SPACE, TIME, AND PLACE: EFFECTS ON THE OLDER LATINO POPULATION

*Proceedings of the 2017 International Conference
on Aging in the Americas*

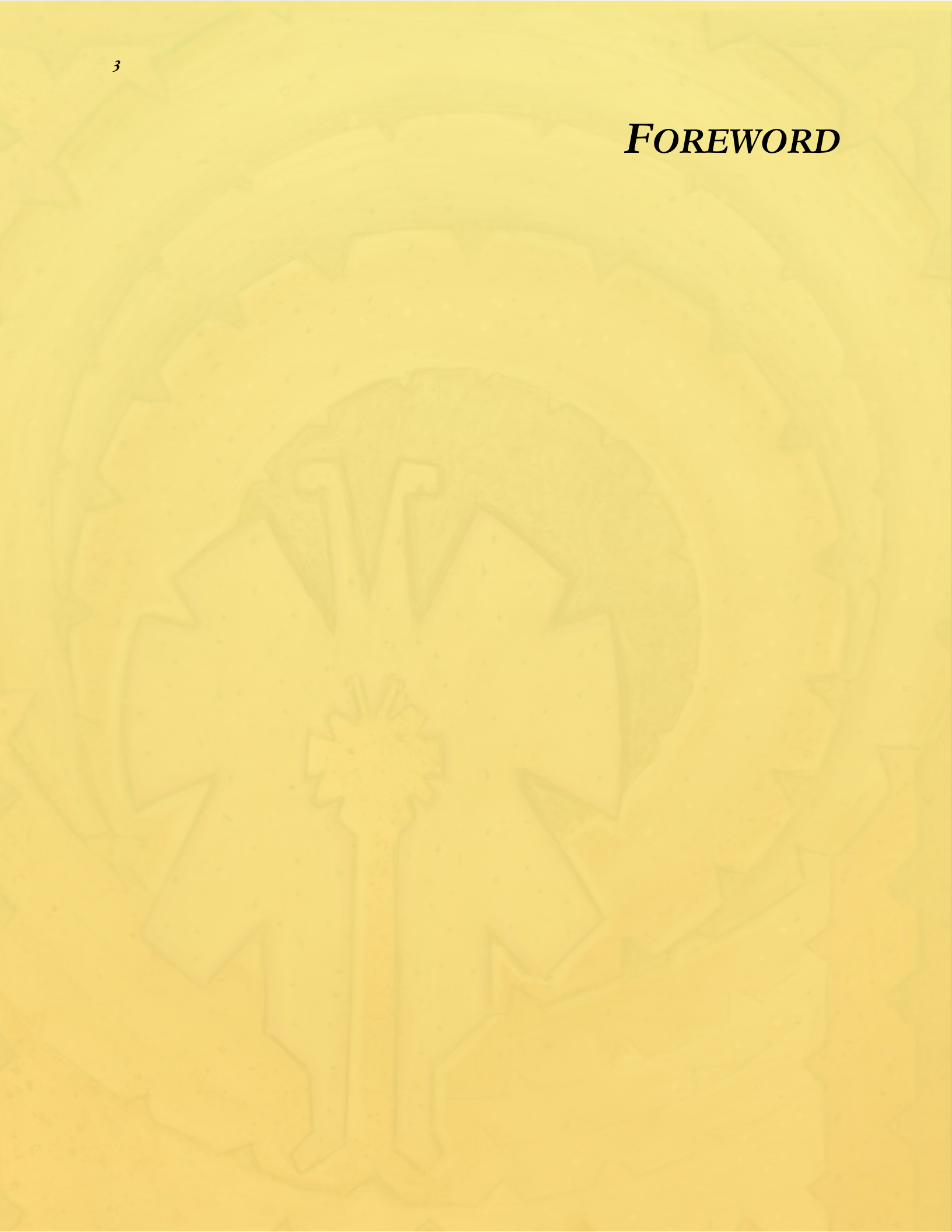Carlos H. Salamanca and Jacqueline Angel

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INTRODUCTION

The 2017 International Conference on Aging in the Americas (ICAA), *Space, Time, and Place: Effects on the Older Latino Population*, took place from September 20th–22nd and was hosted by the USC Edward R. Roybal Institute on Aging at the USC Suzanne Dworak-Peck School of Social Work. The 2017 ICAA, 9th iteration of the Conference Series on Aging in the Americas (CAA), was sponsored by the Lyndon B. Johnson School of Public Policy at The University of Texas at Austin, the Suzanne Dworak-Peck School of Social Work at the University of Southern California, the Edward R. Roybal Institute on Aging at the University of Southern California, the Los Angeles Foundation On Aging, AARP California, L.A. Health Care Plan, Dignity Health at the St. Mary Medical Center, The California Endowment, and AARP Texas.

The conference aimed to provide a forum for developing a more precise understanding of the ways in which place, understood as social and physical environment over the life course, affects aging Latino people's health, as well as the way in which people utilize their material and non-material assets to cope with adverse environmental circumstances and the effects that these phenomena have on their health and functioning. Because one's zip code presumably acts as an index of differential morbidity and mortality, the idea of place as a focal point for health research is illustrated in the perhaps imperfectly stated phrase, 'your zip code is your destiny.' However, though there are general tendencies in the aggregation of risk factors for negative health outcomes that correspond to concentrated poverty and deteriorating physical environments with inadequate housing, education, and infrastructure, we find variation in health outcomes within these 'high-risk' environments. Indeed, a closer look at empirical evidence shows that health status varies across communities, and within and across ethnic groups within a community. The Hispanic epidemiological paradox perhaps best illustrates this point. Because the effects that social and cultural factors associated with space have on the health of aging Latino people are infrequently researched, the purpose of the conference was to provide a forum for reviewing and analyzing the contemporary social research on 'place' — the major dimensions of which are physical, cultural, and economic — as it relates to understanding and supporting the health of aging Latinos. The conference also aimed to further the development of emerging scholars by increasing their exposure to this expanding body of knowledge, offering a forum with which to develop their individual research, and providing career mentoring.

Because the conference was not specifically oriented towards transnational and international scholarship on aging in the Americas, fewer conference participants from Latin America attended than has been the case for prior iterations of the conference series. Nonetheless, a considerable number of Latin American scholars participated, including several emerging scholars. The catastrophic earthquake in Mexico City and the devastation that Hurricane María wrought upon Puerto Rico also prevented a handful of Latin American scholars from attending, including Luís Gutiérrez Robledo, member of the CAA Program Committee. The theme of the conference challenged scholars to consider the role that space, time, and space play in the Latino aging process.

The conference began with a dinner at Rosa Mexicano, a restaurant located within the L.A. Live commercial center. Bill Vega gave introductory remarks before introducing Manuel Pastor, who gave an opening dinner address entitled "California Becoming: Demographic Pasts and Futures in the Golden State." In his talk, Pastor challenged the

presumption that the dramatic demographic shift that California saw in the 1980s and 1990s will continue such a way that the growth of the state's Latino population will continue in a linear fashion that reflects past demographic trends. Pastor suggested that popular perspectives regarding California's future demography are often swayed by the memory of this past demographic transformation and by the political situation in which Latinos and scholars of Latino health find themselves today. Toward this end, Pastor noted that California's share of foreign-born people is in decline and that the growth of its Latino population has slowed substantially. In so doing, Pastor complicates the taken-for-granted argument that past demographic trends in California will continue into the future — an argument first articulated by Hayes-Bautista et al. in their 1988 book, *The Burden of Support: The Young Latino Population in an Aging American Society* — in two ways. First, he offers two distinct experiences

Figure 1. Minority Populations in Majority-Minority States, 2001–2011

SOURCE: U.S. Census Bureau (2003, 2011).
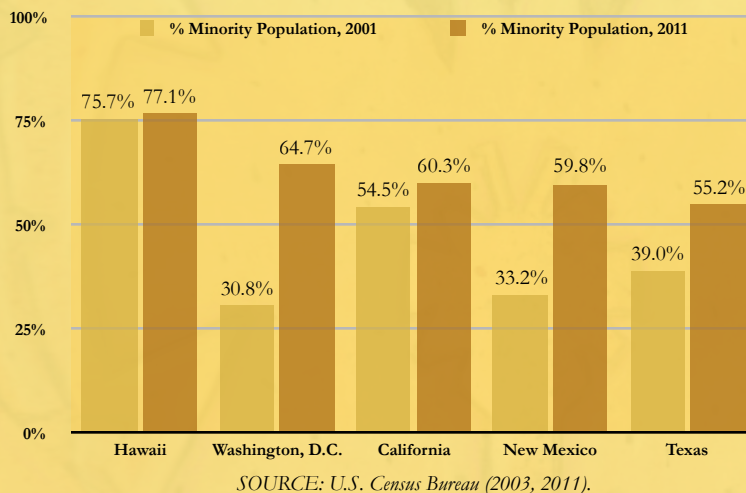
of recent demographic shifts within Latinos by high-lighting the state's foreign-born Latino population; and, second, he provides a counter-argument to said argument by noting opposing trends in California.

Nonetheless, despite his skepticism regarding California's presumed demographic future, Pastor nonetheless touched on a subject matter that is of utmost important for scholars of Latino health and aging: the phenomena of the

minority-majority state. Even if it were the case that the growth of minority populations generally, and Latinos specifically, is decelerating in California, there are nevertheless now five states and equivalent territories in the United States that have earned minority-majority status in the past ten years (see figure 1). Indeed, not until 2014 did scholars note that the Latino population had exceeded the white population in California.

POSITIVE MINDS-STRONG BODIES

After a brief welcome from Jacqueline Angel and William Vega, the second day of the conference began with keynote speaker Margarita Alegría's presentation on her experience with the Positive Minds-Strong Bodies trial on disability. Alegría noted as the background of her research project that the number of people aged 65 and older in the United States is projected to rise to 83.7 million people by 2050, and that by 2030 minorities will comprise half of the population aged 65 and older. She also noted that, despite that 20–50% of Chinese, Black, and Latino elders develop depression in old age, only 1 out of every ten such elders receive minimally adequate mental health care. Alegría attributes this disparity between the need for and use of mental health care to individual, provider, and system-level barriers. Individual barriers include a lack of time and access to transportation, as well as a fear of the stigma associated with depression within their respective communities. Provider barriers include a tendency for providers to bypass mental health diagnoses and to deny mental health treatment, a phenomenon Alegría suggested was associated with the "fallacy of good reasons." At the systemic level, barriers include a drastic lack of psychiatrists that work in geriatrics and a lack in the linguistic capacity necessary for communicating with minority patients among those that do. Because increasing evidence shows that therapy treatment leads to positive health outcomes for elders with mental health diagnoses, the goal of

the research was to understand how to build collaborative research to provide mental health and disability prevention treatments in community-based organizations that serve racial and ethnic minorities and immigrant elders. Toward this end, the research group of which she is a part collaborated with community members to create a patient-centered outcare program for elders with depression that the community called Positive Minds-Strong Bodies. As the program's name suggests, it involved two health interventions: 'positive minds,' which entailed 10 sessions of CBT treatment, and 'strong bodies,' which entailed consistent participation in exercise training. The program aimed to ensure that community healthcare workers be trained in the program's methods so that minority elders with depression are able to engage in mental health treatment without the burden of navigating sociocultural barriers. Some of the most significant problems that the program encountered during the trial were the barrier created by the medical clearance requirement; staff turnover; and transportation. Nonetheless, the trial showed the promising possibilities of patient-centered, culturally-centered, flexible treatment for minority elders with depression.

ENVIRONMENT AND SUCCESSFUL AGING

The conference's first panel, moderated by Kyriakos Markides, aimed to identify what environmental elements contribute to successful aging. Hortensia Amaro presented aspects of a research project aimed at gathering specific information about neighborhoods surrounding two USC campuses in order to provide hyper-local data with which communities may identify specific issues that they face and produce potential solutions. Amaro encouraged an approach to research that centers the life-span and that takes into account the very specific community and neighborhood conditions in which aging Latino elders find themselves. Karl Eschbach presented a review of the literature on the relationship between community context and

mortality among Mexican Americans, emphasizing the contradictory results of various studies in order to conclude that there is very little agreement on the way that community contexts effect mortality. As Eschbach put it, "you win some, you lose some." Eschbach attributes this impasse to a matter of definitions — the way that researchers define paradox, neighborhoods, and outcomes are still in debate. Eschbach concludes by encouraging studies that aim to produce positive impacts on particular neighborhoods instead of focusing on broad associations. Lastly, Tyson Brown presented a study that examined health inequality at the intersections of race and ethnicity. The study showed that minorities and immigrants have very different experiences with health and aging than their white and native-born counterparts, reflecting a radicalized negative incorporation into the U.S. and premature aging and cumulative disadvantage processes. During the discussion following the panel, two scholars attending the conference online asked questions via. Facebook.

HEALTH AND DIVERSITY: GAPS AND NEW DIRECTIONS

The second panel addressed the issues associated with promoting health in diverse social contexts. Ladson Hinton discussed critical gaps and potential directions for advancing services and interventions for Latinos tasked with caring for aging elders with Alzheimer's disease and related degenerative dementias. He suggested that the most effective interventions for Latino family caregivers would include multiple components, including caregiver assessments, education about dementia, stress reduction training, and care coordination. In her presentation, Mariana López-Ortega used data from the Mexican Health and Aging Study (MHAS) in order to explore the extent to which families provide informal care for adults with functional disabilities and whether such care varies by place of residence. López-Ortega found that the severity of disabilities is the main

determinant for the utilization of informal care for functionally disabled Mexican elders, and that number of children was not associated with informal care. Lastly, Silvia Mejía-Arango and Brian Downer summarized methodological and conceptual gaps in the study of cognitive aging in population-based studies and their implications. The two presenters provided suggestions for more precise and empirically sound longitudinal population-based studies of cognitive aging and made brief note of the methods that they are currently utilizing in their ongoing research in the interest of addressing these gaps.

FROM GUESSING TO SHAPING THE FUTURE OF AGING

Between panels two and three, participants took an hour-long break for lunch. As participants ate, Roberto Ham-Chande gave a keynote lecture that outlined the future-oriented research that he wanted to see come out of institutions like the CAA in detail. Because the socioeconomic relevance of aging is always linked to dependency, we must grapple with future dependency if we want to understand and provide policy solutions to the problem of aging in the Americas. Ham-Chande highlighted three distinct kinds of dependency: health care dependency, economic security dependency, and ADL dependency. As such, he argued, we need projections for demographic changes, incidence and prevalence of disease, and socio-economic characteristics of the community in questions. Furthermore, in order to put our projections to use, we must create prospectives that are both short-term and long-term, but we must always prioritize the latter. Ham-Chande's concluding remark was that a truly long-term solution to the problem of aging more generally is to invest in education and care for children so as to mitigate the effects that the child's life course may have on his or her future aging process.

PLACE AND UNMET NEEDS

The third panel was moderated by Dr. Jacqueline Angel. Though the three presenters discussed place only peripherally, each nonetheless provided unique approaches to their respective subject matters. Using ethnographic data that she collected from interviews with older heroin users, Alice Cepeda found that the cessation of heroin use is a process that is far from linear, and that, in the context of Mexican Americans, is often prolonged by family and friend support systems. Cepeda's is one of the few studies that examine heroin use among older adults in the U.S. In his presentation, Guilherme Borges discussed suicidal ideation among older adults in Mexico, a topic that is severely understudied. Borges found that, for men, age didn't affect the incidence of suicide ideation; whereas women were more likely to experience suicidal ideation from a very young age. Lastly, Jesús Menéndez Jiménez offered an overview of the problems that older adults in Cuba are facing today, as well as the Cuban state's efforts to address those problems. Because one of the scheduled participants was unable to make it to the conference, the presenters had ample time to answer questions and discuss after their presentations were over.

ICAA EMERGING SCHOLARS

The first session of Emerging Scholars Oral Presentations began after a fifteen-minute break. Each presentation discussed a variety of topics regarding Latino aging at distinct geographic scales. Jennifer Ailshire examined the racial/ethnic differences in neighborhood environment and found that, though neighborhoods at a low disadvantage showed no significant difference in socioeconomic disadvantage and physical/social order between Blacks, Hispanics, and Whites. However, neighborhoods with a high disadvantage consistently showed a significant differential between Whites and both Blacks and Hispanics. As such, Ailshire concluded that older minorities were more likely to live in

destitution than their white counterparts. Qian Sun presented the preliminary findings of a research project that aims to assess changes of health outcomes among older immigrant adults with varying degrees of experience in the United States, and found that the relationship between years of residence in the U.S. and assessments of health changes in older immigrant adults vary greatly if we don't account for return migration. Sebastián Antonio Jiménez Solis examined whether gender is a determinant of poverty for the Mexican population aged 65 and older. Jiménez Solis found that the factor that most influences poverty for Mexican women is the absence of adequate social security, whereas for Mexican men the factor that most influences poverty is the lack of basic services to housing. Furthermore, older women are often expected to care for both their elders and their children, leading to an exhaustive amount of unpaid labor and an everyday life that is restricted to the public sphere. As such, though Mexican women have a higher life expectancy, such a phenomenon does not necessarily entail a better quality of life. Lastly, Catherine Pérez posed a significant challenge to the notion of 'Hispanic' or 'Latino' as a coherent population category in her study, which offered a profile of the discrepancy between non-Hispanic whites and Latinos that accounted for both region and nation of origin.

33 emerging scholars submitted their work to the ICAA's open call for poster presentations. Although the CAA previously rejected submissions for being inappropriate for the conference theme or of low quality, this year it accepted all submissions. An expert panel selected seven of the 33 submissions for oral presentations, and two of the poster presenters were unable to attend the conference. As such, only 24 emerging scholars presented posters during the poster session. The presenters represented a range of health-related fields, including Gerontology, Public Health, Social Work, Medicine, Demography, Sociology, Ethnic Studies, and Architecture and Design. The poster presenters represented most regions

of the United States, including the Southwest (University of Texas at Austin, University of Texas-Medical Branch, University of Colorado-Boulder), the Midwest (University of Michigan, University of Louisville, and University of Kansas), the West Coast (University of Southern California, University of California-Riverside, and University of California-Berkeley), the East Coast (Rutgers University, Thomas Jefferson University), and Puerto Rico (VA Caribbean Healthcare System-San Juan). Our poster presenters also represented four institutions in Mexico, including El Colegio de La Frontera Norte, the Universidad Nacional Autónoma de México, the Universidad Autónoma del Estado de México, and the Universidad de Colima. Eight judges selected the following posters for prizes:

First: Sean Angst, University of Southern California, "The Costs of Caring: Familial Dynamics and the Effects of Universal Pension Transfers on Elder Care in Mexico."

Second: Melanie Plasencia, University of California, Berkeley, "'No Tengo Dinero, Pero Tengo Mucha Gente': How Older Latinos Age in Place in an Ethnic Enclave."

Third: Sandra Hernandez, University of Southern California, "Programa Esperanza: Life Stress Events among Latinos with Late-Life Depression."

ICAA 2017 Mentoring Program

Following the poster session, the ICAA 2017 hosted a Mentoring Session at the Luxe City Center Hotel, the aim of which was to facilitate a supportive environment for one-on-one interaction and networking between emerging scholars and faculty mentors. The goal of the mentoring program is to provide the skills, knowledge and experience necessary to prepare emerging scholars to succeed in their career paths in the behavioral and social sciences. The Emerging Scholar Mentoring Program encouraged participation from all

interested graduate students, post-doctoral trainees, and early career scholars.

The mentoring session was split into two parts. The first consisted of one-on-one 'speed mentoring,' whereas the second consisted of a dinner that allowed further interaction between emerging scholars and career mentors in a group setting. During the one-on-one mentoring sessions, emerging scholars discussed current and future research plans with faculty mentors. Faculty mentors then provided the mentees with advice about the job market and with tactics for a successful career in the social sciences. 23 emerging scholars and 12 faculty mentors attended.

Following the session, mentees were asked to evaluate the program and thirteen individuals participated. 85% of the scholars that participated rated the experience as very good or excellent. 92% said they would recommend this speed mentoring activity to a friend or colleague. All emerging scholars reported that the mentoring program met or somewhat met their expectations. Open-ended qualitative remarks indicate that mentors and mentees had an overall positive experience. Scholars enjoyed the ability to meet one-on-one with scholars they had not previously met and remarked on the quality of the advice and feedback received. One scholar noted that "the mentoring program creates a space for having conversations about career goals that can be difficult to have organically with senior scholars who you are not close to. Through the mentoring program, I have gotten specific feedback as to how to improve my dissertation and been told what are the next steps I should take in terms of areas of improvement as a researcher. The mentoring is extremely valuable to me".

Some suggestions for improving the CAA mentoring program include providing more information and structure to the one-on-one mentoring sessions to maximize time efficiency and to provide a way for scholars to establish a more long-lasting formal mentoring relationship.

From the organizing standpoint, another issue with the Mentoring Program was a lack of time between the end of the poster session and the mentoring session, as demonstrated by the late arrival of many of the scholars. To resolve this issue, the CAA is considering including a 10- to 15-minute orientation that explains how the mentoring session is organized and that provides tips on making the most of each one-on-one session. This added buffer will also allow for the arrival of late participants so as to avoid issues with the time of the event.

MEDICAL CONTEXT AND MORTALITY AMONG U.S. LATINOS

The third and final day of the conference began with keynote speaker Eileen Crimmins' lecture, which evaluated the association between place, understood in the form of a term deemed the 'medical context' of a person, and mortality. Toward this end, she began her presentation by comparing a map that demonstrates the regions with the highest Mexican older adult population with maps that are intended to approximate the healthcare properties of different regions in the U.S. Crimmins found that the relative likelihood that Hispanics live in a region with the lowest quality of health care was twice as much as that of their non-Hispanic white counterparts, that non-Hispanic whites and Hispanics have the same mortality rate until you account for economic indicators such as socioeconomic status, insurance, and place, and that although residence, in conjunction with individual characteristics, may affect mortality rate, SES and access to insurance are stronger predictors. As such, Crimmins suggests, a change in health context can help reduce health disparities.

SOL-INCA STUDY

The first panel of the day, "SOL-INCA Study," demonstrated the possibilities associated with using the data collected during the SOL-INCA Study. Héctor Gonzáles started off the panel

with a thorough description of the history, progress, and intentions of the SOL-INCA Study. Elizabeth Vásquez presented a research project that explored the possible relationship between level of physical activity and cognitive function for aging Hispanics, building upon prior studies that have established a positive relationship between physical activity and cognitive functioning. This study was especially crucial given the relatively higher rate of risk of Alzheimer's among Hispanics. Vásquez concluded that measure of physical activity has no significant effect on cognitive functioning for Hispanics.

EMERGING SCHOLARS ORAL PRESENTATIONS

The final panel of the 2017 ICAA featured four more presentations by emerging scholars. Mariana González-Lara presented a study that aimed to assess the association of frailty in different life-space levels with socio-cultural characteristics based on data collected from four cities throughout the world. González-Lara found that there was a powerful association between sociocultural context and frailty, especially in the highest function levels for older adults. Marc García presented a study that used H-EPESE data to demonstrate a negative correlation between physical function and cognitive decline for both men and women. Joseph Saenz presented a study that evaluated the association between indoor air pollution, associated most significantly with the use of fuel wood, and cognitive function in Mexico. In so doing, Saenz filled a notable gap in the literature on the effects of pollution, which features a heap of studies on the effects of outdoor pollution, but very little on the effects of pollution in the context of the indoor environment. The study found an association between indoor air pollution and immediate recall tasks, attention tasks, orientation tasks, and verbal fluency domains. These effects are equivalent to approximately 3–6 years of age. Lastly, David Flores presented a study examining depressive symptoms in child caregivers of elder Mexican

Americans. Flores found that an increase in neuropsychiatric disturbances increase caregiver burden, which often causes greater depression. As the depression worsens, the caregiver is more likely to institutionalize their elder. As such, Flores suggests providing more respite services, mental health resources, and community services to caregivers of older Latinos with neuropsychiatric symptoms in order to alleviate depressive symptoms and burden for caregivers.

LOOKING TO THE FUTURE: PRIORITIES FOR CREATING NEW KNOWLEDGE

The conference ended with a lecture by closing keynote speaker Dr. Steven Wallace. Entitled "Priorities for Creating New Knowledge," the lecture aimed to identify key issues related to space, time, and place that are worth studying in the context of aging Latino elders. Wallace began by stressing the necessity for more research on Latino aging. Despite the urgency for policy solutions in relation to the aging Latino elder population, less than one percent of the literature on elderly populations deals with Latino or Hispanic populations in the U.S. Tied with the notion of space, Wallace continued, is a wealth of knowledge regarding anything from drug abuse networks, immigrant enclaves, immigration policy, and regional differences in health care services. He then went on to stress the importance of testing new models and methods that are capable of accounting for health at community- and family-level, an undertaking that would ideally take place within the context of immigrant enclaves. Moreover, Wallace, quoting Marx, emphasized the necessity for prescriptive studies rather than descriptive ones. Wallace ended the lecture with a brief description of grant opportunities with the National Institute of Health.

The 9th iteration of the Conference Series on Aging in the Americas represented a qualitative leap forward in the interdisciplinary field of Latino aging. As many conference participants

noted, there exist few studies on the relationship between space/place and the Latino aging process. Such an orientation, however, equips scholars with the site-specific information necessary for healthcare program recommendations that more adequately account for the specific circumstances in which a given community may find itself, an approach that Ladson Hinton advocated for. By offering a forum for the discussion of geographic and temporal approaches to the field of Latino aging — and, in so doing, encouraging scholars to incorporate explanatory factors that are often overlooked in the discipline into their work — the 2017 ICAA opened the door for novel developments in our understanding of Latino aging.

The tenth iteration of the CAA, which will take place on September 18–20, 2018 at the University of Arizona (Tucson), is entitled *Latino Aging and Health in Social, Institutional, and Environmental Context: Foundations and Frontiers.* This conference aims to build upon previous iterations of the CAA by addressing the established foundations of socioeconomic inequality and the affect that these have on broader health disparities in aging Latino populations and by addressing the health impacts that environmental inequality and religious involvement have on aging Latino populations. Methodological diversity will be a hallmark of this conference, including qualitative, quantitative, and mixed method designs. The general questions to be addressed include the following: What are the social causes and social consequences of health in later life? How do aging Latinos experience environmental inequality (e.g., pollution and dilapidation)? How do aging Latinos experience religion and religious institutions (e.g., faith based resources and religious coping)? And, lastly, what are the major benefits and barriers to caregiving for Latinos in later life?

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EMERGING SCHOLARS ABSTRACTS

The Costs of Caring: Familial Dynamics and the Effects of Universal Pension Transfers on Elder Care in Mexico

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In 2008, the Mexican state of Yucatan began implementation of a noncontributory pension program for adults' age 70 and older in the cities of Valladolid and Motul. This analysis utilizes base-line surveys to assess the distribution of caregiving among family members as well as the effect of elder health, socio-economic status, and family composition on caregiving time. Heckman selection models were used to examine familial caregiving contributions by gender. This analysis was conducted at three levels using the full sample, nuclear family sample, and son – daughter groups overall. The outcome variables of interest include total hours and standardized shares of care hours, which take into account an equitable distribution of responsibilities. The female-to-male caregiving gap was roughly 60.1 hours per month in the total sample, while daughters provided 58% more time caregiving than under an equitable split among siblings. Male caregiving time appears more flexible and was found largely dependent on elder health. In addition, a negative correlation existed between male caregiving time and the number of daughters in a given family. For daughters, those whom were the youngest child experienced greater caregiving time. Improved conditions for caregivers and compensation must be guaranteed to maintain informal care in the future. Initial evidence from this analysis suggests that access to social security benefits may reduce caregiver burden, foster better care, and improve gender equality. Additional interventions needed to alleviate caregiver burden include enhanced training, employment flexibility, and formal support for the elderly.

Health, care and expenses in the last year of life in the Mexican population 50+

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It has been documented that in the last year of life (LYL) health deteriorates, functional limitations increase and medical care costs multiply. These developments are different among countries and within countries by socioeconomic status. For the case of Mexico, the 2012 and 2015 rounds of MHAS are used to describe the LYL of the population of 50+. Analysis is three-fold: 1) functional limitations; 2) health costs according to age at decease and the cause of death; 3) who provides personal care and sources to afford expenses. The analysis is done in two moments in time. One is 2012 when the person was alive and answering the survey. The other is referred to the LYL as it is recorded in the 2015 survey questionnaire. Estimations confirm that in the LYL morbidity increases and functional limitations rise, thus increasing the need for medical care and its linked costs. 88% of caregiving depends on the family. The higher increase in monthly expenditure for medical care and pharmaceuticals has been for those that died from infectious diseases. Costs of health care are highly correlated to the cause of death. The prevalence of functional limitation increases as it gets closer to the moment of death. In the last three months of

life ADL impairments is 66% while it is 77% for IADL. A key issue in this study is that survivors in 2105 provide a meaningful comparison related to health conditions and to ALD and IADL performance.

Household extension and life expectancy: estimates of durations of dependency

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This paper examines life expectancy by living arrangements for Mexican-Origin elderly individuals. We analyze data from Waves 1-8 of Hispanic Established Populations for the Epidemiologic Study of the Elderly (H-EPESE). We examine transitions in living arrangements from independence to dependency on care givers. We create a typology of independent and dependent living arrangements based on marital status, headship status, and household size. We look at probability of transition between different living arrangements between waves, the differences in risk of mortality among living arrangements, and estimate life expectancies in each living arrangement. Sequence analysis of changing living arrangements show that living arrangements are dynamic and have differential risk of mortality. Individuals who are in married spouse only household transition into single households through widowhood, extended their households by adding additional family members while maintaining headship or to death. Single households rarely transition into married households, instead transitioning into extended households by adding family members and maintaining headship, or transition into extended households in which they do not maintain headship, or to death. Extended households in which the respondent maintains headship more fluid: there are into married and spouse only homes, into single homes, or losing headship of the household. Finally, extended households where respondents do not maintain headship status rarely transition into other arrangements and more often experience death. These results suggest that living as a non-head is likely a final destination for Mexican-origin elderly adults. Previous research on cross sectional correlates of home ownership have revealed that motivations for of Mexican Origin Elderly living with others are clearly more complex than simple filial piety considerations might hold. Extended living arrangements provide concrete financial and instrumental benefits for both elderly parents and their adult child caregiver. This research will build upon these ideas by adding longitudinal analysis.

Different times and looks: social constructions about aging in Mexico

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Population aging is an inescapable fact in today's societies. No matter the level of development, societies around the world have populations that are aging. This implies that the conditions of health systems, urban infrastructure, family organization, community solidarity, and public programs will be important components in achieving stable and satisfactory lives. One of the elements of satisfaction that has been previously analyzed are the perceptions older people have of themselves, which has shown the way old age is seen beyond a stage of illnesses, weakness and dysfunctionality. A pending point of analysis in this topic is the perceptions of old age from people who have not reached this stage in life, specifically young adults and adults that, given the increased life expectancy, will experience a longer period of this stage of life. This presentation explores the meanings of old age

for different age groups (youth and adults) and compares them with the self-perceptions of the older population in Mexico. First, construction of the social concept of old age is presented based on perceptions and opinions gathered in opinion polls carried out in Mexico in recent years. Afterwards, this information is contrasted with the perceptions of older adults, in order to summarize that a more consistent redefinition is pending. That is, one that considers the life conditions of this age group, allowing the elderly to be treated according to the reality they live without prejudice or stereotyping. This will allow to understand some elements present in the processes of discrimination that this population of young adults and adults take against older people, a challenge in all Latin American region.

Urban and Rural Differences in Depression Symptoms among Mexican Adults Age 50 and Older

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Depression among older adults is an important public health concern. However, knowledge on depression in Latin American countries such as Mexico is limited. In addition, there is evidence pointing to the protective influence of social engagement on mental health. The objective of this analysis was to examine depressive symptoms among older Mexican adults and examine potential differences between older adults living in urban and rural regions of Mexico. The hypothesis is that older adults who are more engaged socially would tend to report fewer depressive symptoms regardless of the area of residence. This research is important to set the stage for whether place and context is likely to impact meaningfully the mental health of older adults in Mexico. This analysis used data from the 2012 Wave of the Mexican Health and Aging Study (n=10,254). Depressive symptoms were measured using a 9-point questionnaire. Rural locality was defined as a population of 15,000 or less and urban was defined as a population greater than 15,000. Multivariable linear regression was used to examine differences in the mean number of depressive symptoms according to locality. The analysis adjusted for demographic and self-reported health characteristics. The mean number of depressive symptoms for rural and urban older adults was 4.61 and 4.44, respectively (p < 0.01). The higher number of depressive symptoms among rural older adults remained significant after adjusting for demographic and health characteristics. The full paper will add analyses to test the hypothesis that social engagement is a significant mediator in the relation between area of residence and depression. This analysis will contribute to the evidence on the role that social engagement plays in the likelihood that older Mexican adults living in rural communities have higher depressive symptoms compared to those living in urban communities.

Depressive Symptoms in Child Caregivers of Very Old Mexican Americans

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To study the effects of disability, cognitive impairment, and neuropsychiatric disturbance among older Mexican Americans on depressive symptoms in their children caregivers. This study utilizes data from Wave 7 (2010-11) of the Hispanic Established Populations for the Epidemiologic Study of the Elderly (HEPESE). The final sample included 200 adult children caregivers that provided direct

personal care with activities of daily living (ADL) (e.g., bathing, toileting, dressing, etc.) to their older parents (average age = 87). We analyzed the influence of ADL disability, cognition (MMSE), and neuropsychiatric symptoms (NPI) of the care recipient on depressive symptoms of the adult child caregiver. A cross-sectional multivariable linear regression analysis was conducted to examine the effect of neuropsychiatric disturbance on caregiver depressive symptoms. Presence of care recipient NPI symptoms was associated with higher depressive symptoms for caregivers. Additional characteristics associated with caregiver depressive symptoms were not being married, and higher perceived social stress. ADL disability of the care recipient, cognitive functioning of the care recipient, or caregiver health status alone did not have a significant effect on depressive symptoms of the caregiver. In a Mexican American familistic culture, disability and cognitive impairment might be better tolerated by families but neuropsychiatric behavioral symptoms related to dementia may take an increased toll on family member caregivers. The need to provide respite services, mental health resources and community services for caregivers of care recipients with neuropsychiatric symptoms is of paramount importance to alleviate depressive symptoms and burden among caregivers.

Hearing Impairment is Correlated with Depression in Very Old Mexican Americans: A Study Using the Hispanic HEPESE

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More than 299 million men and 239 million women have impaired hearing and hearing loss is the third leading cause of years lost due to disability worldwide. Consequences of hearing impairment include a reduced ability to communicate, economic and education disadvantages, and social isolation. The older U.S. population is becoming increasingly diverse and older Hispanics are projected to be the largest minority population in the U.S. Although there have been several studies linking depression, Alzheimer's, and cognitive deterioration to hearing loss, less research has focused on older Mexican Americans with hearing loss. In this study, we employ a unique data set of older Mexican Americans (H-EPESE) to examine the relationship between self-reported hearing loss, depressive symptoms, and dementia related neuropsychiatric disturbance. We used data from 383 subject/informant dyads from Wave 9 of the H-EPESE. Outcomes of interest included informant reported neuropsychiatric symptoms and subject self-reported depressive symptoms (>= 16 on the CES-D). The main independent variable was subject self-reported hearing impairment. Covariates included age, sex, marital status, and ADL limitations of the subject. (1) logistic regression analysis was employed to analyze the association between

hearing impairment and high depressive symptoms; (2) Negative binomial regression analysis was employed to analyze the association between hearing impairment and count of NPI symptoms. A total of 223 (58.2%) of subjects reported having impaired hearing. Controlling for covariates, hearing impairment was associated with greater odds for high depressive symptoms (OR: 1.65; 95% CI: 1.02 to 2.68). Impaired hearing was not associated with significantly higher NPI symptoms. We expected hearing loss to be associated with depressive symptoms. Understanding these mechanisms becomes crucial as rising hearing disability rates increase the need for hearing assisted devices and interventions.

"Sangre Buena, Sangre Mala" (Good Blood, Bad Blood): A Qualitative Examination of Familismo (Familism) and the Dichotomous Influence of Aging Hispanic Families in Heroin Use

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Older adult substance use is a significant growing public health problem especially given the retiring baby-boomer generation, the generation with the greatest amount of substance misuse compared to other U.S. generations. This is of a particular concern for the growing older Hispanic population. The number of older adults seeking drug treatment is projected double to 6 million by 2020. Culture has been found to influence substance use and misuse, and more specifically, cultural values specific to Hispanics influence the initiation, duration, and cessation of heroin use. This study explored the impact of the Hispanic cultural value of familismo (familism) on the initiation, duration, and cessation, of injection heroin use among aging Mexican-American men. An ecological ethnographic approach was applied to gleam "thick and rich" descriptions of cultural influences on cessation of heroin use. Qualitative ethnographic interviews provided a rich understanding of substance use in this hidden population of marginalized substance users. Iterative analysis revealed three major themes: the importance of family in general; the specific influence of male family members on initiation of drug use; and the specific influence of female family members on cessation of drug use. The Hispanic value of familismo functioned dichotomously, providing both positive and negative influences for heroin use in this under studied population. A better understanding of the impact of cultural values, such as familismo, on substance use can provide valuable insight and inform cultural relevant interventions on substance use especially for aging Hispanic.

Investigation into the Co-Development of Cognitive and Physical Decline for Older Mexican Americans

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Impaired cognition and physical limitations are common comorbid conditions among older adults. Prior research has also identified cognitive impairment to be a risk factor for increased physical decline whereas physical impairment is associated with greater cognitive

decline. The close relationship between cognitive and physical impairments is due in part to shared risk factors and underlying biological mechanisms that contribute to impaired cognitive and physical functioning. However, traditional modeling approaches are unable to examine how cognitive and physical declines co-develop. This research used 20 years of data from the Hispanic Established Populations for the Epidemiologic Study of the Elderly to model trajectories of cognitive function and physical functioning, measured in terms of performance-oriented mobility assessments (POMAs) and Mini Mental State Exam scores (MMSE) after age 65 in a large longitudinal sample of Mexican-origin individuals. We estimate dual domain growth curve models that permit initial levels of MMSE to impact the change in POMAs as well as allowing initial levels of POMAs to impact change in MMSE Cross-domain regressions of intercepts on slopes show that higher baseline levels of physical function dampen the rate of cognitive decline for both men and women. Conversely, cross-domain regression of initial cognitive levels on physical function show that higher baseline MMSE scores increase the rate of decline in POMA scores among women. This research presents new evidence that suggests physical impairment is a stronger risk factor for declining cognitive function than impaired cognition is for physical declines. These findings have important implications for the development of social and health policies to appropriately target the medical conditions and disabilities of older Mexican Americans entering late life.

Growing Old as Undocumented — Los Invisibles: The Cumulative Health Disadvantages among Older Mexican Immigrants

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Much of the immigration debate has centered on claims to "fix the immigration problem." The solutions proposed have favored enforcement policies, including mass deportations and the militarization of the U.S.-Mexico border. Other solutions have focused on providing deportation relief to undocumented young adults. The living conditions for the undocumented and their families, under the new U.S. presidential administration, are even more dismal. However less is known about the cumulative health disadvantages associated with growing old as an undocumented immigrant in the U.S. We shed light on the cumulative health disadvantages associated with growing old under an anti-immigrant and deportation enforcement era. Stemming from a bi-national project focusing on the impact of migration on health among older Mexican immigrants residing in California, Texas, and Illinois as well as return migrants in Guanajuato and Zacatecas, México, we use in-depth qualitative interviews with 30 individuals of fifty years and older residing in the U.S. Using grounded theory techniques, we find specific themes that emerge shedding light on the cumulative disadvantages associated with growing old as undocumented including: 1) a threat of deportation, which if deported they described they may never be reunited with their families in the U.S. given the risks associated with crossing over as an "older" person; 2) the lost income and loss of

retirement benefits that the undocumented population never obtain despite paying into the system; and 3) the rising healthcare needs and challenges associated with the aging process coupled with being undocumented. We shed light on a group that is often excluded from immigration and healthcare debates. We begin to capture what it means to live as an undocumented immigrant across the life course by documenting the health impacts associated with growing old in an anti-immigrant climate.

Programa Esperanza: Life Stress Events among Latinos with Late-Life Depression

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Using baseline data from a pragmatic clinical trial, "Programa Esperanza," we examine sociodemographic and clinical data on over 250 participants between 56 and 94 years of age including acute life stress events which are known risk factors for trauma-induced reactions such as depression and anxiety. Our predominantly immigrant (93%) and Spanish-speaking (92%) sample reported on average over 3 (3.41) life events. The top four endorsed events were (1) serious financial problems (54.44%); (2) death of a close other (54.05%); (3) recent illness or injury to self (51.74%), and (4) serious illness/injury in family member/friend. PHQ-9 depression scores at baseline indicate about 1 out of 4 participants scored in the moderate to severe depression range (74.1%). About 57% reported moderate to severe anxiety based on GAD-7 scores. Although our sample on average lived in the USA for over 35 years (35.93 years/non USA-born), they remained monolingual Spanish-speakers into their old age, and preferred all study materials and procedures in Spanish. Our study shows that aging in place for this clinical sample of Latin American immigrants residing in a large metropolitan area includes serious challenges such as high depression and anxiety levels, and serious life events (financial, serious illness including death in close others, and serious illness in self). Psychosocial interventions for depression treatment that are person-centered and culturally-adapted can address these challenges as participants (re)learn managing their psychological, social and physical needs and environments.

The Impact of Direct and Proxy Interview on the Measurement Stability of Physical Function Items: 2012 U.S. Health and Retirement Study

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Most national aging studies utilize proxy interviews to assess individuals' health status because often a target respondent isn't available. While this survey methodology relies on the common assumption that self-report from direct and proxy interviews are inherently similar, no studies have attempted to examine the stability of survey items across interview types. Therefore, we aim to examine the stability of survey items assessing functional status by using item response theory (IRT). A total of 2,822 Hispanic adults (13.75%) was retrieved from the 2012 U.S. Health and Retirement Study. The 22 daily tasks and physical function questions were tested using

IRT models. In addition, the stability of functional items across the interview type (direct vs. proxy) was examined by differential item functioning (DIF) using the Rasch model (Rasch-Welch logistic regression t-test) and 2-PL IRT model (Wald's test). The full paper for the Conference will compare our results for Hispanics with other ethnic/racial groups: non-Hispanics white and blacks. The mean age of the sample was 62.9 (SD=10.8) and 58.1% female. For the total sample, 5.14% (n=145) were completed by proxy. The 22 items demonstrated a unidimensionality measurement construct and high reliability (Cronbach's alpha=0.93). There were no misfit items in the Rasch model and three misfit items in the 2-PL IRT model. However, there were significant DIF on 14 items by the Rasch model and 10 items by the 2-PL IRT model. The IRT models indicate that interview type had significant influence on the measurement stability. These findings suggest that a disability measure based on all 22 items may underestimate functional status due to the presence of items with DIF. Since there is only a small proportion of the interviews completed by proxy (5.14%), we recommend researchers not use proxy interviews when estimating disability severity for Hispanic adults.

Older age does not imply a greater risk: Prevalence of Drowsy Driving and Self-Reported Automobile Accidents in elderly veterans

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The elderly are expected to represent an increasing proportion of the population. Driving performance, driving safety and driving cessation are often judged in the clinical setting, without clear guidelines. Sleepiness is pervasive in society and may be more prevalent in the elderly. Up to 25% of automobile accidents (AA) may involve drowsiness. Few reports address drowsy driving (DD) in the elderly. We studied the prevalence of self-reported DD and AA in veterans in the VA Caribbean Healthcare System (VACHS) Primary Care Clinic. Subjects were offered study participation prior to being evaluated by their Primary Care Physician. Individuals 21-89 years old (y.o.), with a valid driving license, who drove ≥3 hours/month were included. Most were male (97.5%). Of 1,429 veterans invited, 1,303 participated (646 < 65 y.o. and, 648 ≥ 65 y.o.). Subjects completed the Epworth Sleepiness Scale (ESS) and eight questions about DD, AA and sleep. In the group of veterans ≥ 65 y.o., 15% had an abnormal ESS (≥11, mean=5) while of veterans < 65 y.o., 34% had an abnormal ESS (≥11, mean=8.0). In the group of veterans ≥ 65 years old, DD at 30 days was 14% and, at one year 21%, versus 34% and 47%, respectively, in the adults < 65 y.o. (p<0.001). Three percent of veterans ≥ 65 y.o. reported having AA attributed to drowsiness at 30 days and 5% and at one year, versus 8% and 18%, respectively, in the adults < 65 y.o. (p<0.001). Sleep disorder diagnosis and treatment were more common in the elderly

(p<0.001). Self-reported DD and AA associated with drowsiness were less prevalent in this population of elderly veterans than in a younger group.

The Influence of Exercise on Physical Performance in Older Hispanic/Latinos Adults: The "¡Caminemos!" Study

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As adults age, some people expect to "slow down" their level of physical activity. These negative age attributions contribute to sedentary behavior. However, considerable evidence exists that remaining active promotes physical health. Unfortunately, older Hispanic/ Latino adults report lower levels of physical activity compared to their white counterparts. This study evaluated prospective effects of an evidence-based exercise intervention ¡Caminemos! on the physical performance of older Hispanic/Latinos. We enrolled 572 older Hispanics/Latinos (≥60 years) in an exercise program assigning them to either: a) a treatment group – to receive an attribution-retraining program to dispel the idea physical activity declines with age plus 1-hour exercise class or b) a control group – to received general health education plus 1-hour exercise class. Data was collected at baseline, 1-, 12-, and 24-months. Mixed-effects linear regression was used to determine the effects of the exercise class and age-reattribution on longitudinal changes in physical performance (NIA battery) and physical health (weight, BMI, blood pressure). Overall, participants in both arms of the intervention benefitted from the exercise intervention. These findings show that physical activity can impact the lifestyle of older Hispanics/Latinos.

The Impact of Language Discordance on Rehabilitation Care: Implications for Latino Elders

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Multilingualism and a rich diversity of cultures, religions, and traditions result in a divide between Latino elders and their providers. Language discordance between patients and providers and low health literacy lead to increased costs and disparate rehabilitation care, negatively impacting Latino elder health, function, and independence. To address this gap, we investigated a patient-caregiver-provider triad within a rehabilitation episode of care as a first step toward investigating the role of language discordance from the perspective of Latino families. A Latino, Spanish monolingual older adult, his Spanish monolingual wife, and his English monolingual rehabilitation providers participated (n=4) in this qualitative study. Data collection included semi-structured interviews, observations of treatment sessions, and field notes. Interviews were conducted in the language of the participant's choosing (English or Spanish), audio-recorded, and transcribed. Questions addressed expectations for, and experiences with rehabilitation.

We found that language discordance was a major barrier to high-quality patient-centered rehabilitation. Specifically, four themes emerged: (1) expectations for care, describing perceptions of services and goal-setting; (2) the therapy relationship, describing the therapeutic alliance; (3) professional identity, discussing challenges to professional identity; (4) pragmatic constraints, addressing personal- and organizational-level contexts. Our findings identified stakeholder-expressed challenges to care and barriers at various levels (e.g., patient,

family, provider, organization). In particular, we present the perspective of a Latino elder and his support system. Using our findings, care delivery systems and providers can implement strategies to enhance patient satisfaction, programs, policies, and patient-provider relationships. As a result of these efforts, health outcomes and quality of care for Latino elders, a growing and vulnerable population, can be enhanced at local, regional, and national levels.

Environmental Design in Mexican Dementia Care Centers

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The purpose of this study was to determine how it is been applied the environmental design in the Mexican context. Over more than a year, an exploratory and ethnographic study was carried out, in which five dementia day care centers for elderly people were visited. Based on existing literature about environmental design for dementia, an analytical comparison was made between those geriatric nursing homes, looking for corroborate the use of design for dementia strategies. As result was obtained that less than 20% of the design strategies, promoted in the literature, are implemented in most of the dementia care centers. Environmental design as a part of dementia therapy has not been taken into account in Mexico in the way that it deserves, day care centers for people with dementia see it as a secondary aspect. There is a need to use a multidisciplinary approach and also train staff of primary care with regard to the role of the environment in improving the quality of life of older people. As an approach to this problem solutions are proposed from the strategic design using reminiscence therapy and adapting design strategies suggested for the socio economical and socio cultural aspect of elderly people. This research is part of the dissertation for a doctoral degree in Design at the Autonomous University of the State of Mexico.

The Health and Well-being of Late Middle-aged, Rural-dwelling Hispanic Adults with Arthritis

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Hispanic older adults with arthritis are at high risk for limitations in daily activities. Among Hispanics with arthritis, those who live in rural areas are at increased risk for poor health outcomes and healthcare disparities. This study's purpose is to describe the status in health and well-being among late middle-aged (50-64 years), rural-dwelling Hispanic adults with vs. without arthritis. We conducted a cross-sectional analysis of baseline data for 40 Hispanic (65% born in Mexico) late middle-aged adults who participated in a feasibility study of a lifestyle intervention delivered in a primary care system in rural California. Participants reported on medical diagnoses, including arthritis of any type, and various health and well-being parameters. We analyzed a subset of measures from a self-report assessment battery that addressed key aspects of health and wellness: satisfaction with social activities, physical activity engagement, sleep quality, and general well-being. Patients' electronic medical records (EMRs) were reviewed. All participants were Spanish-speaking and 90% were female. Those who reported arthritis (n=19, 47.5%) showed significantly poorer social activity satisfaction (p=0.05), physical activity participation (p=0.04), and general well-being (p=0.04) compared to non-arthritic participants. Although not statistically significant, individuals with arthritis also reported poorer sleep quality.

EMRs indicated that only 3 participants (7.5%) were diagnosed with arthritis.

This small cross-sectional study showed that self-reported arthritis was highly prevalent in a sample of late middle-aged, rural-living Hispanic adults. Though commonly absent in patients' EMRs, self-reported arthritis was inversely related to health/well-being in this sample. While a larger-scale study is necessary to confirm these preliminary findings, this study informs efforts to develop lifestyle interventions tailored to late middle-aged Hispanic individuals with arthritis who reside in rural communities.

Space, time and place —Outlining Two Approaches to Analyze and Present Data Relevant to Understanding the Social Determinants of Health

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This study outlines two methodological approaches still underutilized in the field of econometrics in general, and in health econometrics in particular. Both approaches exploit the increasing availability of large, publicly available datasets and open software (such as the package R) which facilitate analyses and bring an unprecedented ability to applied economists, health economists and public policy practitioners to convey complex information and analyses.

In the first example, I use open data, compiled from county-level health-related measures from a wide range of national and state data sources (e.g., US Census Bureau, National Vital Statistics System, and Behavioral Risk Factor Surveillance System) across multiple years, and published by the Robert Wood Johnson Foundation. These data are called the County Health Rankings and Roadmaps Data (Rankings). For this example, I used a classification/tree analysis (Exhaustive Chi-squared Automatic Interaction Detection (CHAID)) which falls under the category of 'supervised machine learning' techniques. This nonparametric, nonlinear method extensively used in the fields of data and computer science remains underused in health econometrics. As I show, the methodology is useful in the context of aggregate data from disparate sources, and its presentation (through decisions trees) its advantageous when aiming to convey information across different sectors (policy, academia, practitioners). In the second example, I present an approach increasingly used in what is now considered 'data science' – that of visualizations and dashboards. Using the open statistics software R and two additional free packages, R studio and ShinyApps. I created a 'population health dashboard' to conduct hyperlocal analyses of health conditions in the Philadelphia (Pennsylvania) region. My main goal for creating the population health dashboard was to aggregate large open datasets for purposes of understanding the social determinants of health. The approach of using interactive, online dashboards to conduct analyses and aggregate information is a powerful way to enable a multilevel, multisectoral engagement in policy in general, and in health policy in particular. The aim of the approaches presented here is twofold: First, to implement a set of straightforward methodologies that may help organizations (county/city officials, community-based organizations) to better design and calibrate actionable and tractable policies to improve population health. Second, in going forward—and as data becomes larger and increasingly available for analyses—health services researchers and health economists would benefit from using "big data" analytics such as classification methods and visualization dashboards to gain new insights from what has become increasingly complex data.

How Does Regional Variation Inform our Understanding of Hispanic Populations and Their Diabetes/Hypertension Prevalence?

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The Hispanic population in the U.S. aged 65 and older has been growing rapidly and is projected to increase 5-fold between 2012 and 2050, when Hispanics are expected to make up more than 18% of the older adult population. Hypertension and diabetes are major diseases that affect a growing number of aging Hispanics and present significant health challenges to this population.

National estimates show that compared to non-Hispanic whites, Hispanics have a higher prevalence of diabetes and cardiometabolic syndrome, but have a similar or lower prevalence of hypertension. However, a source of racial/ethnic health disparities may include differences due to regional differences in the characteristics of Hispanic subpopulations. Hispanics living in each of the four major Census regions have unique historical, cultural, and demographic contexts that affect health. Previous studies have not always been able to consider racial/ethnic disparities per region because of limitations in sample size. Our study examines regional variation in Hispanic subgroup-white differences in hypertension/diabetes prevalence among older adults using pooled data from 2000-2015 of the National Health Interview Survey. We find that Hispanics living in the South and West regions were more likely to have hypertension/diabetes than whites; whereas whites were more likely to have hypertension/diabetes in the Midwest than Hispanics. However, insights into the extent of ethnic heterogeneity in hypertension/diabetes among older Hispanics show that within the Northeast region, Dominicans and Puerto Ricans were more likely to have hypertension/diabetes compared to all other groups. In the South region, Cubans were more likely to have hypertension/diabetes. In the West region, Mexicans were more likely to have hypertension/diabetes. Within the Midwest region, whites were more likely to have hypertension/diabetes. Our findings show that national data may obscure regional variation in race/ethnic disparities in hypertension/diabetes. Further, regional differences may be a product of both contextual and compositional differences.

Life Expectancies with Depression by Age of Migration and Gender among Older Mexican Adults

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Prior examination of the relationship between depression and age of migration among older Mexican-origin adults have found two distinctive patterns. One suggests that regardless of gender and age of migration, immigrants compared to U.S.-born Mexican Americans, are at a higher risk of depressive symptomatology. Another pattern suggest that Mexican American women are more likely to report depression symptoms than men, even when accounting for migration status and years

of residency. This study employs 20 years of data from the Hispanic Established Populations for the Epidemiologic Study of the Elderly to examine which pattern emerges among older Mexican-origin adults residing in the southwestern United States. Results show differences by gender and age of migration for remaining years after age 65 spent with depression. Late-life immigrants are particularly disadvantaged compared to other immigrant sub-groups. However, the results revealed a degree of selectivity for both female and male midlife migrants. The results show differences between nativity, age of migration, gender, and life expectancy with depression, thus providing some support for the previous patterns explaining depression symptoms among older Mexican-origin adults. Furthermore, the results indicate a distinctive selectivity pattern by age of migration, particularly later migration age, and gender that is associated with life expectancies with depression in late life. The study provides important insights in the examination of depression of older Mexican-origin adults as they migrate and age.

"No Tengo Dinero, Pero Tengo Mucha Gente": How Older Latinos Age in Place in an Ethnic Enclave

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With the exception of anthropologist Judith Freidenberg's work on elderly Puerto Ricans in Spanish Harlem, few ethnographies examine the experiences of Latino senior citizens. As a result, we know little about how older Latinos support themselves in old age, even though this process has become increasingly precarious because so few Latinos have pensions or retirement savings. Drawing on eighteen months of intense ethnographic research in an ethnic enclave near New York City as well as over sixty in-depth interviews, this project addresses this knowledge gap by revealing how Latino seniors make ends meet. I show that seniors develop a social support network that facilitates resource sharing in a manner that allows them to keep financial pressures at bay. Moreover, these networks provide seniors with critical medical advice as well as knowledge about how to navigate state institutions. Indeed, the study finds that Latinos rely on the advice of their friends and support network, especially "word of mouth" to make decisions about which prescriptions to take, what medical services to seek, and what Medicaid or Medicare plans to choose. In addition, this network of family and fictive kin provide seniors with the emotional and spiritual support necessary for abating depression and gaining a sense of community. Findings in this study are of potential value to policy makers and practitioners interested in assessing the resource and support networks and needs of Latino elderly in urban communities.

A pilot trial to increase Alzheimer's disease awareness in the Latino community

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Latinos experience disparities in Alzheimer's disease awareness. The aim of this study was to explore the acceptability and effectiveness of a 45 minute Alzheimer's disease awareness presentation for professionals serving the Latino community and Latinos served by Latino community organizations. One-session Alzheimer's disease awareness lunch-and-learn events were conducted with 40 professionals and 37 served Latinos. Participants received a pre-post survey including questions on satisfaction, perceived needs of the Latino community, a subjective Alzheimer's disease awareness question and a 14 item objective Alzheimer's disease awareness questionnaire.

Professionals (54.3%) and served Latinos (94.6%) reported the session being very enjoyable, increased in objective Alzheimer's disease awareness (2.1 and 2.5 units, p<.001), and subjective awareness (1.1 and 1.7 units; p<.001). A short in-person educational session increases Alzheimer's disease awareness and is perceived as interesting and useful among professionals serving the Latino community and Latinos served by Latino community organizations.

Retirement in a Family Context

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As the baby boom cohorts prepare for retirement in a time of more economic uncertainty, they may be faced with tough choices balancing saving for retirement with providing support to family (Remle, 2011). These challenges may be especially acute for Latinos, given the less than half of Latinos working full time have access to retirement savings plans through their employers (Copeland, 2011). Parents are faced with the needs of their adult children and their own need to save for retirement, how do they balance these competing demands in the short- and the long-term? Norms and trends for intergenerational co-residence and income support are not uniform across race/ethnicity or socioeconomic status. Hispanics on average have less income and wealth to transfer, yet they exhibit strong familial norms; therefore, they may be more likely to shortchange their savings for retirement compared to whites. Using the Health and Retirement Study 1992-2014, I estimate random and fixed effects models to assess how intergenerational transfers and co-residence is associated with changes in retirement and savings. Initial findings suggest that older Latino men and women are more likely to have changes in retirement timing due to the birth of grandchildren. Latinos have a lower rate of retirement compared to whites, however the association of co-resident children and financial dependents is not moderated by race. Latinos are more likely to reduce savings when adult children move in with them. In the next step of the analysis I plan to examine how these race/ethnic differences vary across the income distribution. Additionally, given the extremely low rate of retirement savings among Latinos nearing retirement age, I plan to examine how changes in living arrangements and transfers to parents may also influence retirement timing for those with little to no savings for retirement.

The Role of Informal Networks in Overcoming Structural and Cultural Barriers to Community Services/Programs Access among Latinos 60+ in New Brunswick, New Jersey

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As we move towards inclusive accessible communities for both an intergenerational and ethnically diverse population, cultural and structural barriers to community access need to be addressed. To date literature concerning the use of informal networks has focused on community based services for long-term care such as respite care and meal programs. However, few studies have examined how older Latino adults are able to access daily community based support services such as information about local transportation, library groups, and community events and programs, despite cultural and structural barriers. Therefore, this study looks at older Latino adults' community involvement and overall access to community services/programs. Preliminary in-depth interview data from an expected sample of 15 Latino older adults living/working in New Brunswick, New Jersey, was used to explore how older adults engage

and access the broader community and the barriers they face in doing so. New Brunswick was particularly relevant to this study given its large and diverse Latino population. Preliminary results describe the essential role of informal networks in the pathway to accessing community based services and programs among older Latino adults. Informal networks (family, friends, & neighbors) were found to be particularly useful in overcoming language barriers and lack of knowledge of services. Overall, it appears that informal networks serve as a guard against feelings of isolation or exclusion from the broader community. These findings highlight the resiliency of this often marginalized group, and the need for increased attention and culturally sensitive community programs/services that are inclusive of this population.

Forms of Family Support in Latin Dementia Caregiving

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Family members are potential sources of emotional and instrumental support for Latino family caregivers. The purpose of the current study is to describe variability in patterns of family support for Latino caregivers to persons with dementia. We analyze structured in-depth interviews with 16 Latino, mostly Mexican-origin, caregivers of community-dwelling Latinos with dementia from the Sacramento Area Latino Study on Aging. All caregivers provide care to an older family member who displays neuropsychiatric symptoms related to dementia. Descriptive qualitative analyses identify key themes of family support in dementia care. Three patterns of family

support are identified: extensive, limited, and lacking. The most common form of family support identified is limited support. These caregivers receive some instrumental or emotional support from family members; however, they are not satisfied with this level of support. Caregivers with extensive support are able to rely heavily on their families for both instrumental and emotional support. Finally, caregivers who lack both emotional and instrumental family support are at high risk for burnout and distress. Culturally competent home-based assistance and interventions for Latino caregivers should focus on mobilizing family members to support in caregiving duties. Home-based assistance should also take into consideration the heterogeneity in family-based support and diversity in Latino dementia care processes.

Household Decision-Making Dynamics and Depressive Symptoms among Older Mexican Adults

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Married adults tend to report lower levels of depression than their non-married counterparts. Fewer studies have investigated the heterogeneity in depressive symptomatology among older married adults. We analyze how household decision making dynamics are associated with the depressive symptoms of older married adults in Mexico. Our sample includes older married couples in the 2015 Wave of the Mexican Health and Aging Study (n=4,092 dyads). We use seemingly unrelated regression to model the association between self-reported distributions of decision making power within marriages and depressive symptoms for husbands and wives. Husbands and wives both reported an equal distribution of decision making power in

approximately 2 out of every 5 couples. For husbands and wives, those who reported having more or less influence on family decisions than their spouse reported more depressive symptoms than those who reported an equal power distribution. Levels of depressive symptoms were higher in marriages characterized by an unequal balance of power. Marital quality is an important factor for understanding depressive symptoms among older Mexican Adults.

Indoor Air Pollution and Cognitive Function among Older Mexican Adults

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A growing body of research suggests exposure to high levels of outdoor air pollution may negatively affect cognitive functioning in older adults, but less is known about the link between indoor sources of air pollution and cognitive functioning. We examine the association between exposure to indoor air pollution and cognitive function among older adults in Mexico, a developing country where combustion of biomass for domestic energy remains common. Data comes from the 2012 Wave of the Mexican Health and Aging Study. The analytic sample consists of 13,023 Mexican adults over age 50. Indoor air pollution is assessed by the reported use of wood or coal as the household's primary cooking fuel. Cognitive function is measured with assessments of immediate recall, delayed recall, attention, orientation, and verbal fluency. Ordinary least squares regression is used to examine differences in cognitive function according to indoor air pollution exposure while accounting for demographic, household, health, and economic characteristics. Approximately 16% of the sample reported using wood or coal as

their primary cooking fuel, but this was far more common among those residing in the most rural areas (53%). Exposure to indoor air pollution was associated with poorer cognitive performance across all assessments, with the exception of delayed recall, even in fully adjusted models. Indoor air pollution may be an important factor for the cognitive health of older Mexican adults. Public health efforts should continue to develop interventions to reduce exposure to indoor air pollution in rural Mexico.

Programs to Alleviate Poverty in Elders in México

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GRADUATE STUDENT

During the second half of the last century, a transformation began in the Mexican population dynamics, which reduced fertility and increased survival, thus generating a process of aging, which continues to develop in an accelerated manner. This demographic change is having a deep impact on the Mexican economy, as the costs associated with aging rapidly increase, while the expenses have to be covered by the elderly and their families, since 75% of the elderly do not have access to retirement. The situation for older people in México is so bad that 33.6% of the elderly are kept in the job market in precarious conditions, many of them without social security. In contrast to the United States, programs in Mexico to care for the elderly population are incipient but some of them have had very good results that should be analyzed and taken into account when it comes to the care of the Latino population in the United States. In this paper, we analyze the main characteristics of the programs for older adults implemented in Mexico at the federal and state levels, comparing them to each other and analyzing the rules with which these programs operate. Special emphasis is placed on the federal

program "65 and above" and on the universal program of Mexico City, due to its greater coverage and the impact it has had on the Mexican population.

The comparison between these programs allows us to show a general picture regarding the capacity of the Mexican government to address poverty in older adults in Mexico, which is relevant if we acknowledge that half of the elderly population in Mexico live in poverty.

Poverty in The Elderly In Mexico: An Analysis From The Gender Differences

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The structure of the Mexican population shows an aging process. This demographic situation is permanent and imposes important challenges in economic matters. Furthermore, an important aspect to study is the deprival of economic security in old age. The purpose of this research aims to analyze determinants of poverty in the Mexican population aged 65 and over (P65+). This study considers the gender inequalities are intensified in old age and particularly adverse for women. The analysis is performed from two logistic regression models on the factors that influence the lack of economic welfare. The database that is used comes from the Socioeconomic Conditions Module of the Survey of Income and Expenditures of Households 2014. This survey is done by the Instituto Nacional de Estadística y Geografía (INEGI). Findings demonstrate that women 65+ have the greatest inequalities. Moreover, the most important explanatory factor on poverty among the female population is the absence of social security, while the male population is the absence of government

programs. In addition, it is confirmed that the economic conditions have been unfavorable for the current generations of older adult women. Furthermore, it is found that the longer life expectancy of women does not necessarily translate into a better quality of life during old age. The results corroborate the importance of social security. Therefore, in terms of public policy actions and measures, I think that it is necessary to guarantee the social security of this segment of the population and especially of women. In terms of future lines of research, it is necessary to include a review of the capacity of public mechanisms to provide economic security to the aging population of the future, for which it is important to add information on the coverage of formal labor markets and their conditions for access to social security systems.

Demystifying the puzzles of Hispanic Health Paradox from a binational perspective: A look at mortality, morbidity, mental health, and socio-behavioral risk factor

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This project is aimed at understanding the equivalent or better health outcomes of the Mexican immigrants compared to their U.S. counterparts, regardless of their low socioeconomic status. As the systematic research on the existence of this paradox in chronic health outcomes is relatively scarce, this project attempts to demystify the phenomenon by testing and expanding the current explanations: the "salmon bias," emigration selection, and sociocultural protection stemming from either U.S. or Mexico. We depart from prior work (even that using a

binational approach) by examining mortality as well as a broader set of health outcomes. We compare data from individuals of Mexican origin 50 years-old and older on both sides of the border using the National Health Interview Survey (NHIS) in the United States and the Mexican Health and Aging Study (MHAS) in Mexico. Both data are nationally representative, obtained via multistage and stratified complex random sampling. In both data, we look at several health outcomes, including self-reported: self-rated global health and mental health (index of seven depressive symptoms that are a subset of the CES-D); disability; major chronic conditions such as cancer and important cardiometabolic health outcomes (i.e.., hypertension and diabetes), as well as socio-behavioral risk factors such as obesity, smoking, and drinking, in addition to height for selection tests. We examine the differences in these health outcomes from the perspectives of gender, age, nativity, and U.S. experience. Logistic regression, ordinary least square (OLS), multivariate analyses, and longitudinal data analyses are applied in this project. As the aging problem in both U.S. and Mexico has extended the scope of chronic diseases, this project will contribute to the establishment of a comprehensive and systematic study of the Hispanic Health Paradox.

INVITED SPEAKER ABSTRACTS

OPENING DINNER ADDRESS

California Becoming: Demographic Pasts and Futures in the Golden State

MANUEL PASTOR
UNIVERSITY OF SOUTHERN CALIFORNIA

The demographic transformation of California in the 1980s and 1990s was dramatic and provided both a glimpse of what the U.S. will go through between 2000 and 2050 and an early warning about how such shifts can lead to the tumult rocking and polarizing contemporary national politics. Yet our perspectives on what the future may bring to the Golden State itself are often colored by both that past and the current heat of the national moment. In fact, contrary to popular perceptions, California's share of foreign-born is now on the decline, the growth of the Latino share has substantially slower, and the population age profile is shifting in important ways. What are the new dimensions of change, particularly the tendency of native-born Latinos to stay in the state? How will the ongoing micro-shifts in geographic location (for example, Latino growth in traditionally Black neighborhoods and suburbs) impact population health and service delivery? How will a changing economy, particularly high housing prices in coastal California, affect the distribution of the populace? And what can the nation as a whole learn from a California experience that, in many ways, is charting a path to a very different but perhaps inevitable America?

MORNING KEYNOTE

Lessons Learned from the Positive Minds-Strong Bodies Trial on Disability Prevention for Racial/Ethnic Minority Elders

MARGARITA ALEGRÍA
MASSACHUSETTS GENERAL HOSPITAL/
HARVARD MEDICAL SCHOOL

Mental disorders represent 14% of the global burden of disease and a third of all causes of disability. As the number of elderly rises to 72 million by 2030, nearly one in five will suffer from one or more mental health and/or substance use conditions, with mood disorders being the most significant risk factor for premature disability. Yet, most of the elderly in need receive no mental health treatment. The Positive Minds-Strong Bodies (PMSB) trial is a National Institute on Aging (NIA)-funded project testing a dual intervention to prevent physical and mental disability among minority elders, a particularly vulnerable population and one of the fastest growing segments of the US. The trial is conducted by the Disparities Research Unit at the Massachusetts General Hospital and is being implemented across six community-based organizations in Massachusetts, New York, Florida and Puerto Rico. The presentation will provide a comprehensive review of the opportunities and challenges to offering multilevel interventions for disability prevention to minority elders. The presentation will also discuss various strategies that have been utilized throughout the three-year project in an attempt to balance feasibility and the desire for long-term sustainability with the scientific rigor necessary of any political evidence-based trial.

WHAT ARE THE ELEMENTS FOR SUCCESSFUL AGING IN AN ENVIRONMENT?

Elements for Successful Aging: The Role of Place and Environment

HORTENSIA AMARO
UNIVERSITY OF SOUTHERN CALIFORNIA

It is well established that healthy eating and healthy weight maintenance, exercising and not smoking are good health habits that promote health. We also know that genetics and getting preventative health care are other determinants of health. But, what role does our social environment and neighborhood play in health, especially in the last several decades of life? This presentation will discuss what is known about the role of social relationships and social support in healthy aging. We will look at what is known about how relationships, families, and neighborhoods exert positive and negative influences on health in the older years. Finally, we will consider interventions and community-level efforts that may promote healthy aging.

Community Context and Morality among Mexican Americans: What do we really know?

KARL ESCHBACH
THE UNIVERSITY OF TEXAS MEDICAL BRANCH

Over the past two decades, the study of social-contextual variation in health has emerged and matured as a sub-field in the discipline of social epidemiology. By and large, research questions and findings in this field focus on the mechanisms through which concentrated economic disadvantage produces bad health.

Studies of contextual effects on Hispanic health, on the contrary, have frequently been framed with respect to the hypothesis that there is a health-protective barrio advantage producing better health outcomes for Hispanic residents of concentrated immigrant and/or ethnic neighborhoods. Research findings and interpretations have been extremely inconsistent, and little progress has been made in the past 15 years to evaluate the barrio advantage hypothesis. This presentation will review empirical reports and some new data, and will summarize the state of the field.

"Weathering Processes" at the Intersection of Race/Ethnicity and Nativity? Health Inequalities among White and Mexican Americans in Later Life

TYSON BROWN
DUKE UNIVERSITY

Health inequality in America is stark. Understanding how social inequality leads to unequal health outcomes in later life is particularly important given that the U.S. older adult population is growing and diversifying with respect to race/ethnicity and nativity. As a result of population aging and shifting migration patterns over the last half century, more than one in five people in the U.S. will be over the age of 65 in 2030, and racial/ethnic minority groups and immigrants will comprise increasing shares of older adults.

While health inequalities related to race/ethnicity, immigration, and age are well documented, it remains unclear how these bases of stratification combine to shape health trajectories, especially in middle and late life. This study addresses gaps in the literature by drawing on life course and intersectionality perspectives to examine how racial/ethnic inequality, immigration, and aging intersect to influence morbidity trajectories. Growth curve

models applied to data from the Health and Retirement Study to examine the life course patterning of health inequalities among U.S.- and foreign-born non-Hispanic whites and Mexican Americans between the ages of 51 and 80 (N=12,857) reveal that racial/ethnic minorities and immigrants have very different aging and health experiences than their white and native-born counterparts. Findings are consistent with the weathering hypothesis: U.S.- and foreign-born Mexican Americans experience earlier health deterioration and they also exhibit steeper health declines with age in many instances, compared to U.S.-born whites. Moreover, results indicate that healthy immigration and erosion effects are contingent on race/ethnicity and age.

PANEL PRESENTATION II: PROMOTING HEALTH IN A DIVERSE SOCIAL CONTEXT

Latinos, Alzheimer's Family Caregiving, and Place: Directions for Advancing Services and Interventions

LADSON HINTON
UNIVERSITY OF CALIFORNIA, DAVIS

This presentation will highlight critical gaps and promising directions for advancing services and interventions for Latino family caregivers of persons with Alzheimer's disease and related degenerative dementias. The presentation will draw on findings and recommendations from the National Academies of Sciences, Engineering, and Medicine report titled *Families Caring for an Aging America* as well as a recent U.C. Davis conference on diversity and family caregiving (*Alzheimer's Disease Diversity and Disparities in Family Caregiving: Progress and Future Challenges*). Recommendations from the report and the conference reflect the importance of place, including geographic location, community setting, and delivery context.

Functional Disability and Informal Care in Mexico

MARIANA LÓPEZ-ORTEGA & FLAVIA CRISTINA DRUMOND ANDRADE
INSTITUTO NACIONAL DE GERIATRÍA – MÉXICO

As Mexico experiences a rapidly increasing aging population, increasing labour force participation by women, and internal and international immigration, among other changes, uncertainty about the provision of health and social care for the older population is becoming a pressing issue. Given the lack of long-term health and social care strategies for the older population in Mexico, health and social development agencies have historically tried alternative or palliative strategies to provide some services for the older population, but it is clear that these sectors are unprepared to cater to the needs of the growing older population. This situation has left informal caregivers, mostly women, to take the main responsibility for the provision of household care activities through the life cycle, including long-term care for the older population. The main outcome of interest of this study is to explore the extent to which families provide informal care for adults with functional disability and if such care varies by place of residence.

We use data from the Mexican Health and Aging Study (MHAS), a prospective panel study that included 15,2340 respondents at baseline in 2001 and 12,569 follow-up subjects in 2012. The survey provides demographic, health, functional ability, health service utilization, and socioeconomic information on the respondents. We focus on adults 50 years and older in 2001 and 2012 to estimate measures of need and assistance of informal support among those with ADL and IADL disability.

Empirical Issues in the Study of Cognitive Aging through Population-Based Studies

SILVIA MEJÍA-ARANGO & BRIAN DOWNER
THE UNIVERSITY OF TEXAS MEDICAL BRANCH

From a public health perspective, the measurement of cognitive function using representative population-based samples has gained increasing relevance in aging studies. However, several issues must be considered. This presentation will provide a summary of these issues and illustrate the points with empirical results using longitudinal population-based surveys. The following aspects will be discussed: valid definitions and methodological approaches need to be applied within a conceptual model that guides the analysis so that reliable and valid measures are used and population patterns can be identified. In addition, the use of direct and proxy assessments of cognitive function is common, and appropriate treatment of the two assessments is needed to establish population-based categories of cognitive functioning. Another common issue is the establishment of criteria for both cognitive domains and global cognitive assessments in order to establish categories of function such as normal functioning, cognitive impairment, and dementia. Deciding how to measure cognitive decline across longitudinal waves of data is another methodological challenge, in particular when assessment batteries change across survey waves. Finally, the treatment of missing data in several cognitive assessments included in population-based surveys will be discussed, and the consequences of ignoring and inputting non-responses.

This analysis of cognitive aging in the Mexican population represents a greater challenge considering the effect that sociocultural factors have on cognitive performance. Conclusions from a multidisciplinary working group and lessons learned from the Mexican Health and Aging Study, a longitudinal prospective study using a national sample of adults aged 50 and older will be presented.

LUNCH KEYNOTE

From Guessing to Shaping the Future of Aging

ROBERTO HAM-CHANDE
EL COLEGIO DE LA FRONTERA NORTE

Rising life expectancies, low fertility and high migration are demographic features in Latin America aging with specific impacts on demographics and socioeconomic development. The Latino population in the U.S. is also aging. The main concern and definition of aging is dependency, meaning that support is required for daily living, health, personal care, and social and family life. Because public official support for the elderly is scarce, dependency is mainly a kinship issue. But family potentials in Latin America are diminishing due to low fertility and migration. Retirement pensions represent a disperse and disordered system, limited to urban formal workers granting meager benefits for the majority but allowing outrageous perks for politically strong minorities.

Seeking a solution, Social Security was replaced by individual savings, in a reform solely implemented by 23 countries in only two regions in the works: Latin America and Eastern Europe. Now it is clear that the new system will not work, and 11 of these countries are going back to total or partial Social Security. In financial terms it is worrisome that chronic diseases and disabilities are still neglected as a contingent liability, whose cost will surpass that of pensions. Effective solutions must regard demographic aging as an increasingly important factor.

PANEL PRESENTATION III: PLACE AND UNMET NEEDS

Implications of Long-Term Heroin Use among Aging Mexican American Users: The "Maturing Out" Paradox

ALICE CEPEDA
UNIVERSITY OF SOUTHERN CALIFORNIA

Recent studies examining recovery and cessation among former heroin users have identified an age-graded "maturing out" process. This presentation examines the applicability of the "maturing out" theory to a sample of aging Mexican American men who are long-term heroin injectors. Using ethnographic data collected from current heroin users as part of a cross-sectional study of aging Mexican American heroin users in Houston, Texas, the presentation will discuss heroin lifestyle factors that lead not to cessation, but rather to "maturing in," a specific process of social readjustment that returns the heroin user to a stable maintenance pattern of use instead of a recovery phase. Social and cultural factors contributing to the paradoxical maturing out of aging users will be discussed. The implications for the intersection of heroin-related conditions, natural age-related impairments, and cognitive functioning that make this population increasingly susceptible to adverse health consequences will be highlighted.

Aging and Suicidal Behavior in Mexico

GUILHERME LUIZ GUIMARAES BORGES,
RICARDO OROZCO,
JORGE VILLATORO, & MARIA ELENA
MEDINA-MORA
INSTITUTO NACIONAL DE PSIQUIATRÍA

While suicide rates in Mexico are below the world global rates, it has been increasing sharply during the last three decades. There is evidence that suicidal behavior (suicidal ideation, plan and attempts) may also be increasing in the country. The youth are more at risk, but the elderly may also be specifically affected. Our objective was to report on the prevalence, geographical distribution and age differences in suicidal behavior in Mexico. We used the large 2016 National Addiction Survey (N=56,877) to report on the 12-month prevalence of suicide ideation, plan and attempts with a focus on the geographical distribution of suicidal behavior by 3 age groups (12–17 years; 18–49 years; 50–65 years). The prevalence of suicidal behavior varied by age groups, with the youth showing the highest rates, followed by adults and the elderly. All outcomes also varied by region (state level) of the country. This variation was not uniform by age groups. Comparisons of these prevalences with the distribution of suicide death rates are presented. We conclude that rates of suicide and suicidal behavior in Mexico call for public health action. Postponing interventions to reduce these rates will likely result in more lives lost from preventable causes of death.

Care for the Elderly: The Case of Cuba

Jesús Menéndez Jiménez
Universidad Médica de la Havana

Aging is going to all countries. In Cuba, 19.8% of its population is 60 years old and over, and is expected to reach 30% by 2030. This represents an economic and socio-health challenge. In particular, the issue of care lies at the heart of the challenges of aging. Data on aging in Cuba, the functional status of the elderly, current ways of providing care and some ideas on how these can be provided in the immediate future will be presented.

The nuclear Cuban family, the high level of inclusion of women in the labor market priority sectors, and free education up to the postgraduate level, among other issues, have influenced the birth rate, which has fallen below the replacement level since the 1970s. There are fewer people to provide care and more people to be cared for. Until a could of years ago, little was said about the care of the elderly. Currently the subject has taken a greater presence, and extensive debates are dedicated to it. There is a national commission in Cuba that examines the fulfillment of the plan of action created to meet the challenge of aging several times a year. Significant effort has been made, but much remains to be done. The fragile economic situation of Cuba makes it difficult. Aging is not expensive, but disability is. Up to age 75, most people stay healthy and active, but after that age the intrinsic and functional abilities are rapidly diminishing and care needs increase noticeably.

Cuídate Cuidador: Using Technology to Support Latino Caregivers

Sue Levkoff, Marta Pagan-Ortíz, Dharma Cortes, Sarah Pace, & Eliza Ballou
University of South Carolina

Caregivers for family members with dementia experience many challenges, including the lack of information to help them both in their caregiving for their loved one with dementia, and in their taking care of themselves. This is especially true for caregivers from ethnic minority groups, who experience additional challenges due to the lack of ability of linguistically and culturally appropriate information. In response to these needs, we developed a website, CuídateCuidador.com, that provides bilingual online education and support for Spanish-speaking dementia caregivers. *Cuídate Cuidador* offers practical 'how-to' information on managing symptoms and behaviors, real stories from caregivers, and information on self-care. An online community, via social media including Facebook, Twitter, and YouTube, provided the opportunity for caregivers to post and interact with each other. This presentation provides a content analysis of posts placed on the website and related social media sites.

Several key themes emerged: caregiver burden and stress, no time for self, lessons learned through caregiving, rewards of caregiving, family cohesion, and value of online communities in providing. Findings demonstrate the desire of these Hispanic caregivers to share their experience of suffering with other caregivers like themselves. They found the online community a positive strategy for receiving support in response to the stories and anecdotes they posted. We also found support for the importance of 'familism' as a central component leading to successful coping with the challenges of dementia caregiving.

PANEL PRESENTATION IV: EMERGING SCHOLARS ON ORAL PRESENTATIONS

Neighborhood Context of Older U.S. Latino Populations

JENNIFER A. AILSHIRE
UNIVERSITY OF SOUTHERN CALIFORNIA

The social and physical environmental context in which older adults live play a vital role in facilitating opportunities to lead healthy, active, independent, and engaged lives. Although these is great interest in the impact of environments on older adults, we know relatively little about the neighborhood context of older U.S. Hispanics. Using data on adults over age 50 from the nationally representative Health and Retirement Study, we examine race/ethnic differences in neighborhood characteristics of older U.S. adults. Relative to whites, older Hispanics are more likely to live in socioeconomically disadvantaged neighborhoods that are characterized as having above average poverty levels, lower levels of educational attainment, more unemployment, and lower housing values. Additionally, Hispanic s are more likely to report signs of disorder in their neighborhoods. This presentation will also describe differences food availability/accessibility, air pollution levels, and health care resources in the local area. In addition to investigating national-level differences, we also examine differences in neighborhood characteristics by Latino ethnicity in California, the state with the largest resident Hispanic population in the U.S. Using data on adults over age 50 from the California Interview Survey, we examine differences among Mexicans, Salvadorans, Guatemalans, Puerto Ricans, Central Americans, and South Americans. This presentation will also assess variation among Latino citizenship status and time in country. Older adults often cite poor neighborhood conditions as barriers to healthy living and this may be especially true for the aging Hispanic population.

Demystifying the Puzzles of Hispanic Health Paradox from a Bi-National Perspective: A Look at Morbidity, Mental Health, and Socio-Behavioral Risk Factors

QIAN SUN
UNIVERSITY OF COLORADO BOULDER

Research on race/ethnic and immigrant health disparities in the United States documents the existence of a Hispanic advantage in several important health outcomes, especially for the foreign-born. At the same time, research has also consistently found that the health of immigrants deteriorates with time spent in the United States. However, prior research, especially on the latter pattern of negative "acculturation" among immigrants, has generally suffered from a potential "left censoring" or attrition bias brought by not measuring the experience of migrants who return to their countries of birth before the survey, thereby potentially distorting the health and duration composition of cohorts. To better understand the way in which this Hispanic/migrant health paradox is "lost" over time, this project uses a binational research design in order to compare data from individuals of Mexican origin 50 years old and older on both sides of the border using the National Health Interview Survey (NHIS) in the United States and the Mexican Health and Aging Study (MHAS) in Mexico. In both data, we look at several health outcomes, including self-reported health: self-rated global health and mental health (index of three depressive symptoms that are a subset of the CES-D); important cardiometabolic health outcomes (i.e., hypertension and diabetes), as well as socio-behavioral risk factors such as obesity, smoking,

and drinking, in addition to height for selection tests.

Poverty in the Elderly in Mexico: An Analysis from the Gender Differences

SEBASTIÁN ANTONIO JIMÉNEZ SOLIS
LATIN AMERICAN FACULTY OF SOCIAL SCIENCES — MEXICO

The Mexican population is aging. This demographic situation is permanent and imposes important challenges in economic matters. Furthermore, an important aspect to study is the deprival of economic security in old age. The purpose of this research aims to analyze determinants off poverty in the Mexican population aged 65 and older. This study considers that gender inequalities are intensified in old age and particularly adverse for women. The analysis is performed from two logistic regression models on the factors that influence the lack of economic welfare. The database that is used comes from the Socioeconomic Conditions Module of the Survey of Income and Expenditures of Households 2014. This survey is done by the Instituto Nacional de Estadística y Geografía (INEGI).

Findings demonstrate that women 65+ have the greatest inequalities. Moreover, the most important explanatory factor for poverty among the female population is the absence of social security, while the most important explanatory factor for poverty among the male population is the absence of government programs. In addition, it is confirmed that the economic conditions have been unfavorable for the current generations of older adult women. Furthermore, it is found that the longer life expectancy of women does not necessarily translate into a better quality of life during old age. The results corroborate the importance of social security. Therefore, in terms of public policy actions and measures, it is necessary to guarantee the social security of this segment of the population and especially of women.

How does Regional Variation Inform our Understanding of Hispanic Populations and Their Diabetes/Hypertension Prevalence?

CATHERINE PÉREZ & JENNIFER A. AILSHIRE
UNIVERSITY OF SOUTHERN CALIFORNIA

The Hispanic population in the U.S. aged 65 and older has grown rapidly and is projected to increase five-fold between 2012 and 2050. A substantial body of research has found aging Hispanics to be disproportionately affected by diabetes and hypertension. Studies examining national estimates show that Hispanics have a higher prevalence of diabetes compared to non-Hispanic Whites, but have comparable levels of hypertension. However, less research has focused on how the prevalence of these health conditions may vary by region among Hispanic subgroups. Hispanics living in different geographical regions have unique historical, cultural, and demographic contexts depending on place of birth, national-origin, and socioeconomic status that may affect health in later life. Our study builds on previous research by distinguishing five Hispanic subgroups by national-origin and examining regional variation in diabetes and hypertension prevalence among adults aged 50+ using aggregated data from the 2000–2015 National Health Interview Survey. Overall, Hispanics have a higher prevalence of diabetes compared to non-Hispanic Whites regardless of region; though the prevalence of diabetes varied significantly by region among Hispanic subgroups. For hypertension, Hispanics reported a higher prevalence only in the Northeast region relative to non-Hispanic Whites. Similar to the results for diabetes, there were large variations by region among Hispanic subgroups. Our findings indicate that national prevalence results examining older Hispanics obscure regional variation in Diabetes and hypertension among Hispanic subgroups.

MORNING KEYNOTE

Contextual Effects on Medical Care Available to Latino/as in the U.S.

EILEEN CRIMMINS; JENNIFER A. AILSHIRE; CATHERINE PÉREZ; JOSEPH L. SAENZ
UNIVERSITY OF SOUTHERN CALIFORNIA

The characteristics of where you live are very important regarding the medical care quality of medical care received by Latino/as in the United States relative to other ethnic groups. The Contextual Data Resource (CDR) associated with the Health and Retirement Study (HRS) is used to investigate this question. Latino/as live in areas where quality medical care is not as available as it is for the non-Hispanic white population.

PANEL PRESENTATION V: SOL-INCA STUDY

The Study of Latinos—Investigation of Neurocognitive Aging (SOL-INCA)

HÉCTOR M. GONZÁLEZ
UNIVERSITY OF CALIFORNIA, SAN DIEGO

Latinos may be at high risk for Alzheimer's disease and related dementias (ADRD) or they might not, and no one really knows for sure. For nearly 20 years, this open question regarding the epidemiology of ADRD among Latinos has been ignored and neglected. To some extent, this neglect is understandable. Logistically, studying diverse Latinos in inadequately powered studies has been cost-prohibitive. Beyond additional costs and efforts necessary to properly develop research protocols in English and in Spanish, there are cultural and linguistic differences that must be thoughtfully integrated into study protocols to limit bias. In addition, multiple biological systems and multilayered omics must be integrated to conduct state-of-the-art ADRD research in order to discover new means of mitigating ADRD and other health problems among diverse Latinos. Further complicating matters, Latino diversity has been under appreciated and largely ignored in ADRD epidemiology and in health sciences in general. In this presentation, the Principle Investigator of the Study of Latinos—Investigation of Neurocognitive Aging (SOL-INCA) will describe this new research platform that will fill long-neglected scientific gaps that will enable discoveries toward mitigating and preventing ADRD among diverse Latinos throughout the U.S.

Is There a Relationship between Accelerometer-Assessed Physical Activity and Sedentary Behavior and Cognitive Function in U.S. Hispanic/Latino Adults? The Hispanic Community Healthy Study/Study of Latinos (HCHS/SOL)

ELIZABETH VÁSQUEZ
UNIVERSITY AT ALBANY

With increasing age, adults are reported to experience normative cognitive decline. Research on the relationship between normative cognitive decline and moderate-to-vigorous physical activity (MVPA) and sedentary behavior (SED) needs further investigation in Hispanic/Latinos adults. We assessed the cross-sectional association adults aged 45-74 years from the Hispanic Community Health Study/Study of Latinos (HCHS/SOL). At baseline, cognitive tests included two executive function tests (Digit Symbol Substitution Test (DSST), a test of language (Word Fluency), and a test of memory (Spanish English Verbal Learning Test). Mean

time spent in sedentary behaviors was 12.3 hours/day in females and 11.9 hours/day in males (75% and 77% of accelorerometer wear time, respectively). Higher SED, but not MVPA, was associated with lower DSST raw scores (β -0.03 with each 10-min increment in SED; $P<0.05$), indicating lower performance in executive function in all age groups. No associations were observed for MVPA and SED with tests of language or memory tests. Our findings suggest a distinct association of SED but not MVPA on executive functioning in middle-aged and older Latino adults. Longitudinal studies are needed to more conclusively determine causal links.

Cardiovascular Health and Neurocognitive Function Among U.S. Latinos from Diverse Backgrounds

WASSIM TARRAF
WAYNE STATE UNIVERSITY

Published work on Latinos indicate that some groups (e.g., Caribbean Hispanics) could be at higher risk for cognitive decline and disorders. Latinos are also excessively burdened by cardiovascular disease (CVD) risk, and have lower access to healthcare. Current epidemiological evidence on CV risk and disease and cognitive function among Latinos is based on older cohorts and restricted background groups. Examining the linkages between CV health and cognition in middle-age and among diverse Latinos is critical as they are projected to comprise a third of the U.S. population by mid-century. In the absence of effective pharmacological avenues to treating cognitive disease, preventative public health approaches are, currently, the only viable options to reduce population burden due to insidious cognitive aging. Using published data from the Hispanic Community Health Study/Study of Latinos (HCHS/SOL) we 1) describe and examine CV risk profiles of diverse Latino groups using seven national goals for cardiovascular health (CVH) labeled Life's

Sample 7 (LS&), 2) describe cognitive function among middle-aged and older Latinos, 3) examine the associations between cognition and LS7 CVH levels, and 4) provide a focused discussion on the links between BP abnormalities and cognition given the implications of BP for both stroke and dementias. The HCHS/SOL is a cohort study of community-dwelling Hispanic/Latino adults of diverse backgrounds (Central American, Cuban, Dominican, Mexican, Puerto Rican, and South American) living in four U.S. cities (Miami, FL, Bronx, NY, Chicago, IL, and San Diego, CA). We report notable differences in CV health and cognitive function between Latino groups.

PANEL PRESENTATION VI: EMERGING SCHOLARS ORAL PRESENTATIONS

The Impact of Sociocultural Context on Frailty According to Life Space Levels

MARIANA GONZÁLEZ LARA
INSTITUTO NACIONAL DE GERIATRÍA — MÉXICO

There is growing interest in how social determinants impact health in older adults. In particular neighborhood characteristics are known to affect older adult health. Frailty is considered a condition that renders older adults prone to adverse outcomes. Some authors hypothesize that frailty leads to disability (a kind of end to frailty). Others say that frailty and disability and dependency co-exist. In part, this overlapping could be due to environmental conditions that in the frail older adult could allow some to perform well, while others to perform poorly. On the other hand, socio-economic characteristics of a determined population are thought to influence deeply the interactions between environment and health outcomes of older adults. Therefore, the aim

of this work is to assess the association of frailty in different functional levels with socio-cultural characteristics. This is a secondary analysis of the baseline assessment (2012) of the International Mobility in Aging Study (IMIAS). The IMIAS is a cohort study, which has three waves currently, with data from four different countries (five locations): St. Hyacinthe/Canada, Kingston/Canada, Manizales/Colombia, Natal/Brazil and Tirana/Albania. Frailty was defined with a 30-item frailty index in order to have a wider spectrum of this condition in two levels of life-space (life-space assessment tool): limited (only inside the neighborhood or less) and normal (those with life space not limited to the neighborhood). According to results that will be presented, there is a significant impact of the socio-cultural context of frailty, especially in the highest function levels of older adults.

Investigation into the Co-Development of Cognitive and Physical Decline for Older Mexican Americans

MARC A. GARCÍA; BRIAN DOWNER; DAN A. POWERS
THE UNIVERSITY OF TEXAS MEDICAL BRANCH

Impaired cognition and physical limitations are common comorbid conditions among older adults. Prior research has also identified cognitive impairment to be a risk factor for increased physical decline whereas physical impairment is associated with greater cognitive decline. The close relationship between cognitive and physical impairments is due in part to shared risk factors and underlying biological mechanisms that contribute to impaired cognitive and physical functioning. However, traditional modeling approaches are unable to examine how cognitive and physical declines co-develop. This research used 20 years of data from the Hispanic Established Populations for the Epidemiologic Study of the Elderly (HEPESE) to model trajectories of

cognitive fun lion and physical functioning, measured in terms of Mini Mental State Exam (MMSE) scores and performance-oriented mobility assessment (POMA) scores after age 65 in a large longitudinal sample of Mexican-origin individuals. We estimate dual domain growth curve models that permit initial levels of MMSE scores to impact change in MMSE scores. Cross-domain regressions of intercepts on slopes show that higher baseline levels of physical function dampen the rate of cognitive decline for both men and women. Conversely, cross-domain regression of initial cognitive levels on physical function show that higher baseline MMSE scores increase the rate of decline in POMA scores for women only. This research presents new evidence that suggests physical impairment is a stronger risk factor for declining cognitive function than impaired cognition is for physical decline.

Indoor Pollution and Cognitive Function among Older Mexican Adults

JOSEPH L. SAENZ
UNIVERSITY OF SOUTHERN CALIFORNIA

A growing body of research suggests exposure to high levels of outdoor air pollution may negatively affect cognitive functioning in older adults, but less is known about the link between indoor sources of air pollution and cognitive functioning. We examine the association between exposure to indoor air pollution and cognitive function among older adults in Mexico, a developing country where combustion of biomass for domestic energy remains common.

Data comes from the 2012 Wave of the Mexican Health and Aging Study. The analytic sample consists of 13,032 Mexican adults over the age of 50. Indoor air pollution is assessed by the reported use of wood or coal as the household's primary cooking fuel. Cognitive function is measured with assessments of immediate recall, delayed recall, attention, orientation, and verbal fluency. Ordinary least

squares regression is used to examine cross-sectional differences in cognitive function according to indoor air pollution exposure while accounting for demographic, household, health, and economic characteristics. Approximately 16% of the sample reported using wood or coal as their primary cooking fuel, but this was far more common among those residing in the most rural areas (53%). Exposure to indoor air pollution was associated with poorer cognitive performance across all assessments, with the exception of delayed recall, even in fully adjusted models. Indoor pollution may be an important factor for the cognitive health of older Mexican adults. Public health efforts should continue to develop interventions to reduce exposure to indoor air pollution in rural Mexico.

Depressive Symptoms in Child Caregivers of Very Old Mexican Americans

DAVID FLORES, SUNSHINE ROTE, JACQUELINE L. ANGEL,
NAI-WEI CHEN, BRIAN DOWNER, &
KYRIAKOS S. MARKIDES
THE UNIVERSITY OF TEXAS MEDICAL BRANCH

The objective of the study is to examine the effects of disability, cognitive impairment, and neuropsychiatric disturbance among older Mexican Americans on depressive symptoms in their children caregivers. This study utilizes data from Wave 7 (2010–11) of the Hispanic Established Populations for the Epidemiologic Study of the Elderly (HEPESE). The final sample included 200 adult children caregivers that provided direct personal care with activities of daily living (ADL) (e.g., bathing, toileting, dressing, etc.) to their older parents (average age = 87). We analyzed the influence of ADL disability, cognition (MMSE), and neuropsychiatric symptoms (NOI) of the care recipient on depressive symptoms of the adult child caregiver. A cross-sectional multivariable linear regression analysis was conducted to examine the effect of neuropsychiatric disturbance on caregiver depressive symptoms. Presence of care recipient NPI symptoms was associated with higher depressive symptoms for caregivers. Additional characteristics associated with caregiver depressive symptoms were not being married, and higher perceived social stress. ADL disability of the care recipient, cognitive functioning of the care recipient, or caregiver health status alone did not have a significant effect on depressive symptoms of the caregiver. In a Mexican American familistic culture, disability and cognitive impairment might be better tolerated by families but neuropsychiatric behavioral symptoms related to dementia may take an increased toll on family member caregivers. The need to provide respite services, mental health resources and community services for caregivers of care recipients with neuropsychiatric symptoms is of paramount importance to alleviate depressive symptoms and burden among caregivers.

CLOSING KEYNOTE

Looking to the Future – Priorities for Creating New Knowledge

STEVEN P. WALLACE
UNIVERSITY OF CALIFORNIA, LOS ANGELES

There are about 1,000 publications listed in PubMed every year that include Latino elders, a number that has been increasing each year. While that may sound like a lot, it has not yet reached 1% of all articles published annually on the elderly. Given the comparatively small numbers of us who research Latino aging issues, where are the most important areas for research?

First, this conference has focused on political factors, social determinants, and built environments, all areas where the research on older Latinos is lacking. Given the current political climate, it is particularly important to

document the impacts of public policies expansion as well as immigrant policies like stepped up deportations that create stress and avoidance of needed services. Second, when looking at how contexts impact Latino elder health, we should also look at the impacts on the health of families and households (compared to 4% of non-Latino US-born whites), the family is a critical unit of analysis that is usually overlooked. Finally, when looking for funding for research, NIA has received several budget increases for funding Alzheimer's research and pay lines are almost reasonable in this area now. NIA has a number of initiatives to build out new research areas. In sum, there are no shortage of important areas for future research, and there is even funding for some of them.

HIGHLIGHTS

Annika Maya-Rivero
Sandra Arévalo-García

AARP Emerging
Scholars

David Flores
Marc García
Phil Cantú
Adriana Mendoza

Mariana López-Ortega
Flavia Andrade Drumond

María Aranda, Jacqueline Angel, and
Fernando Torres-Gil

Bill Vega and Manuel Pastor
2017 "Kick-Off" Keynote

Dinner and Keynote Lecture
September 20, 2017

THURSDAY, 21 SEPTEMBER 2017

Panel Presentation I: What are the Elements for Successful Aging in an Environment?

Margarita Alegría, Opening Keynote Speaker

Tyler Brown

Hortensia Amaro

Hortensia Amaro, Kyriakos Markides, Margarita Alegría, Karl Eschbach, and Tyler Brown

Karl Eschbach

Panel Presentation II: Promoting Health in a Diverse Social Context

Ladson Hinton

Bill Vega, Brian Downer, Ladson Hinton, Mariana
López Ortega, and Silvia Mejía-Arango

Luncheon Keynote: "From Guessing to Shaping the Future of Aging," Roberto Ham-Chande

Kyriakos Markides and Roberto Ham-Chande

Panel Presentation III: Place and Unmet Needs

Alice Cepeda

María Aranda (Translator), Guilherme Luis
Guimaraes Borges, Alice Cepeda, Jesús Menendez

Panel Presentation IV: Emerging Scholars Oral Presentation I

Jennifer Ailshire (not pictured), Qian Sun, Sebastián Antonio Jiménez Solís, and Catherine Pérez

ICAA Emerging Scholar Poster Session

Jacqueline Angel and the 2017 ICAA Emerging Scholars

Jacqueline Angel, Bill Vega, and Eileen Crimmins with
2017 Emerging Scholar Poster Award Winner, Melanie Valencia

Qian Sun and Marc García, two
of the eight emerging scholars
whose work was accepted for
oral presentation.

Annika Maya-Rivero and
Kyriakos Markides

Bob Wallace with 2017 ICAA
Emerging Scholars

Adriana Reyes, 2017 Newly
Emerged Scholar

Friday, 22 September 2017

Morning Keynote: "Contextual Effects on Medical Care Available to Latino/as in the U.S.," Eileen Crimmins

Bill Vega and Eileen Crimmins

Panel Presentation V: SOL-INCA Study

Elizabeth Vásquez

Elizabeth Vasquez, Wassim Tarraf, and Héctor González

Panel Presentation VI: Emerging Scholars Oral Presentations

Jennifer Ailshire (Discussant), Joseph Saenz, David Flores,
Mariana González Lara, and Marc García

Joseph Saenz

Closing Keynote: "Looking to the Future – Priorities for Creating New Knowledge," Steven P. Wallace

Steven P. Wallace

Bill Vega and Steven P. Wallace

Consensus Building Session, led by Bill Vega and Jacqueline Angel

AFTERWORD

Most undergraduate students are unaware of developments within their respective academic disciplines. Although they tend to include a discounted fee for undergraduate students, academic conferences are generally inaccessible for those scholars who aren't members of the organization behind the conference. Furthermore, the travel costs associated with academic conferences generally bar undergraduate students without institutional support from attending.

The 2017 installment of the International Conference on Aging in the Americas (ICAA) made strides to counter this trend. Entitled "Space, Time, and Place: Effects on the Older Latino Population," this year's installment in the series will provide free registration and a groundbreaking Facebook Live feature so that all interested scholars, from undergraduate students to full professors, may attend the conference virtually. The distinguished keynote speakers for the conference included Margarita Alegría (Harvard), Eileen Crimmins (USC), Roberto Ham-Chande (El Colegio de la Frontera Norte), Manuel Pastor (USC), and Steve Wallace (UCLA).

The Conference Series on Aging in the Americas (CAA) began in 2001 to facilitate the interdisciplinary exchange of ideas and research aimed at addressing issues of Latino health, health care policy, and behavioral and social aspects of aging from theoretical, transdisciplinary, and conceptual perspectives to cutting-edge methodological approaches. Each installment in the series — in addition to two bridging workshops called the International Conference on Aging in the Americas, or ICAA— is unique in setting an agenda for understanding and improving the health and well-being of the older Hispanic population and their families. The ultimate goal of CAA, which is convened during National Hispanic Heritage Month and near Mexico's Independence Day, is to develop a consensus regarding the state of healthful aging in this underserved and understudied ethnic group.

In addition to the lectures and discussions that were led by some of the field's most astounding scholars, this year's iteration of the ICAA provided an unprecedented opportunity for emerging scholars to disseminate and discuss their current research with leading researchers in the field. These mentoring activities provide emerging scholars with increased exposure to this body of knowledge, assistance in creating their individual research agenda, and several opportunities for career planning.

We have much to learn about the material and non-material assets that aging Mexican-origin peoples rely on to cope with adverse environmental circumstances, including socioeconomic status, that produce a wide range of effects on health and functioning. Nonetheless, rarely do scholars systematically assemble these studies with the aim of advancing the field. The upcoming conference will gather a broad array of researchers and scholars with the aim of developing a more precise understanding of how "place," understood as both a social and physical environment, affects aging people's health throughout the Americas. The 2017 iteration of the International Conference Series on Aging in the Americas, hosted by the Edward R. Royal Institute on Aging at the University of Southern California, made significant and novel progress in understanding this oft-understudied aspect of aging and health of Latinos both in Mexico and the U.S.

SPONSORS

Lyndon B. Johnson School of Public Policy at
The University of Texas at Austin,
Suzanne Dworak-Peck School of Social Work at
The University of Southern California,
Edward B. Roybal Institute on Aging at
The University of Southern California,
Los Angeles Foundation on Aging,
AARP California,
L.A. Health Care Plan,
Dignity Health at the St. Mary Medical Center,
The California Endowment,
and AARP Texas

Call for Papers

2018 International Conference on Aging in the Americas

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

ABSTACT SUBMISSION

All **poster abstracts** should include the following information:

- Project Title

- Lead-author's name, email address, and classification (undergraduate student, graduate student, postdoc, or assistant professor)

- Brief summary of the research project (300 words or less)

Poster Abstracts should be submitted via email to: Sunshine Rote, Ph.D. University of Louisville, sunshine.rote@louisville.edu

Abstract Submission Dates

Open: April 15, 2018
Close: May 31, 2018
Decisions: **July 2, 2018**

The University of Arizona in partnership with the UT Austin, UCLA, USC, and UTMB will host the 2018 International Conference on Aging in the Americas

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