

Los Angeles Alliance for Community Health and Aging Healthy Aging: Emerging Issues Forum Los Angeles, California April 21, 2014

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Villa, V. M., Wallace, S.P., Bagdasaryan, S. & Aranda, M.P. (2012), Hispanic Baby Boomers: Health Inequities Likely to Persisting in Old Age, The Gerontologist, vol. 52, no. 2, 166-176.

Purpose



This presentation will examine health disparities and barriers to health experienced by the Baby Boom population, and address implications for health providers.

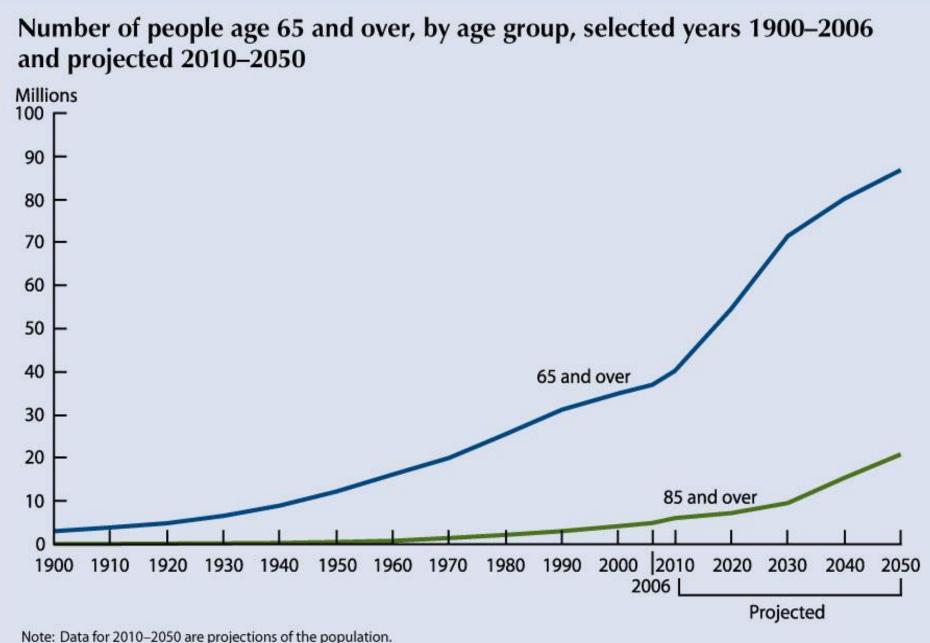
The presentation will:



- Review the demographic data on the baby boom population.
- Examine health disparities found among the baby boom population.
- Examine health disparities and barriers to health among Latino baby boomers in California.
- Discuss the implications for health providers.

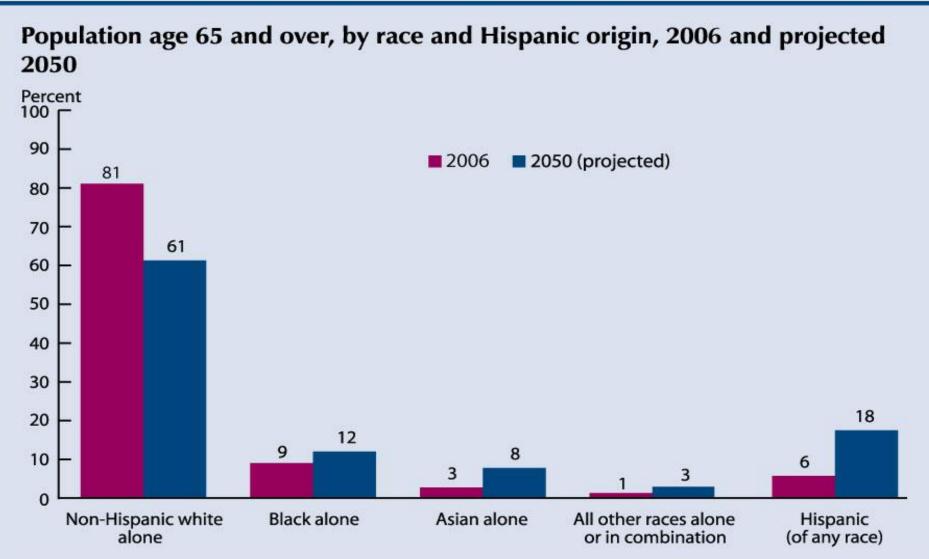
The Importance of Examining Health Disparities and Health Barriers

- The increased diversity of the elderly and preelderly population coupled with improvements in access to care under the Affordable Care Act will mean providers at all levels of health care will see an increasingly diverse patient population with diverse health needs.
- Identifying the health disparities and barriers to health experienced by the population now, will enable providers to plan services/protocols/ interventions that mesh with the health needs of an aging diverse population.



Reference population: These data refer to the resident population.

Source: U.S. Census Bureau, Decennial Census, Population Estimates and Projections.



Note: The term "non-Hispanic white alone" is used to refer to people who reported being white and no other race and who are not Hispanic. The term "black alone" is used to refer to people who reported being black or African American and no other race, and the term "Asian alone" is used to refer to people who reported only Asian as their race. The use of single-race populations in this report does not imply that this is the preferred method of presenting or analyzing data. The U.S. Census Bureau uses a variety of approaches. The race group "All other races alone or in combination" includes American Indian and Alaska Native, alone; Native Hawaiian and Other Pacific Islander, alone; and all people who reported two or more races.

Reference population: These data refer to the resident population.

Source: U.S. Census Bureau, Population Estimates and Projections.

Increasing Diversity will Mean an Increase in the Population at Risk For Health Disparities



The current and expected increase in minority populations among the ranks of the elderly translates into a growing number of individuals who are at risk for serious health disadvantages.

Health Status of the Population Age 65+, by Race/Ethnicity, United States, 2006

	Non-Latino White	African American	Latino
Heart	26%	32%	23%
Hypertension	51%	70%	54%
Stroke	9%	15%	6%
Cancer	23%	11%	12%
Diabetes	16%	25%	28%
Arthritis	50%	55%	39%
ADL Difficulty	29%	34%	33%
Poor Health	23%	39%	37%

Health Status of the Latino Population Age 65+



- Latinos have a longer life expectancy than non-Latino Whites and other minority populations and better mortality for some disease conditions (Lee and Villa, 2001; Markides et al, 1997; Palloni and Morenoff, 2001).
- While Latinos are living longer, they have relatively high prevalence rates for chronic conditions, disability, and are more likely to rate their health as poor (Hayward et al, 2005; Markides and Escbach 2005; Hummer et al., 2004; Markides, et al. 1997; Espino, et al. 1991).
- Latinos are 2-5 times more likely to have diabetes than the general population (Vega and Amaro 1994). The mortality rate for diabetes among middle-aged and older Latinos is 50 percent higher than that of non-Hispanic Whites (Anderson and Smith 2005).

Health Service Use of the Latino Population Age 65+

- Latinos utilize health services at a lower rate than their health profile would suggest, often accessing services when a disease is in its advanced stage (Angel, 2006).
- Barriers to use among Latinos include lack of insurance and a usual source or care; low health literacy, lack of knowledge of services, lack of English proficiency, and fear or distrust of the health care system (Garcia et al 2013).

The Impact of Chronic Disease is Greater for Minority Populations



- African Americans with high blood pressure are more likely to have greater cardiovascular and renal damage than non-Latino whites (Clark & Gibson, 1997).
- Latinos with diabetes are more likely than non-Latino whites to be hospitalized for uncontrolled diabetes, and to have both short- and long-term diabetes related complications that often impact functioning and lead to disability, including lower extremity amputations, vascular disease, blindness, and stroke (AHRQ, 2008).

Will Racial /Ethnic Disparities in Health Persist among the Next Generation of Older Adults in the U.S.?

- Most (62%) of the population aged 50 to 64 years old has at least one chronic condition such as diabetes, hypertension, arthritis, heart disease, or cancer (Collins, Davis, Schoen, Doty,& Kriss, 2006).
- By 2030, six of every 10 baby boomers will be living with more than one chronic condition. Obesity rates among baby boomers will increase, with one third of the population predicted as obese by 2030 (American Hospital Association, 2007).
- Obesity among the baby boom population is particularly troubling because the population has become obese at earlier ages than their predecessors; and because of the link between obesity and several chronic conditions, including diabetes (Wallace and Villa, 2001), and arthritis (Leville et al 2005).

Health Status Among Female Baby Boomers by Race/Ethnicity (CHIS, 2007)



	Non- Latino White	Latino	African American	Asian	Native American
Diabetes	6%	14%	15%	5%	19%
High Blood Pressure	27%	31%	53%	26%	40%
Overweight /Obese	52%	71%	75%	32%	72%
Condition Limits Activity	21%	25%	31%	13%	40%
Fair/Poor Health	14%	33%	25%	23%	32%

Health Disparities Among Latino Baby Boomers Age 50-64

- The rates for diabetes and diabetes related complications have doubled among the Latino population over the last decade and this trend is expected to continue (Beard, 2009).
- The prevalence of hypertension among Latinos has also increased and is expected to continue (Ghatrif, 2011).
- It has been postulated that among Latinos, physiological aging tends to precedes chronological aging, with Latinos in their 40s having the same health profile as non-Latino Whites in their 60s (Hooyman and Kiyak, 2000).

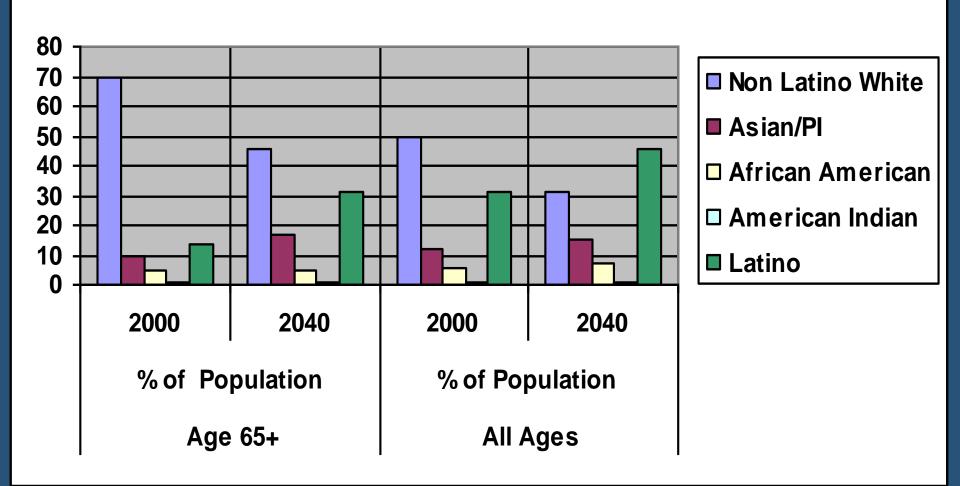
Population Aging in California



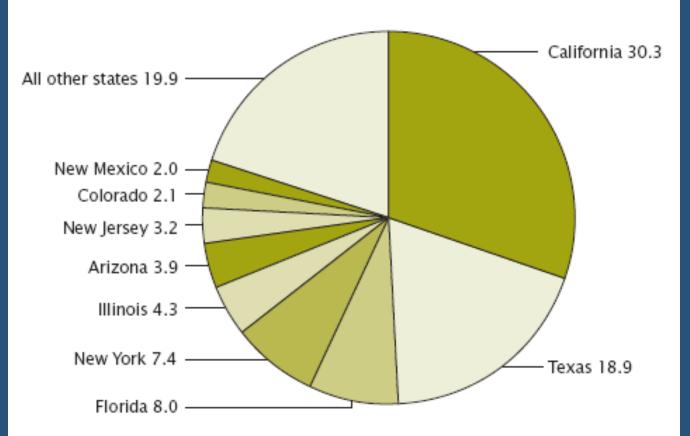
The Growth of the Population age 65+ in California mirrors that which is occurring nationally.

- Currently 12% of California's population is age 65+.
- By 2030, 18% of California's population will be age 65+, representing 8,288,241 individuals.
- Not only is California's population aging, it is becoming more racially and ethnically diverse.

The Growing Diversity of the California Population



California has the Largest Latino Population in the U.S.



Note: Percentages do not sum to 100.0 due to rounding.

Source: U.S. Census Bureau, 2004 American Community Survey, Selected Population Profiles, S0201. Latino Baby Boomer Health Outcomes: Race/Ethnicity, Nativity, & Citizenship (CHIS, 2007)



Compared to NHW U.S. Born Baby Boomers:

- Mexican U.S. Born boomers are 1.8 times more likely to be diabetic and 1.9 times more likely to be obese, but there are no differences between these two groups for the other health conditions.
- Mexican naturalized boomers are 1.9 times more likely to be diabetic and almost two times more likely to rate their health as poor, but there are no differences between these two groups for the other health conditions.
- Mexican non-citizen boomers are 2.3 times more likely to be diabetic and 1.7 times more likely to rate their health as poor.

Correlates of Poor Health Among Latino Baby Boomers, (CHIS, 2007)



<u>Poverty</u>

• 38% of Mexican noncitizen boomers live below the poverty line compared to 20% of naturalized Mexicans, 13% of US born Mexicans and 5% of non-Hispanic whites.

Education

• 75% of non-citizen Latino boomers have less than a high school education compared to 57% of naturalized Mexicans, 17% of US born Mexicans and 5% of non-Latino whites.

(Source:: Villa, V. M., Wallace, S.P., Bagdasaryan, S. & Aranda, M.P. (2012), Hispanic Baby Boomers: Health Inequities Likely to Persisting in Old Age, The Gerontologist, vol. 52, no. 2, 166-176.).

Barriers to Health Among Latino Boomers with Diabetes, CHIS, 2011

Barriers	Latino	Non-Hispanic white
Delay Prescription	15	13
Delay Medical Care	20	15
Diabetes Care Plan	72	87
Written Diabetes Care Plan	35	48
Confidence to manage Diabetes	38	50
Contact Doctor with Questions	27	42
Usual Source of Care is ER	12	7
Spent a night in Hospital because of Diabetes	7	3

Implications



- Providers will need to be adept at chronic disease management and educating the population on the importance of chronic disease self management;
- Programs aimed at health education and empowerment will be paramount for Latinos and other minority populations to improve health outcomes and reverse health disparities;
- Programs and providers working with Latino and other minority communities will need to be culturally competent and sensitive to the barriers impacting health outcomes including structural and individual level barriers.



Thank You!