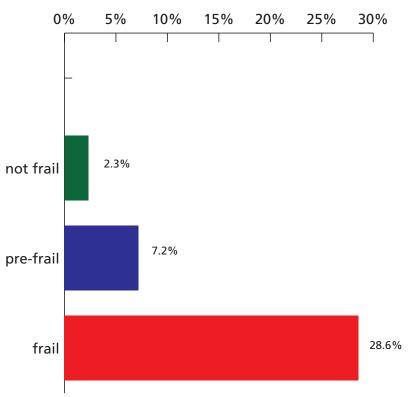
Frailty increases the risk for serious psychological distress.

The prevalence of frailty and the high rate of pre-frail participants we encountered in our research raised some red flags.

- 18% were frail, and 67% pre-frail.
- 29% of the frail were suffering from serious psychological distress.
- Serious psychological distress rates for not frail and pre-frail were 3% and 7%, respectively.

Nevertheless, the prevalence of frailty was lower among individuals who lived with others, indicating this association needs to be examined closely for the development of early intervention services that will support those living alone.

*Serious Psychological Distress Related to Frailty Status among Older Adults







Conclusion

Through our community survey we learned about the present economic situations of minority older adults in selected areas of East and South Los Angeles and the impact it has had on their lives. We also learned about their living situations and social relationships, and patterns of activity limitation and health/mental health. We found that despite economic barriers, the potential threat of social isolation and health challenges facing older adults, there are many signs of hope that indicate both personal resourcefulness and opportunities for service agencies to assist in improving and enhancing community-based services that will facilitate successful aging in place.

Citations

¹AARP. Beyond 50.05: A Report to the Nation On Livable Communities, Creating Environments for Successful Aging. Retrieved from http://assets.aarp.org/rgcenter/il/beyond_50_communities.pdf. ²U.S. Census Bureau. Census 2000; 2009 American Community Survey.

*The Kessler 6 (K6) questionnaire was used to indicate non-specific serious psychological distress.

About the Authors

La Mikia Castillo is a Master of Public Policy and Master of Urban Planning candidate at the USC Sol Price School of Public Policy. She is also a student assistant for the Edward R. Roybal Institute on Aging.

Donald A. Lloyd, PhD, is a Research Associate Professor at the USC Edward R. Roybal Institute on Aging. He has worked on several large-scale community-based studies in Canada and Florida. His work focuses on life course processes that are associated with differential risk for mental health and substanceuse problems across sociodemographic groups.

Iris Aguilar, MSPA, is the Assistant Director of the USC Edward R. Roybal Institute on Aging. With more than 15 years in the field of aging, she has developed a track record for establishing and sustaining strong partnerships with community groups and has experience in research project management, program development, and support group and focus group facilitation.

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