

July 2009

This Call to Action is being released during an unprecedented fiscal crisis at the local, state and national levels.

The *Los Angeles Partnership for Evidenced-Based Solutions in Elder Health* recognizes that despite the difficult times we face, there is still much that can be done to create policies, programs and opportunities to fully engage older adults in our community.

This report represents a Call to Action of what we collectively believe is most needed to promote health, security and well-being for older Latinos in Los Angeles.

We hope that you will join us in making the case to enhance the lives of older persons who are depending on us to speak on their behalf. It is through our collective efforts that change is possible.



**The State of Aging and Health
Among Older Latinos in Los Angeles
2009**



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The State of Aging and Health Among Older Latinos in Los Angeles 2009

*Report from the Los Angeles Partnership for
Evidence-Based Solutions in Elder Health*

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“The mission of the partnership is to develop, through collaboration and advocacy, coordinated strategies that identify and deliver culturally and linguistically appropriate services for the health of Latino elders and their families.”

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A Message from the Mayor

Mayor Antonio Villaraigosa



The City of Los Angeles boasts one of the nation's most ethnically diverse populations, as well as the second largest concentration of elderly.

Understanding the unique needs of those who call L.A. home is important to creating the services, support and policies that make our communities a great place to live and grow old.

As our population ages, awareness of the quality of health and health care across racial, ethnic and socioeconomic boundaries, also known as health disparities, has emerged as a critical issue. Among those most at risk are elderly Latinos, many of whom do not receive the type of health care and related social services they need to live healthy, productive lives. To address this problem, the Administration on Aging and other agencies within the U.S. Department of Health and Human Services are coordinating with local communities to improve the health and well-being of older Latinos. Los Angeles is proud to have been selected among the eight cities to begin an earnest dialogue about Latino health and to identify strategies at the community level to address these emerging concerns.

The report before you represents the efforts of our community's leading experts in aging, health, public health, research, and community-based services. I congratulate the *Los Angeles Partnership for Evidence-Based Solutions in Elder Health* for coming together and answering this call to action.

City of Los Angeles Department of Aging

General Manager Laura Trejo, MSG, MPA



The *Los Angeles Partnership for Evidence-Based Solutions in Elder Health* is a great example of the dedication, generosity, and creativity within the aging services network of Los Angeles. Coming together to grapple with the myriad of issues that surround a topic such as health disparities is a daunting task. Yet, everyone who participated in this partnership came to the table ready to share their expertise, experiences, resources, and a commitment to helping shape an environment where proactive change is possible.

This call to action brings together scientific, programmatic and policy perspectives to help guide our community in improving the quality of life for older Latinos who experience difficulties in accessing the care and support they need to live well.

The recommendations and strategies proposed in this call to action will require the engagement of our community's largest institutions, including the local government, academia, health care system, aging services network, and philanthropy. This partnership is poised to engage and work with our community's major stakeholders to improve the care and services for Latino and all older adults who call Los Angeles home. I want to thank all who have answered this call to action.

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History of the Los Angeles Partnership for Evidence-Based Solutions in Elder Health

A National Initiative Begins

In response to the disproportionate number of health disparities among the older Latino population which indicates they are not receiving quality health care and social services, five federal agencies from the U.S. Department of Health and Human Services (DHHS) collaborated in October 2007 to assist local cities in developing more coordinated strategies for improving the health and well-being of this at-risk population. These five federal agencies included the Administration on Aging (AoA), the Agency for Healthcare Research and Quality (AHRQ), the Centers for Disease Control and Prevention (CDC), the Centers for Medicare and Medicaid Services (CMS), and the Health Resources and Services Administration (HRSA).

The DHHS Improving Hispanic Elders' Health Project

Collectively with technical assistance from *AcademyHealth*, these five federal agencies established a demonstration project with the purpose of bringing together teams of local leaders from communities in the U.S. with large numbers of older Latinos. Their objectives were to review research findings, data, and examples of promising practices for improving the health and well-being of older Latinos, and to assist each of these communities in using evidence-based or -informed data to create and implement their own local strategic plans for addressing one or more health disparities in their region. The project emphasized the importance of working across organizational boundaries to link aging services providers, health care providers, Latino community organizations, and public agencies. Los Angeles was selected on a competitive basis as one of the cities to participate in this project. Other selected cities included New York City, Chicago, San Diego, Miami, Houston, Lower Rio Grande Valley (Texas), and San Antonio.

A Partnership is Born

Once cities were selected to participate in this demonstration project, the Area Agency on Aging or a lead agency from each city was chosen to identify and invite local leaders to serve on the core Community Team. Each Community Team comprised of approximately six individuals representing the Area Agency on Aging; aging services providers; health professionals; health services researchers; community-based organizations; and the local public health department. Led by Laura Trejo, MSG, MPA, the General Manager of the City of Los Angeles Department of Aging, the Area Agency on Aging in the City of Los Angeles,

assumed the role of the lead-coordinating agency locally. With over 20+ years of experience supporting and integrating the development of services, programs, and policies for older adults, Ms. Trejo established the Los Angeles Community Team, inviting 5 additional local leaders to join this core group.

Each of these local leaders represents a segment of the public agency and aging services network: Marie S. Torres, PhD, LCSW, Senior Vice President of Government Relations and Community Research Initiatives at the AltaMed Health Services Corporation, represents the interests of Latino community organizations. She brings extensive experience in public policymaking and advocacy. W. June Simmons, CEO of Partners in Care Foundation, represents the aging services provider sector. She is recognized locally and nationally for her leadership in developing effective and efficient approaches to chronic disease management among diverse individuals and communities. Lisa Yarick, MSW, Service Line Director of Continuing Care at Kaiser Permanente, represents the health care sector. Ms. Yarick is well-known for her key role in establishing health care programs for older Angelenos in one of the nation's largest health care delivery organizations. Valentine M. Villa, PhD, Professor of Social Work and Director of the Applied Gerontology Institute at the California State University, Los Angeles (CSULA), and Adjunct Associate Professor at the UCLA School of Public Health, represents the health services research community. She is sought after for her expertise in aging policy research and gerontology. And Tony Kuo, MD, MSHS, Director of the Office of Senior Health in the Los Angeles County Department of Public Health, represents the local public health department. He brings his community experience and expertise in translating research evidence on healthy aging into public health practice.

In December 2007, the core group also welcomed the talent of María P. Aranda, PhD, LCSW, Associate Professor at the University of Southern California School of Social Work and the Leonard Davis School of Gerontology. She brings her extensive experience in social work and expertise on mental health to the team. Subsequently, Dr. Aranda was elected by her peers as the Chairperson of this local coalition which became the *Los Angeles Partnership for Evidence-Based Solutions in Elder Health*.

The Local Plan

Phase 1 of Los Angeles Activities – Joining the National Effort

During *Phase 1* of the demonstration project, the five federal agencies asked each of the local Community Teams from each city to attend an in-person workshop. This national workshop, which lasted two and a half days from October 23rd to 25th, 2007, was held at the Renaissance Houston Greenway Plaza Hotel in Houston, Texas. The primary meeting objectives were: 1) to present a summary of current research findings and promising practices for improving the health and reducing health disparities among older Latino populations; 2) to provide an opportunity for the local Community Teams to meet and discuss the needs of older Latinos in their communities, their current approaches to serving them, gaps in their services, and new efforts that may be needed to assure quality social services and access to care for older Latinos; and 3) to learn from, collaborate, and maintain sustainable working relationships with colleagues from other cities who are facing similar challenges.

Phase 2 of Los Angeles Activities – Coalition Building

During *Phase 2* of this demonstration project, each Community Team was asked by the five federal agencies to articulate its plan for addressing one or more health disparities facing older Latinos in their community. To aid in this effort, the federal agencies, with technical assistance from *AcademyHealth*, created and maintained a national learning network designed to facilitate the sharing of ideas and information across the eight local teams for approximate-

ly one year; this network support was subsequently extended beyond this first year.

Locally, the Los Angeles Community Team was energized by this federal support and capitalized on this opportunity by identifying and inviting a wide range of organizations and institutions serving older Latinos or involved in gerontological research to participate. In December 2007, the core group convened a meeting of key stakeholders in Latino health at the Los Angeles City Area Agency of Aging. With the pledge of commitment from these key stakeholders, the *Los Angeles Partnership for Evidenced-Based Solutions in Elder Health* was established. This coalition included leadership representation from prominent organizations and agencies such as the Alzheimer's Association, Arthritis Foundation, Center for Health Care Rights, Center for Multicultural Development - California Institute of Mental Health, Edward R. Roybal Institute for Applied Gerontology at the University of Southern California, Foundation for Osteoporosis Research and Education (FORE), Los Angeles County Department of Community and Senior Services, Los Angeles County Department of Mental Health, International Institute of Los Angeles, Latino Diabetes Association, Mexican American Opportunity Foundation, UCLA Center for Health Policy Research, UCLA David Geffen School of Medicine, UCLA Division of Geriatrics, UCLA Resource Center for Minority Aging Research, and UCLA School of Public Health.

Developing the Local Plan

Between December 2007 and June 2009, the *Los Angeles Partnership* met monthly. During this time period, the coalition partners came to a consensus through discussion and group process that they would like to accomplish two primary tasks as part of this DHHS demonstration project: 1) to compile a list and detailed description of available evidenced-based and -informed social services and community programs serving older Latinos in the Greater Los Angeles area; and 2) to generate policy recommendations that may help local decision-makers improve the health and well-being of older Latino adults. To accomplish these two tasks, the partnership convened several smaller workgroups, including: 1) a vision and mission statement workgroup; 2) an evidenced-based practice inventory workgroup; 3) a data collection and research workgroup; 4) a media/social marketing workgroup; and 5) a principal writing team to write the coalition report.



Partnership Methods

Critical to the development of this local plan were the methods used to identify and rank health priorities among older Latinos in Los Angeles; and the methods used to catalog and review the evidence-based services and programs that are available to older Latinos in the Greater Los Angeles area. Policy and other strategy recommendations were made by the partnership based on these methods.

Determining the Health Priorities Among Older Latinos

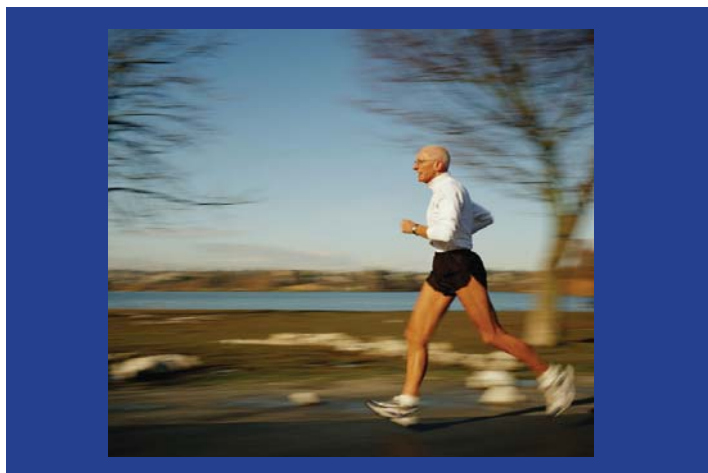
To identify key health priorities facing older Latinos in Los Angeles, the partnership examined multiple data sources to describe the demographic, geographic, and health profiles of Latinos aged 65 years and older. Several data analyses were conducted and presented by the research workgroup utilizing a variety of data sets including: 1) the California Health Interview Survey (CHIS 2001, 2003, 2005, 2007); 2) mortality and morbidity data from the Los Angeles County Department of Public Health and other county agencies; 3) socio-demographic information from the California Department of Finance and the U.S. Census; and 4) data provided by Dr. Ernie Moy and his staff at AHRQ. These analyses were used to identify key health issues in the older Latino population in Los Angeles. These issues included poverty, economic insecurity, barriers to health care access, prevalence of chronic diseases, and disability. From these analyses, the partnership identified and provided evidence in support of policy recommendations for known burdens of chronic disease, and for emerging issues in this at-risk population. These health priorities and emerging issues are summarized in the body of this report and addressed in a series of issue briefs on six key topics (Appendix A): arthritis, brain health, depression, diabetes, economic insecurity, and osteoporosis. These briefs are designed to be used as tools for advocacy, planning, and intervention among providers, researchers, and elected officials.



Evidence-Based and -Informed Solutions: A Review of Community Programs

Led by the inventory workgroup, the partnership cataloged and reviewed several community-based programs for older Latinos in Los Angeles. This process was carried out in different stages. First, the programs were initially identified and submitted to the inventory workgroup by each of the participating stakeholders in the partnership. This growing list of programs was then expanded via a search of several websites and related web links on aging services in Los Angeles County. Second, the workgroup sorted these programs based on whether they were evidence-based, evidence-informed, consensus-based, or not vetted by any evidence at all; this latter process was facilitated and aided by applying elements of the RE-AIM framework (Reach, Effectiveness, Adoption, Implementation, and Maintenance). This framework has been utilized by the Administration on Aging and the National Council on Aging to plan and evaluate programs in the community. Finally, each program that was identified and accepted for inclusion into the catalog (Appendix B) was organized into five key health promotion and chronic disease prevention areas:

- Physical Activity (balance, physical movement, simple exercises)
- Disease Management (diabetes and other chronic disease health education)
- Brain/Mental Health (memory exercises, early detection of cognitive decline, depression)
- Family Services (caregiver support and training, dementia care networks)
- *Promotora* Model (networking, education and outreach)







Executive Summary

The State of Aging and Health among Older Latinos in Los Angeles 2009 provides a snapshot of health priorities facing Los Angeles Latino elders and the baby boom generation who will reach age 65 in the next 20 years. The report highlights the health and well-being of older Latinos and how poor lifestyle behaviors continue to be the primary contributor to death, reduced quality of life, and loss of independence in this population. An important focus of this report is on the emergence of chronic health and social conditions in the community, including the rising number of older Latinos with Alzheimer's disease; the impact of depression on quality of life; the increased risk of hip fractures from osteoporosis; and the growing problem of economic insecurity. The report concludes by highlighting policy recommendations and suggested actions that stakeholders can take to address these health disparities, including ways to promote healthy aging among older Latinos in Los Angeles.



The State of Aging and Health Among Older Latinos in Los Angeles

The Aging Population in Los Angeles is Becoming More Racially and Ethnically Diverse. . .

The growth in number and proportion of older adults age 65 and older living in Los Angeles is unprecedented in this region. Paralleling the changing U.S. demographics, this segment of the population is becoming more racially and ethnically diverse¹ (Figure 1). With increased life expectancy and aging baby boomers (those born between 1946 and 1964) reaching age 65 starting in 2011,² many under-represented groups residing in Los Angeles County today will become the majority within the next 20-25 years.

... and Older Latinos Already Comprise the Largest Group

In 2005, there were 4.8 million Latino residents living in the County of Los Angeles, over 242,000 of them were older Latinos age 65 and older,³ many of whom reside in L.A. City. By 2030, more than 740,000 Angelenos of Latino descent will be age 65 and older.³ This increase in sheer number of older Latino adults will have important social as well as health care cost implications for this region. In the U.S., almost 95% of health care spending for older adults is for the management of chronic diseases.⁴

Chronic Diseases are the Leading Causes of Death Among Older Latinos...

Improved nutrition, sanitation, and education, together with medical advances, have contributed to large increases in life expectancy over the past century in the United States⁵ and locally in Los Angeles. Although these efforts have resulted in a decline in deaths due to infectious diseases and acute illnesses, they have also shifted the leading causes of death for all age groups to chronic diseases and degenerative conditions. This is especially true among the aging Latino population in Los Angeles. In 2004, coronary heart disease, stroke and diabetes were the top three leading causes of death among Latinos ages 65-74 and 75-84 in Los Angeles County (Figure 2). The emergence of other leading causes of death such as liver disease (ranked number five among Latinos age

65-74) and Alzheimer's disease (ranked number five among Latinos age 85+) foreshadow new challenges for public health and the aging services network. The underlying causes of these conditions and others are potentially preventable or their onset can be delayed.

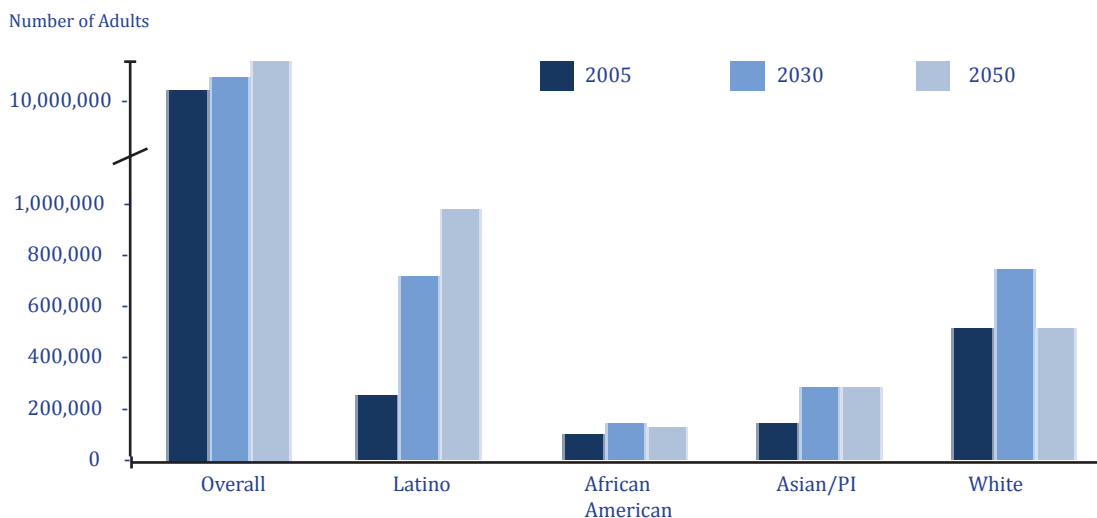
...and Chronic Diseases are Also the Leading Causes of Pain and Reduced Quality of Life in This Group...

Death represents only a part of the chronic disease burden. Among older Latinos, pain and quality of life are aspects of care and healthy aging practices that are often overlooked by health professionals and social services providers. The presence of two or more chronic conditions is rising among older adults and can result in significant disability, social isolation, and loss of independence.¹ It can also place family members at risk for health problems related to the rigor and demand of being an informal caregiver.⁶

Among older Latinos, the prevalence of lifestyle-related health conditions remains high. According to the 2005 and 2007 California Health Interview Surveys, about 70% of older Latinos in Los Angeles are overweight or obese; almost 30% have diabetes; 34% have high cholesterol; 57% have high blood pressure; more than 58% have arthritis; and as many as 9% reported experiencing poor mental health for 7 or more days during the past month (Figure 3).

Figure 1.

The Population in Los Angeles Age 65 and Older is Growing More Diverse

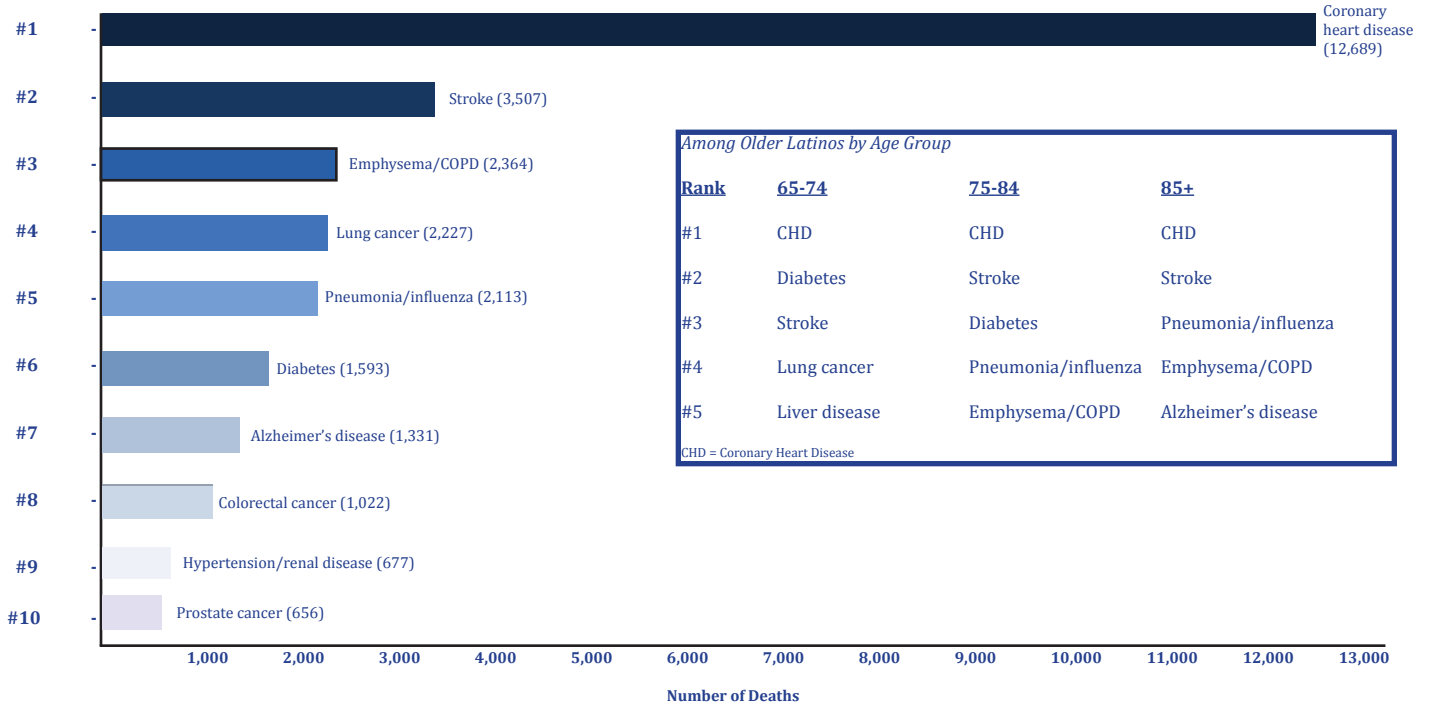


Source: California Department of Finance. Data available at <http://www.dof.ca.gov/research/demographic/data/race-ethnic/2000-50/>.

Figure 2.

Chronic Diseases Were the Leading Causes of Death Among Older Adults Age 65+ Los Angeles County, 2004

Rank - Causes of Death



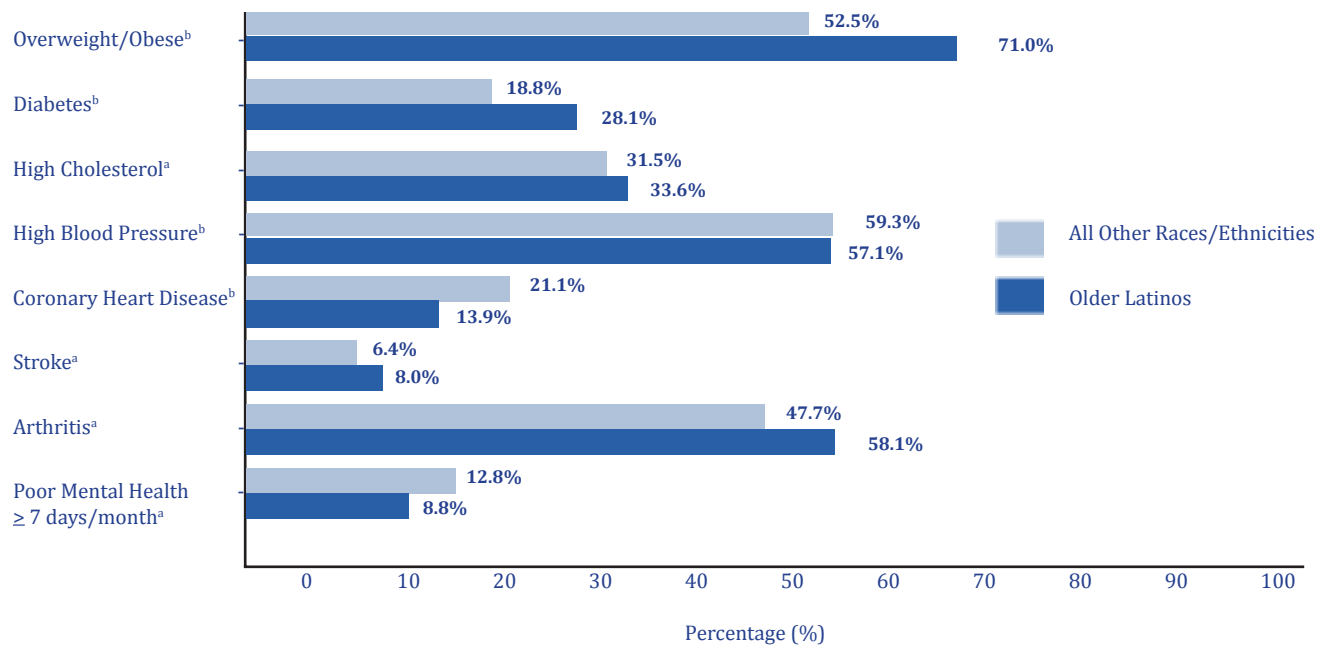
Source: Data Collection & Analysis Unit, Office of Health Assessment and Epidemiology, Los Angeles County Dept. of Public Health

Fortunately, many of these chronic conditions such as high blood pressure, diabetes, coronary heart disease, and overweight/obesity are preventable. Health indicators among older Latinos suggest that there are plenty of opportunities for improving health and for

reducing the risk of developing these chronic conditions (Table 1). Other conditions such as arthritis and poor mental health can be effectively managed if evidence-based community interventions are more widely disseminated and adopted, and if barriers to health care

Figure 3.

Prevalence of Chronic Conditions Among Older Adults Age 65+ in Los Angeles County Older Latinos Compared to All Other Races/Ethnicities



Source: California Health Interview Survey, 2005^a and 2007.^b Some data are only available for a given year.

access are reduced (Box 1).

New Challenges for the Aging Services Network and Public Health

As more Latinos reach the age of 65 in the next 20-25 years, our communities will be asked to help these Angelenos grow older with dignity and comfort. Two key challenges that the local aging services network and public health will face are: 1) preventing and managing emerging health conditions that are particularly expensive to treat in the long-term (e.g., osteoporosis and hip fractures; late complications of diabetes; Alzheimer's disease, etc.); and 2) addressing continued health disparities in this population, including social and language barriers that can result in poor health care access (Box 1), and the growing number of older Latinos experiencing economic insecurity (Table 2).

The solutions to some of these challenges lie with behavioral changes that could improve health and facilitate healthy aging. Although the risk for disease and



disability clearly increases with advancing age, poor health is not an inevitable consequence of aging. Because evidence suggests that almost 35% of all deaths in the U.S. are attributed to smoking, poor diet, and physical inactivity,^{5,7,8} health behavior interventions can be particularly effective in addressing these new challenges if they are more widely disseminated and adopted in the community and by health care professionals.

Table 1. Health Indicators: Older Latinos vs. All Older Adults Age 65+ in Los Angeles County

<i>Health Indicator</i>	<i>Data Year*</i>	<i>Healthy People 2010 Targets‡</i>	<i>All (Age 65+)</i>	<i>Latinos</i>
Health Status				
1. Physically unhealthy days (% reporting 10 or more days)	2005	†	28.9	28.5
2. Frequent mental distress (%)‡	2005	†	8.1	5.7
3. Oral health: complete tooth loss (%)	--	20	--	--
4. Disability (%) ¹	2005	†	54.2	60.0
Health Behaviors				
5. No or low level of physical activity (%)	2007	20	68.6	70.4
6. Eating ≥ 5 servings of fruits & vegetables daily (%)	2005	¶	45.9	47.5
7. Obesity (%)	2007	15	17.9	31.5
8. Current smoking (%)	2007	12	6.9	7.2
Preventive Care and Screening				
9. Flu vaccine in past year (%)	2007	90	65.1	62.1
10. Ever had pneumonia vaccine (%)	2003	90	59.1	53.1
11. Mammogram within past two years (%)	2007	70	77.2	75.4
12. Colorectal cancer screening by sigmoidoscopy, colonoscopy or FOBT (%)	2007	50	82.3	81.0
13. Cholesterol checked within past five years (%)	2005	80	97.0	99.5
Health Services Access and Utilization				
14. Unstable or no usual source of care (%)	2005	†	2.6	3.7 ^a
15. Visited the emergency room in the past 12 months (%)	2007	†	23.6	24.5
Injuries**				
16. Hip fracture hospitalizations (rate: per 100,000 persons)	2007	474 (men) 416 (women)	321 (men) 609 (women)	209 (men) 387 (women)

-- Data not available.

* Data for indicators 1, 2, 4-15 were collected by the California Health Interview Survey. Data for indicators 3 and 16 were collected by CDC's Behavioral Risk Factor Surveillance System (BRFSS) and the Office of Statewide Health Planning and Development (OSHPD) in California, respectively.

‡ Targets recommended for the general population age 18+ years.

† Indicator has no *Healthy People 2010* targets.

‡ Frequent mental distress is defined as having had 14 or more mentally unhealthy days in the previous month.

¹ Indicator is defined as disability status due to physical, mental or emotional condition.

¶ *Healthy People 2010* segments the nutrition target into multiple categories of fruits and vegetables.

** Data from the OSHPD hospitalization dataset.

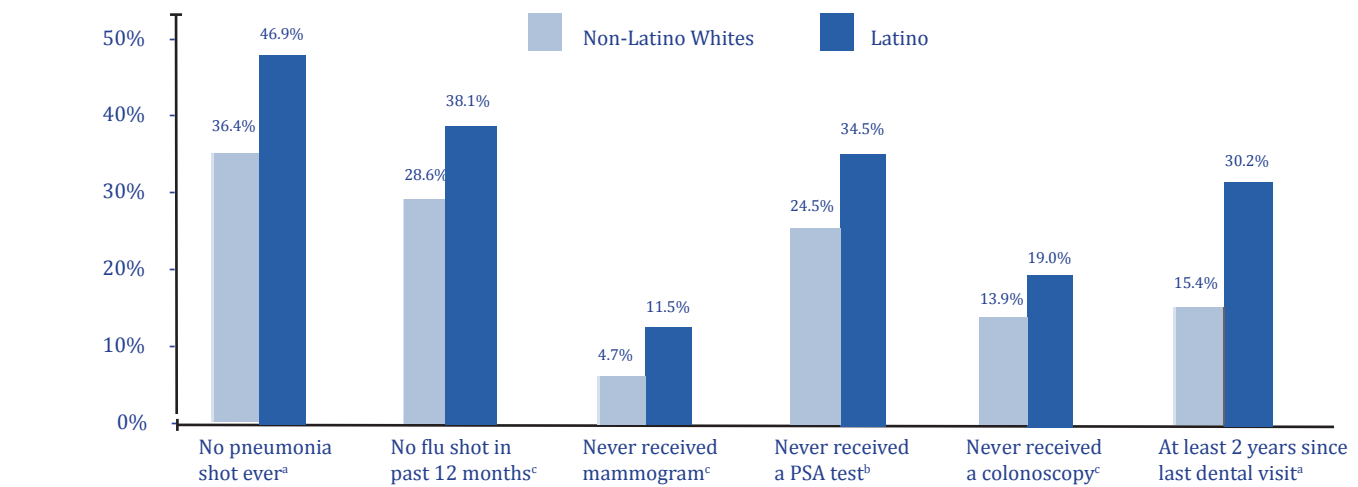
^a Statistically unstable estimate.

BOX 1 Access to Health Care

Carolyn A. Mendez-Luck, Ph.D. and Steven P. Wallace, Ph.D.

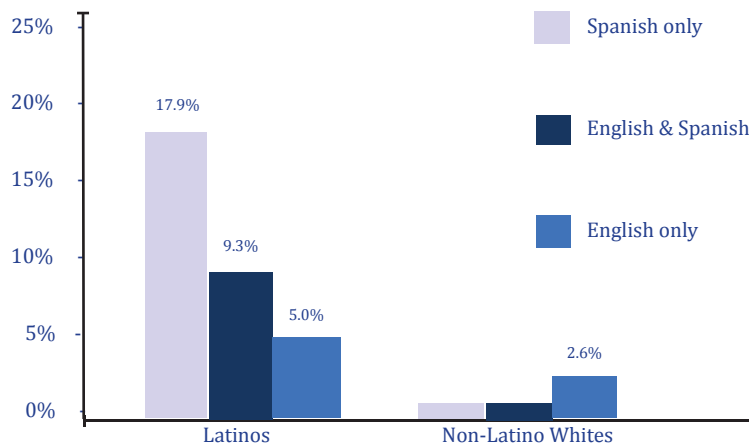
Having access to affordable and available health care is imperative to maintaining good health. Compared to individuals with poor health care access, those with good access are more likely to receive higher quality of care and timely preventive services. For example, in Los Angeles County, almost two of every five older Latino adults age 65+ did not receive a flu shot in the past 12 months, and almost half never received a pneumonia immunization, even though pneumonia remains among the top 10 leading causes of death in the County (Chart 1). Financial and language barriers were the two most commonly cited access barriers in this population. In California, the percentage of older Latinos age 60+ who reported having a hard time understanding their doctor at the last visit was the highest among individuals who only spoke Spanish (18%) (Chart 2).

Chart 1. Receipt of Selected Preventive Services, Los Angeles County Older Adults Age 65 and Older

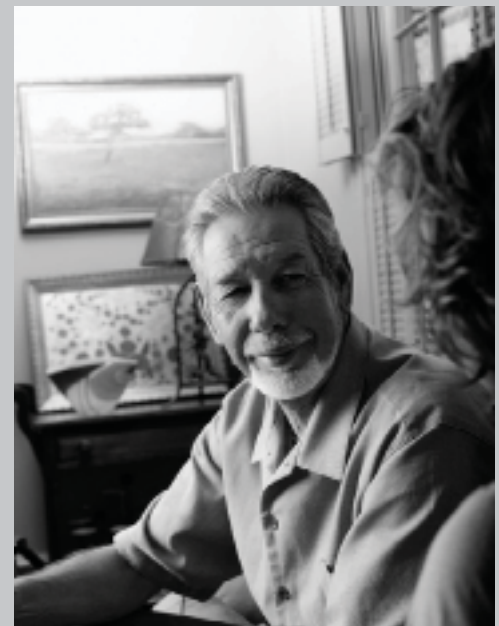


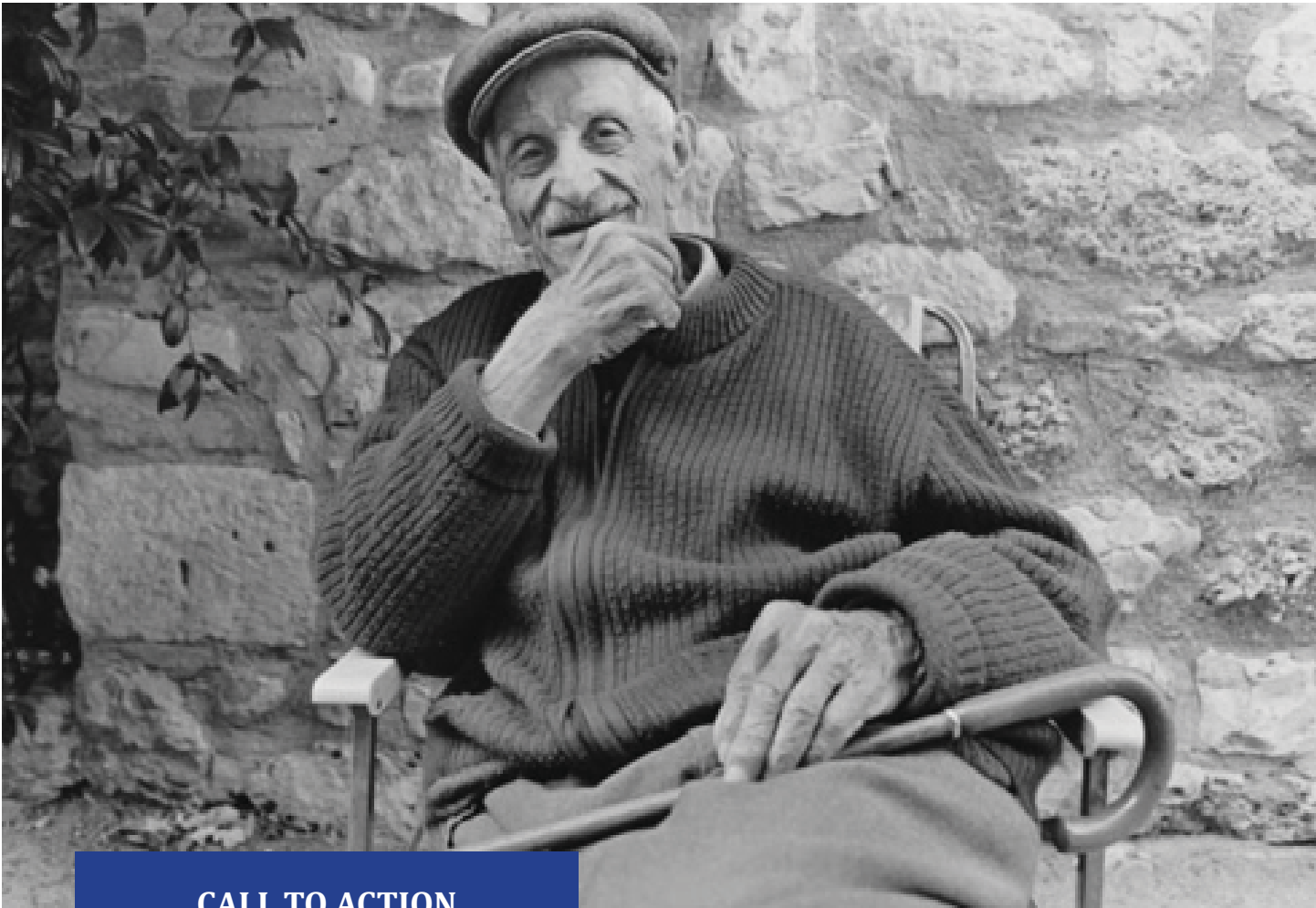
Source: California Health Interview Survey 2003^a, 2005^b, and 2007.^c Some data are only available for a given year.

Chart 2. Older Adults Age 60+ in California With Hard Time Understanding Their Doctor at Last Visit, by Language Spoken at Home



Source: 2003 California Health Interview Survey.





CALL TO ACTION

Realizing that small changes over time can yield dramatic results, the *Los Angeles Partnership for Evidence-Based Solutions in Elder Health* is committed to identifying and promoting programs and policies that encourage small individual behavior changes as well as structural, system-level changes that enable healthy aging practices. With a strong emphasis on proven interventions and existing science, the *Partnership* aims to help stakeholders reduce duplication and fragmentation of services, provide more culturally and linguistically appropriate resources, and advance policy agenda that improve the health of older Latinos in Los Angeles. Some of the *Partnership's* recommendations called for actions to strengthen social services delivery; to improve health care quality and access; and to plan strategically for a rapidly growing older Latino population. For example, in its program review of aging services, the *Partnership* concluded that actions are needed to improve greater access to public assistance programs by modernizing the way that the Federal Poverty Guidelines are calculated and used; promote more community integration and adoption of in-home support services; recruit and retain a larger health care workforce trained to work with older adults; and re-prioritize research funding to improve the quality of local data for planning purposes in this older adult population.

Four Key Areas of Suggested Policy Change

Additional recommendations may be found in Appendix C

1) Provide home- and community-based services to allow individuals to remain in their homes (aging in place) and to promote community integration through:

- Waivers for services and demonstration projects such as the Multipurpose Senior Services Program.
- Expansion of all-inclusive care for the elderly.
- Expansion of Adult Day Health Care Centers in underserved communities.
- Continual assessment of quality and delivery of preventive services provided by health services programs in the community. Such assessment can help identify and evaluate evidence-based or evidence-informed services and interventions designed specifically to correct health disparities in the Latino community.

2) Provide or re-prioritize funding for initiatives that promote research on evidenced-based interventions that help older Latinos manage chronic disease, maintain quality of life, and delay long-term care placement.

3) Modernize the way that the Federal Poverty Guidelines are calculated to reflect the actual costs of housing, food, medical care, transportation, and other costs at the county (or state) level. This can be accomplished by adopting the new Elder Economic Security Standard Index (Elder Index) to help determine eligibility for public assistance programs, and for planning purposes in programs funded under the Older Americans Act. The Elder Index should also be used to monitor income insecurity among older adults.

4) Address the shortage of physicians, nurses, social workers, researchers, and other professionals in gerontology and geriatrics. This can be accomplished by:

- a) Recruiting students to pursue careers in gerontology and senior health; and
- b) Offering incentive programs such as loan repayment or tuition relief to retain and foster careers in these disciplines.

Table 2: Poverty and Low-income Rates (<200% FPL) by Race/Ethnicity, California (2007)

	Non-Latino			Latino
	White	African American	Asian American	
Age 65 & over, poverty rate	7%	11%	11%	12%
Age 62 to 64, poverty rate	4%	18%	5%	15%
Age 50 to 61, poverty rate	5%	18%	11%	12%
Age 65 & over, (<200% FPL)	31%	46%	34%	52%
Age 62 to 64, (<200% FPL)	10%	42%	28%	45%
Age 50 to 61, (<200% FPL)	14%	33%	20%	38%

Source: U.S. Census Bureau, 2008. FPL = Federal Poverty Level

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5. Manton KG. Recent declines in chronic disability in the elderly U.S. population: risk factors and future dynamics. *Ann Rev Public Health* 2008;29:91-113.
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Appendix A. “Call to Action” Issue Briefs

1. Arthritis
2. Brain Health
3. Depression
4. Diabetes
5. Economic Insecurity
6. Osteoporosis



>> CALL TO ACTION >>

ARTHRITIS

Patricia L. Cummings, M.P.H., Mireya A. Peña, Jackie S. Tompkins, M.P.H., C.H.E.S.^a, Roberta Campbell, B.S.^a, Pamela Ford-Keach, M.S.^{a,b}, Vickie Fung, M.P.H., and Tony Kuo, M.D., M.S.H.S.

Arthritis is a common disabling chronic condition in midlife and late life. It affects 46 million U.S. adults;¹ among them, 5.3 million are Californians,² with 1.3 million living in Los Angeles County.³ There are many forms of arthritis, most affect joints or tissues surrounding the joints. Among them, the most common forms are osteoarthritis, rheumatoid arthritis, gout, and arthritis due to fibromyalgia. Arthritis can also be present as a part of a more severe syndrome affecting multiple organs such as systemic lupus erythematosus.³

Nationally, arthritis poses a significant burden on society. More than 19 million Americans, for example, report being limited in their everyday activities because of arthritis.⁴ The total annual costs attributable to this condition have been estimated to be approximately \$128 billion (medical care and indirect costs such as lost productivity; in 2003 dollars, see Box 1).⁵

The Prevalence of Arthritis

The prevalence of arthritis is high in the general population: 21% nationally, 20% in Los Angeles County.³ Because the risk of arthritis increases markedly with age (over 50% among older adults age 65+ in Los Angeles County, see Table 1), the percent of adults with arthritis is expected to rise rapidly in the next 20 years, especially among minority groups projected to reach age 65 during this time period. One such group is the rapidly growing older Latino population in Los Angeles County. The prevalence of arthritis in this group is about 58% in 2005 (Table 1).

Risk Factors for Arthritis

Although some risk factors such as age, gender, and heredity cannot be modified, others such as lifestyle-related behaviors can be changed to reduce a person's risk for developing arthritis or delaying its onset. Such modifiable risk factors include being overweight, prior joint injury or infection, and occupations which involve repetitive motions that put stress on the joints.

1 CDC. *Data and Statistics: Arthritis Related Statistics*, 2007. Available at http://www.cdc.gov/arthritis/data_statistics/arthritis_related_statistics.htm.

2 *Arthritis and Other Chronic Conditions* (Fact Sheet). California Arthritis Partnership Program, May 2008. [Data source: 2005 CHIS]

3 Los Angeles County Department of Health Services, Public Health, *Arthritis - The Leading Cause of Disability*, LA Health; May 2006.

4 Data from the 2003-2005 NHIS. In *MMWR*. 2006;55(40):1089-1092.

5 Data from the 2003 Medical Expenditure Panel Survey. In *MMWR*. 2007;56(01):4-7.

Box 1: Arthritis Burden in the U.S.

- 46 million adults with doctor diagnosed arthritis.¹
- 67 million adults will have this condition by 2030.⁶
- Nearly 19 million people with activity limitations because of this condition.⁴
- The leading cause of disability among the elderly.⁷
- \$128 billion in total annual costs.⁵

Arthritis and Other Chronic Conditions

Arthritis is also exceptionally common among people with other chronic conditions such as cardiovascular disease, high blood pressure, and diabetes. For example, among California adults, 52% of those with heart disease, 40% of those with high blood pressure, and 42% of those with diabetes *also* have arthritis.⁸ Thus, it is important to recognize that pain from this common condition may be a barrier to adopting healthier lifestyles for individuals with arthritis.

Table 1. Percent of Adults Age 65 and Older Ever Diagnosed with Arthritis (2005)*

	Percent**	Estimated numbers
Los Angeles County	50.2%	494,000
Gender		
Male	39.4%	168,000
Female	58.4%	327,000
Race/Ethnicity		
Latino	58.1%	133,000
White	47.9%	241,000
African American	53.7%	47,000
Asian/Pacific Islanders	43.0%	66,000
Poverty Level (FPL)		
0-99% FPL	62.9%	88,000
100-199% FPL	51.8%	128,000
200-299% FPL	53.5%	83,000
300% or above FPL	44.1%	195,000

Source: 2005 California Health Interview Survey

* Ever diagnosed with arthritis includes gout, lupus, or fibromyalgia.

** Percent refers to percent of adults in each sub-group, and may not add up to 100%. FPL = Federal Poverty Level

6 Helmick CG, Felson DT, Lawrence RC, et al. Estimates of the prevalence of arthritis and other rheumatic conditions in the United State: Part I. *Arthritis Rheum*. 2008;58(1):15-25.

7 Verbrugge LM, Patrick DL. Seven chronic conditions: their impact on U.S. adults' activity levels and use of medical services. *AJPH*. 1995;85:173-182.

8 California Arthritis Partnership Program. *Arthritis in California*. California Department of Public Health, 2009.

National Effort

National Arthritis Action Plan: A Public Health Strategy

Centers for Disease Control and Prevention, Atlanta: “The National Arthritis Action Plan for Public Health” was developed by the CDC, the Arthritis Foundation, the Association of State and Territorial Health Officials, and 90 other organizations. The plan recommends activities to reduce pain, disability, and improve the quality of life of persons affected by arthritis. The goals of the plan are to:

- Improve and increase self-management attitudes and behaviors among persons with arthritis.
- Increase early diagnosis and appropriate pain management for persons with arthritis.
- Decrease pain and disability among persons with arthritis.
- Improve physical, psychosocial, and work function among persons with arthritis.

The Arthritis Program is working to measure the burden of arthritis by utilizing state and national data to monitor trends; increase awareness by promoting physical activity among people with arthritis through health communication campaigns (e.g. Buenos Días, Arthritis- for the Latino community); and establish state arthritis programs with support from the CDC.

For more information please visit
<http://www.cdc.gov/arthritis>

Local Action Plan

The Los Angeles Partnership for Evidence-Based Solutions in Elder Health

The U.S. Department of Health and Human Services (DHHS) *Improving Hispanic Elders' Health Project* was organized by five federal agencies to assist local communities in developing coordinated strategies for improving the health and well-being of older Latinos. The purpose of the project is to bring together teams of local leaders from communities with large numbers of older Latinos to:

- Review the latest research on Latino health.
- Identify promising practices in disease prevention, social work, and health care.
- Assist communities with translation of evidence into practice.
- Establish local action plans to address health disparities in the community.

In response to this national initiative, a coalition (*The Los Angeles Partnership*) was established locally to guide and support ongoing efforts to improve Latino health in Los Angeles. One of the coalition's objectives is to identify and link key stakeholders and resources to address health disparities locally.

Managing Arthritis

What Individuals Can Do

- Visit your doctor early: early diagnosis and treatment is important because it can prevent the progression of arthritis and postpone the need for expensive procedures like joint replacements.
- Learn to manage your arthritis: utilize self-help programs and tools described below. People completing these programs have been found to have less pain and fewer visits to physicians.
- Make time to be active: regular physical activity such as swimming or riding a bike has been shown to reduce pain, improve physical functioning, and improve mental well-being in persons with arthritis.
- Maintain a healthy weight: this can reduce a person's risk for developing knee osteoarthritis and may slow progression of the condition.
- Avoid injury: protect your joints from injuries that can occur during sports activities or avoid job related injuries such as excessive repetitive motions.

Programs That Work

The Arthritis Foundation Muévase con Ejercicio

Muévase con Ejercicio is a peer-led exercise class held in community settings across Los Angeles. This unique program offers several advantages over other programs for older Latinos in the community. It is designed to address arthritis related limitations through safe exercise techniques and respect for pain and fatigue. It also offers a safe social environment where individuals with arthritis can safely discuss how this condition affects them, and celebrate among classmates their successes in managing pain and overcoming physical limitations.

The Spanish language version of this program was adapted from the original English version, *The Arthritis Foundation Exercise Program*. This adaptation was carefully tailored to the Latino community; i.e., close attention was given to developing health education and instructional materials that are culturally appropriate for this community. The peer instructors are typically monolingual or bilingual. They are usually trained as culturally competent *promotores* or community health workers.

For more information, please contact Mireya A. Peña at the Arthritis Foundation; E-mail: mpena@arthritis.org

*Stanford University Program Education Research Center:
Cómo Convivir Con Su Artritis (Spanish Arthritis Self-Management Program)*

This program is not a direct translation of the *Arthritis Self-Help Program*, but rather it was developed separately. It covers subjects that are similar, but presented in culturally and linguistically appropriate ways. The program is a six-week workshop given once a week for two hours in community settings such as senior centers, churches, libraries, and hospitals. Workshops are facilitated by two trained leaders and are given in Spanish without interpreters.

Any organization interested in adopting this program can contact the Stanford Patient Education Research Center at (650)723-7935 or email: self-management@stanford.edu

Policy Recommendations & Suggested Actions

Early Detection & Management

>> Promote and educate health professionals, who provide screening to patients, on the importance of early diagnosis of arthritis and culturally appropriate care.

Health Plans

>> Health Plans should implement bilingual and culturally appropriate care management programs for older adults with arthritis and other chronic health conditions, including heart disease, hypertension, and diabetes.

Physical Activity Promotion

>> Increase awareness of the importance of physical activity in everyday life among older adults with arthritis, their caregivers, and health care professionals.

>> Promote active and physically engaging activities such as walking groups, Tai Chi or yoga in community centers and organizations.

Age-Friendly Environments

>> Promote policies for age-friendly environments that embrace the idea of “aging in place.” For example, individuals with arthritis may take longer to walk, which may lead to less physical activity or even social isolation. Developing communities with safe walking paths and appropriate rest stops will give individuals a better opportunity to remain physically active.

Research

>> More funding for research is needed to explore prevention, treatment and long-term disease management options, to study the possible associations between arthritis and other chronic diseases, and to improve options for decreasing the risk of developing chronic arthritis.



Selected Additional Resources

- **The Arthritis Foundation** is a national not-for-profit organization that provides extensive information, resources, and services (for example, the *Arthritis Self-Help Program*, *Arthritis Foundation Exercise Program*, and *Arthritis Foundation Aquatic Program*) to individuals living with arthritis, researchers, and policymakers. www.arthritis.org
- **The Bone and Joint Decade** is a global, multi-disciplinary initiative targeting the care of people with musculoskeletal conditions (bone and joint disorders). www.usbjd.org
- **The Centers for Disease Control and Prevention (CDC) Arthritis Program** is working to improve the quality of life for people affected by arthritis. www.cdc.gov/arthritis/
- **The California Arthritis Partnership Program** aims to reduce the burden of arthritis in California through population-based interventions. www.cdph.ca.gov/programs/CAPP/Pages/default.aspx
- **The American College of Rheumatology** advances rheumatology through programs of education, research, advocacy, and practice. www.rheumatology.org

^a California Arthritis Partnership Program, California Department of Public Health

^b California Heart Disease and Stroke Prevention Program, California Department of Public Health

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>> CALL TO ACTION >>

BRAIN HEALTH

Patricia L. Cummings, M.P.H., Meyling Eliash-Daneshfar, Tony Kuo, M.D., M.S.H.S., and Debra Cherry, Ph.D.

Over the next 20 years, the impact of Alzheimer's disease on the State of California and locally in Los Angeles County will increase dramatically. The leading edge of the baby boomer generation turned 62 this year. Many more will reach age 65 by 2011.¹ This enormous demographic bulge and graying of the boomers will soon define the State and County's future. Since the primary risk factor for Alzheimer's disease is older age and individuals are living longer, we can expect a substantial increase in the number of people who will be living with this disease.² Because of its size and diverse population, Los Angeles County is expected to see a dramatic growth in the number of individuals and families needing services and support to help deal with the realities of Alzheimer's disease (Figure 1 and Box 1).

Latinos and Alzheimer's

One of the largest groups that will be impacted by Alzheimer's disease and related memory problems is the older Latino community. Presently, there are more than 35,000 Angelenos of Latino descent living with this disease in Los Angeles County.¹ This number is projected to nearly triple by 2030 (Figure 2).¹ According to the Alzheimer's Association,³ this group may be uniquely at-risk for Alzheimer's and related memory problems because they have higher rates of vascular disease, an emerging risk for cognitive decline. A growing body of evidence suggests that risk factors for vascular disease may also be risk factors for Alzheimer's disease and stroke-related dementia. These risk factors include:

- Diabetes
- High blood pressure
- High cholesterol

Although we don't presently know what causes Alzheimer's disease or how some of these vascular risk factors and memory problems are connected, there are things that individuals and families can do to potentially reduce some of the risks for this condition or to more effectively manage this disease. Additionally, cities, communities, employers, and policymakers can do their part in combating this disease - please see suggested actions highlighted in this issue brief.

1 Los Angeles County Data Report on Alzheimer's Disease. Alzheimer's Association; October, 2008.

2 Los Angeles County Department of Public Health, Office of Health Assessment & Epidemiology, *Alzheimer's Disease: An Emerging Public Health Concern*, LA Health; October 2008.

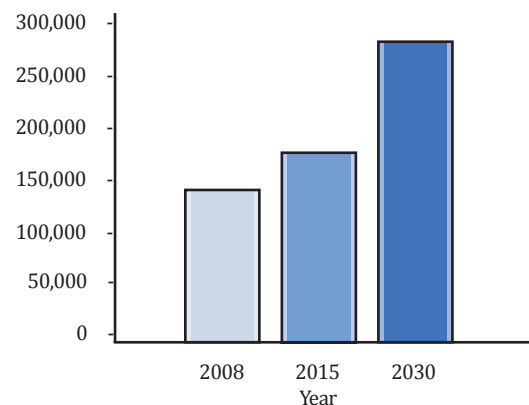
3 Hispanics/Latinos and Alzheimer's Disease. [Report] Alzheimer's Association, May 2004. Available at: http://www.alz.org/living_with_alzheimers_latinos.asp.

Box 1

Alzheimer's Disease in Los Angeles

- About 147,000 Angelenos age 65+ are currently living with Alzheimer's disease.^{1,4}
- Over 300,000 adults in Los Angeles County have provided care in the past month to someone experiencing memory loss or with Alzheimer's disease.²
- Over 325,000 baby boomers living in Los Angeles County are expected to develop Alzheimer's disease in their lifetime.^{2,4}

Figure 1. Estimated Number of People in Los Angeles County Age 65+ with Alzheimer's Disease (2008-2030)

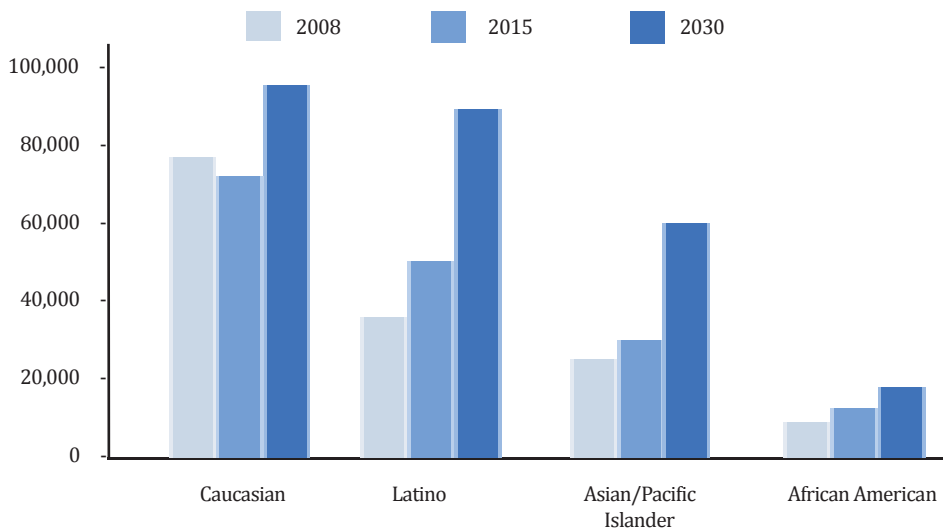


Source: Alzheimer's Association, Calif. Southland Chapter, 2008.



4 Alzheimer's Disease Facts and Figures in California: Current Status and Future Projections. Alzheimer's Association, 2008. Available at <http://www.alz.org/CAdata/ExecSum2009.pdf>.

Figure 2. Estimated Number of People in Los Angeles County Age 65+ with Alzheimer's Disease by Race/Ethnicity (2008-2030)



Source: Alzheimer's Association, Calif. Southland Chapter, 2008.



National Effort

The Healthy Brain Initiative: A National Public Health Road Map to Maintaining Cognitive Health

Centers for Disease Control, Atlanta: "A National Public Health Road Map to Maintaining Cognitive Health" was released on June 10th, 2007 at the International Prevention of Dementia Conference in Washington, DC. This Road Map is a call to action and a guide to implementing a coordinated approach for integrating cognitive health into public health practice. With the goal of bringing multiple partners, agencies, and organizations together, the developmental process involved partners at the national, state, and local levels. These groups included the Alzheimer's Association, National Institutes of Health, Administration on Aging, AARP, National Association of Chronic Disease Directors, the Healthy Aging Research Network of Prevention Research Centers, and many others. After a meeting in May 2006 called "The Healthy Brain and Our Aging Population: Translating Science into Public Health Practice" and through a year-long process, priorities that emphasize primary prevention and focus on community and population health were developed. They were then reviewed by over 150 experts across multiple disciplines and organizations.

The Road Map can be found on the CDC website at <http://www.cdc.gov/aging/healthybrain/index.htm#roadmap>

Local Action Plan

The Los Angeles Partnership for Evidence-Based Solutions in Elder Health

The U.S. Department of Health and Human Services (DHHS) *Improving Hispanic Elders' Health* Project was organized by five federal agencies to assist local communities in developing coordinated strategies for improving the health and well-being of older Latinos. The purpose of the project is to bring together teams of local leaders from communities with large numbers of older Latinos to:

- Review the latest research on Latino health.
- Identify promising practices in disease prevention, social work, and health care.
- Assist communities with translation of evidence into practice.
- Establish local action plans to address health disparities in the community.

In response to this national initiative, a coalition (*The Los Angeles Partnership*) was established locally to guide and support ongoing efforts to improve Latino health in Los Angeles. One of the coalition's objectives is to identify and link key stakeholders and resources to address health disparities locally.

A Program That Works

UCLA Center on Aging Memory Training Course

Memory Training provides an educational program for people with age-related memory concerns. Based on research conducted by Dr. Gary Small at the Semel Institute for Neuroscience and Human Behavior of the Center on Aging, *Memory Training* was developed to further the center's mission "to enhance and extend productive and healthy life

through preeminent research and education on aging.” The course is designed to help participants:

- Acquire general strategies to improve memory.
- Better remember names and faces.
- Develop techniques to better recall numbers.
- Learn about factors that effect memory.

Memory Training information:

- Classes meet for 5 consecutive weeks, 2 hours/week.
- Volunteer trainers teach curriculum to small groups.
- Course combines trainer presentations with group discussions, memory quizzes, and skill-building exercises.

Please e-mail tperez@mednet.ucla.edu or call (310) 794-0676 for more information.

Policy Recommendations & Suggested Actions

What Individuals and Families Can Do

>> Reduce potential risk - research suggests that some healthy behaviors are associated with a lower risk of Alzheimer’s disease. These healthy lifestyle practices include being physically active; eating healthy; maintaining healthy blood pressure, cholesterol, and blood sugar levels; keeping your mind active; and staying socially engaged.

What Communities, Local Agencies, and Health Professionals Can Do

>> Promote awareness and educate the public about normal aging and Alzheimer’s disease, especially among ethnic minority groups.

>> Raise awareness among health professionals about the need for early detection if their patients are experiencing symptoms or signs of dementia.

>> Promote standard post-diagnostic care among health care providers using the California Guidelines for Alzheimer’s Disease Management.⁴

>> Advance and promote effective practices in caregiving by making culturally and linguistically appropriate caregiver training more widely available (Box 2).

What Policymakers Can Do

>> Develop a statewide coordinated and collaborative plan among public and private agencies, and other stakeholders, to better support persons with this disease and their caregivers.

>> Develop a national policy agenda of strategies, including employer-based policies, to improve financial and work place support for caregivers.

>> Advocate for additional funding for basic as well as public health research on Alzheimer’s disease and efforts to find effective treatments.

4 California Workgroup on Guidelines for Alzheimer’s Disease Management. *Guideline of Alzheimer’s Disease Management. Final Report 2008*. State of California, Department of Public Health, 2008.

Box 2

Spanish-Speaking Caregiver Support/Training Program (CS/TP)

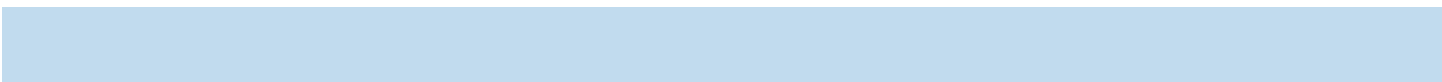
The California State University, Los Angeles Applied Gerontology Institute and the Beverly Hospital hold weekly group sessions aimed at Spanish-speaking, family caregivers with direct caregiving responsibilities for older adults with disabling care conditions. The 8-week program was adapted from the “Coping with Caregiving” model that was developed and tested by Gallagher-Thompson and associates as part of the national multi-site study, REACH. For more information about the CS/TP program please email vvilla@calstatela.edu

Selected Additional Resources

- The Alzheimer’s Association is the leading voluntary health organization in Alzheimer’s care, support, and research. (800) 272-3900, www.alz.org
- The U.S. Congress created the Alzheimer’s Disease Education and Referral (ADEAR) Center in 1990 to “compile, archive, and disseminate information concerning Alzheimer’s disease (AD)” for health professionals, people with AD and their families, and the public. (800) 438-4380, www.niapublications.org/adear
- Area Agencies on Aging provides information on senior independent living, elderly programs, senior communities, assisted living, retirement homes, senior health care, retirement planning, and senior citizen help. (800) 510-2020, www.4aging.org
- The mission of the City of Los Angeles Department of Aging is to improve the quality of life, independence, health and dignity of the City’s older population by managing community-based senior programs that are comprehensive, coordinated and accessible, and to advocate for the needs of older citizens. (213) 252-4030, www.lacity.org/DOA
- Los Angeles County Community & Senior Services provides direct services to seniors and at-risk individuals through a network of over 500 community agencies. (213) 738-2600, <http://css.lacounty.gov>
- Family Caregiver Alliance (FCA) addresses the needs of families and friends providing long-term care at home. (800) 445-8106, www.caregiver.org
- The Los Angeles Caregiver Resource Center (LACRC) is a nonprofit organization that serves family caregivers of brain impaired or frail older adults in Los Angeles County. (800) 540-4442, www.losangelescrc.org

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>> CALL TO ACTION >>

DEPRESSION

María P. Aranda, Ph.D.

What is depression?

Depression is the most prevalent psychiatric disorder in the world, and although common among older people, is not a normal part of aging. The word depression is commonly used to indicate when a person feels sad or disinterested in their usual activities. However, depression as a chronic condition means much more. According to the World Health Organization (WHO), depression is defined as “. . . a common mental disorder that presents with depressed mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy, and poor concentration”.¹

Considerable progress has been made in the prevention, screening, and treatment of depression in late life which has increased the quality of life for individuals and their families. In the past decade, significant breakthroughs have emerged in the areas of psychopharmacology,² psychotherapeutic therapies,² and depression care management,³ for the treatment of depression in older adults.

Depression Facts and Figures

Global¹

- Depression is common, affecting about 121 million people worldwide.
- Depression is among the leading causes of disability worldwide.
- Depression can be reliably diagnosed and treated in primary care.
- Fewer than 25 % of those affected have access to effective treatments.

Box 1 Symptoms of Depression

- Persistent sad, anxious or “empty” feelings.
- Feelings of hopelessness and/or pessimism.
- Feelings of guilt, worthlessness, and/or helplessness.
- Irritability, restlessness.
- Loss of interest in activities or hobbies once pleasurable, including sex.
- Fatigue and decreased energy.
- Difficulty concentrating, remembering details, and making decisions.
- Insomnia, early-morning wakefulness or excessive sleeping.
- Overeating or appetite loss.
- Thoughts of suicide, suicide attempts.
- Persistent aches or pains, headaches, cramps or digestive problems that do not ease even with treatment.

United States

- Depression is a chronic and disabling psychiatric disorder that affects 17 million U.S. Americans each year.⁴
- In 1990, the economic burden of depression was estimated at \$43-53 billion a year.⁵
- Depression affects 15 to 20% of older adults,^{5,6} or approximately 3 million older adults in the U.S.⁷
- Older adults diagnosed with depression are likely to pay two times more for health care costs than older adults without depression.⁸

Depression is a Public Health Issue

There has been a significant growth in understanding of the prevalence, etiology, nature, trajectory, and treatment of depressive illness in late life. Research highlights that depression is a public health concern given that depression is associated with increased mortality, comorbidity, health services use and costs, and overall quality of life.⁹ Some studies have found that a history of depression is associated with future cognitive decline.¹⁰ Older adults are disproportionately likely to die by suicide, for example, people age 65 and older account for 16% of suicide deaths yet they comprise only 12% of the U.S. population.¹¹ Furthermore, older adults are at higher risk of depression when they suffer from other medical illnesses and lower daily functioning.¹²

What are the Symptoms of Depression?

Several different forms of depressive disorders exist such that people who are depressed can be diagnosed with any one or a combination of the following psychiatric diagnoses:¹³

- Major depressive disorder
- Dysthymic disorder
- Psychotic depression
- Postpartum depression
- Seasonal affective disorder

According to the National Institute of Mental Health,¹³ not all people experience the symptoms of depression exactly the same (Box 1).

Box 2 Did you know that older adults are. . . ?

- Less inclined to experience or acknowledge feelings of sadness or grief.
- More likely to endorse somatic items and less likely to endorse cognitive and suicide items.
- Are more likely to suffer from chronic medical conditions such as heart disease, stroke or cancer which may cause depressive symptoms.
- More likely to be taking medications with side effects that contribute to depression.

Research in the area of depression in late-life suggests that older adults may actually differ from younger adults in terms of how they present with depression symptoms which may at first appear less obvious^{13,14,15} (Box 2). Unfortunately, different symptom presentations may actually be the reason why depression is overlooked in older adults by family, friends, professionals, and others.

Subthreshold Depression

An estimated 5 million people have subsyndromal depression, or symptoms that fall short of meeting the full diagnostic criteria for a Major Depressive Disorder. Subsyndromal depression is especially common among older adults and is associated with an increased risk of developing major depression,¹¹ and significant disability. For this reason, it is important to assess depressive symptoms in older adults which do not necessarily meet criteria for a clinical disorder, yet may cause significant distress and future disability.

Evidence-Based Treatments for Depression

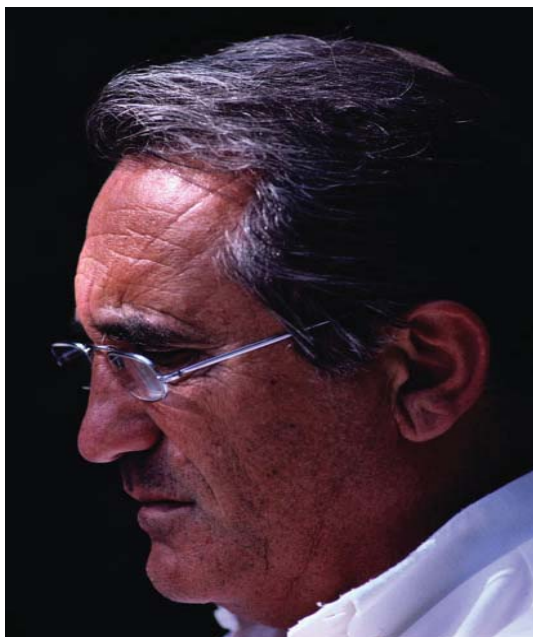
Different therapies seem to work for different people. What is important is that the person see a mental health professional for an accurate diagnosis and treatment plan that may contain various approaches:¹⁶

- Prescribed medications
- Psychotherapy, counseling, and group support
- Electroconvulsive therapy (ECT)

Research shows that depression care management or collaborative team approach to depression treatment for older adults, is not only effective, but over time may be less expensive than usual depression care.^{3,17}

How are Older Latinos Affected by Depression?

Depression affects individuals from all demographic groups although some groups may be affected by some



types of depression more than others. For example, if we consider Major Depressive Disorder (MDD), we find that persons at greatest risk for MDD are those between the ages of 26-49, female, divorced or separated, and in fair to poor health.¹⁸ Yet, if we look at the prevalence of suicide across all groups, we find that older males over the age of 85 have a four-fold higher suicide rate compared to the overall rate for all ages (45.23 vs. 11.01 per 100,000 respectively).¹⁸

While the prevalence of MDD is similar among U.S. Latinos, African Americans and non-Latino Whites,¹⁹ national data indicate that depression tends to persist among Latinos and African Americans, and the rates of quality depression care received is significantly lower.²⁰ These findings resonate with those found for psychiatric disorders in general. Similar to other U.S. minorities, national survey data from the National Institute of Mental Health showed that Latinos living in the U.S. tend to have lower rates of psychiatric disorders than whites, are less likely to receive care when in need and are more likely to receive poor quality of care when treated.²⁰

For older Latinos, the picture is not as clear as most of the literature on depression and older Latinos rely on self-reported depressive symptoms and not on mood disorders diagnosed by a specialty mental health provider. Thus, most of the epidemiological research indicates that older Latinos have up to double the rates of clinically significant depressive symptoms in comparison to both whites and blacks in similar population-based studies using self-report measures.²¹ In the only population-based study of elderly Latinos in Los Angeles County using DSM-based criteria, the rate of major depression or dysphoria reached 5% after adjusting for poor health.²²

Although prevalence studies of psychiatric disorders of younger Latinos indicate more favorable mental health outcomes for some immigrant versus U.S.-born Latinos for selected disorders, older immigrant and low acculturated Latinos (especially females) tend to be at higher risk for depression.²¹ Correlational data indicate that elevated depression rates in older Latinos are associated with female gender, older age, low income, low social support, high stress, chronic financial strain, functional decline, and low acculturation.²¹

Barriers to depression treatment may be a significant factor in unrecognized and undertreated depression in older Latinos which in combination may deter receiving help in earlier stages of the disorder. Several individual/family- and provider/organization-level reasons for disparity in access to quality care among older Latinos have been postulated including language and linguistic differences, sociodemographic factors, explanatory beliefs and stigma about mental illness and treatment, differences in help-seeking/help-receiving, beliefs and behaviors,

ageism, and structural barriers such as lack of insurance and information.^{21, 23}

A New Study on Depression: *Programa Mano Amiga*

The School of Social Work at the University of Southern California (USC) was recently awarded a grant from the National Institute of Mental Health to test the feasibility, acceptability and effectiveness of adding individually administered Problem Solving Treatment (PST) to usual care as an approach for treating depression in older Latinos enrolled in adult day health care (ADHC). Under the direction of María P. Aranda, Ph.D. (Principal Investigator), the study will address the development, adaptation and refinement of depression care in a way that is congruent with the social ecology of older Latinos and their caregivers.

The randomized behavioral trial will include 100 Latino ADHC patients who meet diagnostic criteria for Major Depression Disorder (MDD). All patients will receive usual care for treating MDD and half the subjects in the study will be randomly assigned to receive PST from a social worker functioning as a depression care specialist.

The study is being conducted in partnership with Dr. Marie Torres and AltaMed Health Services Corporation, the largest provider of adult day health care services in California, and Drs. Kathleen Ell and Larry Palinkas of the School of Social Work at the University of Southern California.

Local Action Plan

The Los Angeles Partnership for Evidence-Based Solutions in Elder Health

The U.S. Department of Health and Human Services (DHHS) *Improving Hispanic Elders' Health* Project was organized by five federal agencies to assist local communities in developing coordinated strategies for improving the health and well-being of older Latinos. The purpose of the project is to bring together teams of local leaders from communities with large numbers of older Latinos to:

- Review the latest research on Latino health.
- Identify promising practices in disease prevention, social work, and health care.
- Assist communities with translation of evidence into practice.
- Establish local action plans to address health disparities in the community.

In response to this national initiative, a coalition (*The Los Angeles Partnership*) was established locally to guide and support ongoing efforts to improve Latino health in Los Angeles. One of the coalition's objectives is to identify and link key stakeholders and resources to address health disparities locally.

Policy Recommendations & Suggested Actions

- Increase the number of bilingual/bicultural (English/Spanish) mental health professionals and community workers trained in the areas of geriatrics and gerontology.
- Develop holistic mental health programs that approach depression as a chronic care condition within a non-stigmatized, recovery perspective.
- Include routine screening for older Latinos in their language of preference across primary and specialty care, community-based services (aging network services such as senior centers, meals on wheels, congregate meal sites, etc.), and long-term care settings (social and day health care centers, MSSP programs, etc.).
- Introduce depression collaborative care management models to current care systems in order to encourage interdisciplinary approaches to depression care.
- Advocate for parity for mental health services under Medicare and extended limits for inpatient mental health care.
- Increase Medicaid reimbursement rates for mental health treatment.
- Support increased funding for culturally competent, evidence-based mental health programs tailored to older Latinos and their families.

Selected Resources

- American Psychological Association's Depression and Suicide in Older Adults Resource Guide. <http://www.apa.org/pi/aging/depression.html>
- CDC's Prevention Research Centers Healthy Aging Research Network Conference: Effective Programs to Treat Depression in Older Adults. <http://www.prc-hanconferences.com/2008-conference>
- Geriatric Mental Health Foundation. <http://www.gmhfonline.org/gmhf/consumer/depression.html>
- National Association of Social Workers. <http://www.helpstartshere.org/Default.aspx?PageID=872>
- National Council on Aging, CDC Prevention Research Centers Healthy Aging Research Network Depression Webinars. <http://www.ncoa.org/content.cfm?sectionid=379>

- National Council on Aging Center for Healthy Aging Mental Health Resources. <http://www.healthyagingprograms.org/content.asp?sectionid=71>
- National Institute of Mental Health Depression website: <http://www.nimh.nih.gov/health/topics/depression/index.shtml>
- SAMHSA Older Adults and Mental Health website: <http://mentalhealth.samhsa.gov/cmhs/CommunitySupport/olderadults/default.asp>
- SAMHSA National Registry of Evidence-Based Programs and Practices. <http://www.nrepp.samhsa.gov/>

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DIABETES

Patricia L. Cummings, M.P.H. and Tony Kuo, M.D., M.S.H.S.

There are large disparities in diabetes rates among the diverse populations of Los Angeles County. Diabetes rates among Latinos, for example, were nearly double the rates among Whites from 1997 to 2005.¹ In addition, according to the Los Angeles County Department of Public Health:¹

- About one in five Angelenos 65 years and older have been diagnosed with diabetes.
- The rate of diabetes increased most rapidly among those living in poverty from 1997 to 2005.
- The prevalence of diabetes among adults who did not graduate high school (14%) were two times higher than the prevalence among college graduates (6%).

The rising rates of diabetes in the County likely reflect the impact of sedentary lifestyles and the obesity epidemic, which disproportionately affects the Latino community.² In addition to obesity, other diabetes risk factors include advancing age, family history, and physical inactivity.³

The Diabetes Burden

The diabetes burden in the U.S. and locally in Los Angeles County is substantial. In 2005, the direct costs of medical care for diabetes and its associated indirect costs (e.g., lost productivity) were estimated to be about \$5.6 billion.^{1,4} These costs are expected to rise rapidly as the baby boomer generation ages, since most of the complications associated with diabetes manifest themselves during mid- and late life.

Lack of Consistent Care Also Contributes to the Diabetes Burden

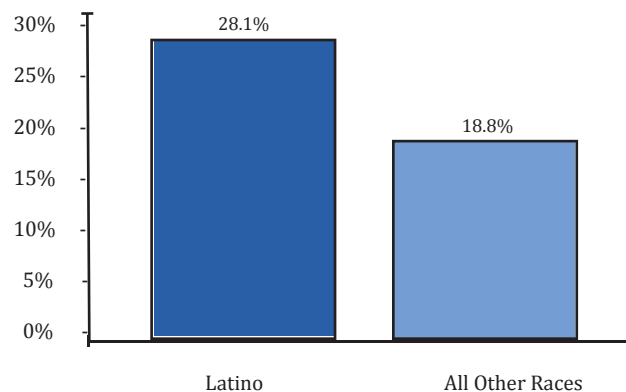
Although regular self-care and medical monitoring are essential for people with diabetes, many diabetics are not receiving the recommended preventive services necessary to prevent complications such as vision loss, kidney failure, limb amputation, and coronary heart disease.^{1,3} According to the 2005 Los Angeles County

Health Survey, only 63% of adults with diabetes have received a foot exam in the past year; 67% have received an eye exam; 47% have received a flu shot; and 63% have received a pneumonia shot. All of these health indicators fall short of the U.S. *Healthy People 2010* preventive health care targets for individuals with diabetes.

Diabetes Among Older Latinos

Diabetes during mid- and late life is a growing public health problem, especially among the baby boom generation and older Latinos age 65+. This is because these groups represent the fastest growing segment of the County population, and because costly complications related to this chronic disease often occur during these later stages of life. According to the California Health Interview Survey, over 28% of Latino adults age 65+ in Los Angeles County reported being ever diagnosed with diabetes (Figure 1 & Table 1); this is twice that for older whites. In addition, over 70% of older Latino adults in the County are either overweight or obese, which is the primary risk factor for developing diabetes, and a contributor to the progression of end-organ damage among individuals with this disease.¹⁻³

Figure 1: Ever Diagnosed with Diabetes, Age 65+ Los Angeles County



*All other races combined includes: White, African-American, Asian, American Indian/Alaska Native, Hawaiian/Pacific Islander. Data from the 2007 California Health Interview Survey.



1 Los Angeles County Department of Public Health, *Diabetes on the Rise in Los Angeles County Adults*, LA Health; August 2007.

2 Cowie CC, Rust KF, Byrd-Holt DD, Eberhardt MS, Flegal KM, Engelgau MM, Saydah SH, Williams DE, Geiss LS, Gregg EW. *Prevalence of Diabetes and Impaired Fasting Glucose in the U.S. Population: National Health and Nutrition Examination Survey, 1999-2002*.

3 Diabetes Prevention Program Research Group. Reduction in the incidence of type 2 Diabetes with lifestyle intervention or Metformin. *New Engl J Med* 2002;346:393-403.

4 Cost calculations based on the estimated number of disease cases in Los Angeles County in 2005. Office of Health Assessment & Epidemiology, 2007.

Table 1. Percent of Adults Age 65 and Older Ever Diagnosed with Diabetes (2007)

	Percent*	Estimated numbers
Los Angeles County	21.2%	220,000
Gender		
Male	24.4%	111,000
Female	18.7%	109,000
Race/Ethnicity		
Latino	28.1%	76,000
White	14.7%	73,000
African American	27.7%	30,000
Asian/Pacific Islanders	24.4%	36,000
Poverty Level (FPL)		
0-99% FPL	25.7%	41,000
100-199% FPL	29.4%	74,000
200%-299% FPL	21.3%	38,000
300% or above FPL	15.0%	68,000

Source: 2007 California Health Interview Survey

* Percent refers to percent of adults in each sub-group, and may not add up to 100%. FPL = Federal Poverty Level

Local Action Plan

The Los Angeles Partnership for Evidence-Based Solutions in Elder Health

The U.S. Department of Health and Human Services (DHHS) *Improving Hispanic Elders' Health* Project was organized by five federal agencies to assist local communities in developing coordinated strategies for improving the health and well-being of older Latinos. The purpose of the project is to bring together teams of local leaders from communities with large numbers of older Latinos to:

- Review the latest research on Latino health.
- Identify promising practices in disease prevention, social work, and health care.
- Assist communities with translation of evidence into practice.
- Establish local action plans to address health disparities in the community.

In response to this national initiative, a coalition (*The Los Angeles Partnership*) was established locally to guide and support ongoing efforts to improve Latino health in Los Angeles. One of the coalition's objectives is to identify and link key stakeholders and resources to address health disparities locally.

Programs That Work

In April 2003, the U.S. Department of Health and Human Services announced a new initiative *Steps to a Healthier U.S.* to support evidence-based and community-focused prevention programs for diabetes, obesity, and asthma.

This initiative and others have expanded diabetes prevention and control among low-income Latino communities in Los Angeles County; older Latinos are disproportionately affected by diabetes and its complications. These efforts have included campaigns to promote physical activity, community-based interventions to improve nutrition, and outreach programs to increase access to health care for individuals with diabetes.

Partners In Care "Healthier Living: Managing Ongoing Health Conditions"

This National Council on Aging (NCOA) award-winning program was designed by Stanford University to help better manage chronic health conditions including diabetes. Details of the program include:

- Six, two and a half hour weekly classes for adults with chronic illnesses.
- Teacher-facilitators who are provided by the health care providers.

Classes are held at multiple sites in Los Angeles and are available in Spanish for adults 55+ years.



Other Chronic Disease Management Programs

The chronic disease management model has been adapted by various stakeholders for use in several community and clinical settings. In addition to the *"Healthier Living"* program, there are other group workshop programs that target other aspects of diabetes medical care and self-care. Like *"Healthier Living"*, they can be offered in the community as well as the clinical setting, including in senior centers, churches, libraries, and hospitals.

Policy Recommendations & Suggested Actions

Provide environments that promote healthier lifestyles

>> Encourage civic and community organizations to partner with businesses and other agencies to promote healthier eating habits and increased physical activity.
>> Work with cities and communities to develop built environment interventions and land use policies that promote walking trails, community vegetable gardens, farmers markets, etc.

Health care providers

>> Ensure that newly diagnosed diabetes patients are properly educated about their disease.
>> Make sure patients are educated in their primary language with age- and culturally-appropriate information.
>> Make sure patients with diabetes are properly monitored and received recommended preventive services (e.g., foot exams, eye exams, flu shots, etc.).
>> Educate community members about signs and symptoms of diabetes; and of ways to reduce their risk of developing diabetes or diabetes complications if they already have the condition.

Employers

>> Be creative about developing physical activity options to combat the obesity epidemic - the primary risk factor for diabetes. Some of these options may include: providing exercise space at work; healthy food options in company-owned cafeterias and vending machines; 'walking meetings'; and conference rooms with DVD player for exercise videos and for use during exercise breaks.

Media & Social Marketing Campaigns

>> Disseminate credible and accurate messages that encourage healthy habits and discourage risky behaviors among older Latinos and other adults.
>> Use public-private partnerships to publicize local efforts in diabetes prevention and management.

Research

>> In addition to basic science and clinical trial research, encourage applied research into diabetes prevention and control, including disease surveillance, cost-benefit analysis, and adoption of evidence-based community programs for combating this disease in the aging population and among underserved groups.

SUGGESTED CITATION

Cummings PL, Kuo T. *Diabetes*. [Issue Brief]. Los Angeles, CA: *The Los Angeles Partnership for Evidence-Based Solutions in Elder Health*, 2009.

Selected Additional Resources

- **American Diabetes Association** is an organization that aims to prevent and cure diabetes and improve the lives of all people affected by diabetes. www.diabetes.org
- **The Healthier U.S. Initiative** is a national effort to improve people's lives, reduce the costs of disease, and promote community health and wellness www.healthierus.gov
- **The Guide to Community Preventive Services** provides decision makers with recommendations regarding population-based interventions to promote health and to prevent disease, injury, disability, and premature death. www.thecommunityguide.org
- **CDC, Division of Nutrition and Physical Activity (DNPA)** guides research, surveillance, training and education, intervention development, health promotion and leadership, policy and environmental change, communication and social marketing, and partnership development. www.cdc.gov/nccdphp/dnpa
- **The Fruits and Veggies - More Matters Health Initiative** is a national initiative to achieve increased daily consumption of fruits and vegetables, led by the Centers for Disease Control and Prevention (CDC) and Produce for Better Health Foundation (PBH) in partnership with other health organizations. www.fruitsandveggiesmatter.gov
- **California Project LEAN** works to create healthier communities through policy/environmental changes that affect healthy eating and physical activity. www.californiaprojectlean.org
- **California Center for Physical Activity** creates opportunities for everyday activity by connecting partners to resources and helps to develop more walkable and bikeable communities. www.caphysicalactivity.org
- **California Nutrition Network Map Viewer** allows users to view and query maps of nutrition data such as nutrition and school health programs, grocery stores, parks, demographics, and political districts. www.cnnngis.org
- **Leadership for Healthy Communities** is a national program of the Robert Wood Johnson Foundation designed to support state and local leaders in creating and promoting policies and programs that promote active living and healthy eating to improve the health, well-being and vitality of communities. www.activelivingleadership.org
- **The Los Angeles County Dept. of Public Health Nutrition Program** works to improve the nutrition of LA County residents and promote healthy ways to eat and enjoy food. www.lapublichealth.org/nut



ECONOMIC INSECURITY

Valentine M. Villa, Ph.D. and Steven P. Wallace, Ph.D.

Health and economic disparities of both the current and coming generations of minority elders suggest that the Latino population will approach old age with disproportionately large numbers that are economically vulnerable and in poor health, making it difficult or impossible for them to work additional years before retirement. We would expect that they will therefore be reliant on Social Security as a primary source of income. Currently, about half a million older adults living alone in California lack sufficient income to pay for housing, food, health care, transportation, and other expenses. The Elder Economic Security Standard Index (Elder Index), which uses current data to calculate the amount that older adults need to make ends meet in each county in California (see http://www.healthpolicy.ucla.edu/elder_index08feb.html), provides a more accurate representation than the Federal Poverty Guidelines of the vulnerability faced by many Californians age 65+. Utilizing this index, it is estimated that more than half of elders in Los Angeles County do not have enough income to meet their basic needs. Disaggregating the data by race finds that nearly 75% of Latino single adults age 65+ living alone are economically insecure (Figure 1). Nearly a third of the population rely on Social Security as their primary source of income, which pays an average benefit of \$12,540. Public programs are supposed to help close the gap between a senior's income and their expenses, but many older adults fall through the "cracks." With the lowest levels of economic security in old age and approaching old age, older Latinos are especially susceptible to changes in economic and welfare policies that hurt low income adults.

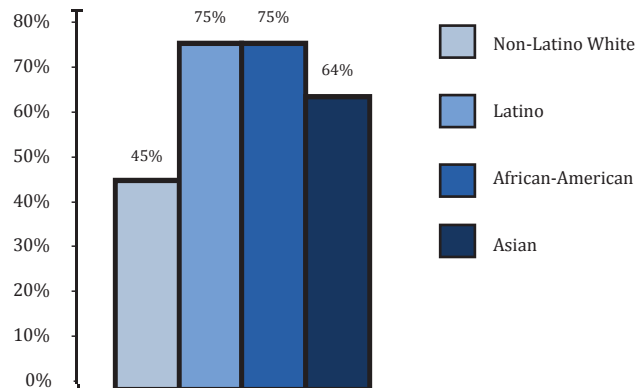
Income & Health Vulnerabilities among Latinos

In 2007, the Commonwealth Fund reported that 62% of the population age 50-64 has at least one chronic condition (e.g. diabetes, hypertension, arthritis, heart disease and cancer). It is estimated that by 2030, six of every ten baby boomers will be living with more than one chronic condition; and obesity rates among baby boomers will increase with one-third of the population being considered obese by 2030.¹ This is particularly troubling because of the link between obesity and several chronic conditions, most notably diabetes. It is estimated that one in four baby boomers will have diabetes in old age and one out of every two will have arthritis.²

1 American Hospital Association. *When I'm 64: How Boomers will Change Health Care*, Chicago, IL, 2007.

2 National Center for Health Statistics. *United States Life Tables, 2003*. U.S. Centers for Disease Control and Prevention, 2007. http://www.cdc.gov/nchs/datawh/statab/unpubd/mortabs/lew3_10.htm.

Figure 1. Percent of Single Adults Age 65+ Living Alone who are Economically Insecure by Race and Ethnicity in Los Angeles



Source: U.S. Census Bureau's 2006 ACS data, compiled by the UCLA Center for Health Policy Research, 2008.

Although data suggests that minority populations are living longer, they are living in relatively poor health. Latinos, especially Mexican Americans, have experienced advantages in life expectancy, but have disproportionately higher rates of difficulties in functioning, and more years of disability when compared to non-Hispanic whites.³ In spite of mortality advantages, Latinos are often frail and disabled in part due to the relatively high prevalence of type II diabetes and obesity.⁴

A consistent finding in the literature is the high prevalence of diabetes found among the Latino population. Latinos (all ages) are two to five times more likely to have diabetes than the general population. The higher prevalence of diabetes is of particular concern because this chronic disease often results in complications that impact functioning and lead to disability including lower extremity amputations, vascular disease, blindness, and stroke.⁵ Moreover, national data showed that Latinos with diabetes are less likely than non-Hispanic whites with the same condition to receive routine Hemoglobin A1c measurements; retinal eye exams; foot examinations; and influenza vaccination.⁶

The health data on Latinos from California mirrors that of data nationally. Among Latinos age 50-64, 28% report that a disease condition limits their basic activity. Latinos in this age group report relatively high prevalence

3 Markides K, Eschback K. Aging, migration, and mortality: current status of research on the Hispanic Paradox. *J Gerontol B Psychol Sci Soc Sci* 2005;60 (Suppl 2):S68-S75.

4 Angel JL, Angel RJ. Minority group status and healthful aging: social structure still matters. *Am J Public Health* 2006;96:1152-1159.

5 Hazuda HP, Espino D. Aging, Chronic Disease, and Physical Disability in Hispanic Elderly. In *Minorities, Aging and Health*, edited by K.S. Markides and M.R. Miranda. Thousand Oaks, CA: Sage, 1997, pp. 127-148.

6 *National Healthcare Disparities Report, 2006*. AHRQ, Rockville, MD. <http://www.ahrq.gov/qual/nhdr06/nhdr06.htm>.

rates for high blood pressure (39%), diabetes (20%), and arthritis (30%) (see Table 1). These disease conditions are associated with both lower and upper body disability, and can be debilitating to the extent that they limit an individual's ability to work and engage in productive pre-retirement activities that promote economic security in old age.



Economic Vulnerabilities

The socioeconomic status of the baby boom population in general shows a favorable profile. However, significant disparities in poverty, income, sources of income, and wealth remain. Access to employer sponsored pensions and retiree benefits are decreasing across the working age population. It has been estimated that the percent of working age households that are at risk of being unprepared for retirement at age 65+ has risen from 31% in 1983 to 43% in 2004.⁷

Table 1: Disparities in Health Among the California Baby Boom Population (ages 50 to 64)

Health Indicators	Latino (n=1069)	African American (n=557)	Asian/Pacific Islander (n=1018)	Non-Hispanic White (n=9112)
Fair/Poor Self Rated Health	42%	31%	30%	15%
Disease Limits Basic Activity	28%	31%	14%	23%
ADL Difficulty	7%	10%	3%	5%
Arthritis	29%	39%	18%	34%
Asthma	11%	19%	7%	15%
Cancer	6%	7%	5%	15%
Diabetes	20%	18%	10%	8%
High Blood Pressure	39%	58%	34%	35%
Stroke	2%	6%	2%	3%

Source: 2005 California Health Interview Survey. ADL = Activities of Daily Living

⁷ Munnell AH & the NRRRI Research Team. *Retirement at Risk: A New National Retirement Risk Index*. Center for Retirement Research, Boston College, Boston, MA, June 2006. Available online at: www.crr.bc.edu/special_projects/national_retirement_risk_index.html.

Retirement & Financial Risk

Also of concern are younger Americans who are more likely to be at financial risk in retirement than today's cohort of older adults, with roughly 50% of those born in the mid-1960s through the early 1970s being financially unprepared.⁸ According to the Economic Policy Institute,⁹ in 2000, 56.6% of non-Hispanic white males had pension coverage compared with 43.6% of African American men and 27.5% of Latino men. The numbers are even lower for women with 51.8% of white women having pension coverage compared to 42.6% of African American women and 30% of Latino women. The low rates of pensions and savings for low-income workers leave Social Security as the most critical source of retirement income for minority retirees who are between the ages of 62 and 64. When the head of household is in this early retirement age, just over half of both black and white households receive Social Security income, along with just under half of Latino and one third of Asian American households.

Key differences by race and ethnicity (Nationally):

- Minorities are less likely to have other sources of income and have lower total incomes.
- Among those receiving early retirement Social Security income, whites are about twice as likely to also have interest or dividend income as African Americans and Latinos (U.S. Census Bureau, 2006).
- Whites are more likely to enter retirement early with enough resources to supplement Social Security.
- Older Minorities are more likely to have to rely entirely on Social Security for their entire income.

Key differences by race and ethnicity (California):

- The poverty rate for California Latino baby boomers is nearly double the rate of other minority populations and four times the rate found among non-Hispanic whites age 50-64 (see Table 3).

It is estimated that the poverty rates of older Californians (i.e., elderly and near elderly) would be even higher if one were to utilize the Elder Economic Security Standard rather than the Federal Poverty Guidelines. It has been found that the Federal Poverty Guidelines cover less than half of the costs experienced by older adults living in California and therefore is outdated, and underestimates those who are economically vulnerable among the state's pre-retired/retired population.¹⁰

⁸ Hacker JS. The great risk shift: issues for aging and public policy. *Public Policy and Aging Report*. 2007;17(2):1-7.

⁹ Economic Policy Institute. *Retirement Security Issue Guide*. 2002. Available at: www.epinet.org/Issueguides/retire/html.

¹⁰ Wallace SP, Molina LC. Federal Poverty Guideline Underestimates Costs of Living for Older Persons in California. Los Angeles, CA: UCLA Center for Health Policy Research. Available at: <http://healthpolicy.ucla.edu/pubs/publication.asp?pubID=247>.

Table 2: Poverty and Low-Income Rates (< 200% FPL) by Race/Ethnicity, California (2007)

	White	Non-Latino		Latino
		African American	Asian American	
Age 65 & over, poverty rate	7%	11%	11%	12%
Age 62 to 64 poverty rate	4%	18%	5%	15%
Age 50 to 61 poverty rate	5%	18%	11%	12%

Age 65 & over, (< 200% FPL)	31%	46%	34%	52%
Age 62 to 64 (< 200% FPL)	10%	42%	28%	45%
Age 50 to 61, (< 200% FPL)	14%	33%	20%	38%

Source: U.S. Census Bureau, 2008. FPL = Federal Poverty Level

In summary, utilizing the updated Elder Economic Security Standard Index (Elder Index) would provide a more accurate picture of vulnerability. In addition to having disproportionately higher poverty rates, California Latinos age 50-64 are less educated. Latinos are three to five times more likely than other minority populations and 10 times more likely than non-Latino whites to have less than a high school education. These dimensions of social and economic status are troubling in that they are highly correlated with poor health, disease prevalence, and adult onset disability. They have widespread ramifications for both the state and locally in Los Angeles County.

Local Action Plan

The Los Angeles Partnership for Evidence-Based Solutions in Elder Health

The U.S. Department of Health and Human Services (DHHS) *Improving Hispanic Elders' Health* Project was organized by five federal agencies to assist local communities in developing coordinated strategies for improving the health and well-being of older Latinos. The purpose of the project is to bring together teams of local leaders from communities with large numbers of older Latinos to:

- Review the latest research on Latino health.
- Identify promising practices in disease prevention, social work, and health care.
- Assist communities with translation of evidence into practice.
- Establish local action plans to address health disparities in the community.

In response to this national initiative, a coalition (*The Los Angeles Partnership*) was established locally to guide and support ongoing efforts to improve Latino health in Los Angeles. One of the coalition's objectives is to identify and link key stakeholders and resources to address health disparities locally.

Policy Recommendations & Suggested Actions

Preserve Social Security and Medicare

>> Social Security and Medicare reform should consider strategies for solvency while maintaining the program as a universal entitlement for those who are age 65 and older.

Preserve Eligibility under Social Security

>> Policymakers should maintain 62 as the age of eligibility for early retirement under Social Security.

Modernize Federal Poverty Guidelines

>> Urge Congress and the President to modernize the Federal Poverty Guidelines to reflect the actual costs of living in each state and county within the U.S.

Require State and Local Aging Agencies to Use the Elder Index

>> State and local programs serving older adults should utilize the Elder Index which more accurately depicts the cost of housing, services, and health care for older adults across each state and county.

Provide Affordable and Supportive Housing for Older Adults

>> Increase supply of housing by increasing tax credits to build affordable housing for older adults and by expanding Section 202 senior housing.

Expand Re-training and Employment Opportunities

>> Expand job training and re-training opportunities for older adults through the Workforce Investment Act.

Selected Additional Resources

- **Medicare** <http://www.medicare.gov/>
- **Food Stamp Program** <http://www.fns.usda.gov/fsp/>
- **The Los Angeles County Department of Public Social Services (DPSS)** serves an ethnically and culturally diverse community through programs designed to both alleviate hardship and promote health, personal responsibility, and economic independence. For more information please visit <http://www.ladpss.org/>
- **U.S. Social Security** is a social insurance program funded through dedicated payroll taxes called Federal Insurance Contributions Act (FICA). For more information and to apply for social security benefits please visit, <http://www.ssa.gov/>

SUGGESTED CITATION

Villa VM, Wallace SP. *Economic Insecurity*. [Issue Brief]. Los Angeles, CA: *The Los Angeles Partnership for Evidence-Based Solutions in Elder Health*, 2009.



OSTEOPOROSIS

Kathleen M. Cody, MBA

A Hidden Bone Health Crisis

Only recently is it becoming known that osteoporosis strikes regardless of race or ethnicity. This silent disease affects more people than breast, uterine and prostate cancer combined: 1 in 2 women and 1 in 4 men have osteoporosis. Latinos are not excluded from these staggering statistics. In a large screening program conducted by the Foundation for Osteoporosis Research and Education (FORE) in Contra Costa County in Northern California from 2002-2006, 715 older Latinos were screened and 33% were found to have osteoporosis and another 24% had low bone mass, putting them at increased risk for fracture. Similarly in Southern California, Barrett-Connor and colleagues¹ found that the prevalence of low bone density and the absolute risk of fracture is similar for non-Hispanic white women and Latinas, who had the highest risk for fracture compared with Native Americans, African-Americans, and Asian Americans.

The bone health crisis is particularly critical among Latinos in California because hip fractures have doubled in this group since 1983, while remaining unchanged or declining in other ethnic groups.² Addressing this public health problem among Latinos will require the creation of effective osteoporosis disease management by improving early detection of the disease and creating changes in the health care system to reverse the trend of hip fractures.

Despite prevention efforts, evidence suggests that Latinos as a group do not take recommended actions to protect themselves from bone loss, osteoporosis and fractures. For example, a study in Ventura County of 318 postmenopausal Latinas examined whether providing osteoporosis education along with bone density screening would motivate Latinas to seek medical help. This study showed that 41% of participants had low bone mass and 33% had osteoporosis. Less than half (41%) of the women with osteoporosis sought medical help and among those who did seek help, only 30% of the physicians prescribed needed osteoporosis treatment.³ Thus, a great need exists for future research and community efforts to focus on understanding the perceptions of Latinos and their physicians' attitudes and behaviors related to osteoporosis and bone health.

1 Barrett-Connor E, Siris ES, Wehren LE, Miller PD, Abbott TA, Berger ML, Santora AC, Sherwood LM. Osteoporosis and fracture risk in women of different ethnic groups. *J Bone Miner Res* 2005;20(2):184-195.

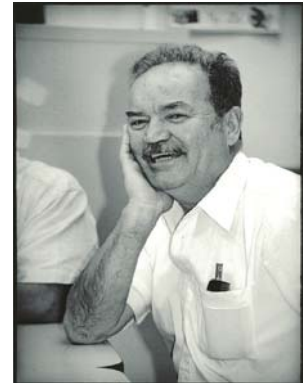
2 Zingmond DS, Melton LJ, III, Silverman SL. Increasing hip fracture incidence in California Hispanics, 1983 to 2000. *Osteoporos Int* 2004;15:603-610.

3 Focil A. Southern California Hispanic Women Osteoporosis Education and Screening Project. *Am Soc Bone Miner Res Annual Meeting* 2007, Honolulu, HI.

Barriers to Screening, Diagnosis and Treatment

Understanding the barriers that prevent Latinos from taking the necessary steps to improve bone health is critical to improving detection and treatment of osteoporosis in this community. Many older Latinos, for example, are unaware of the importance of bone density testing or are afraid of the test itself. Overcoming this fear can lead to greater motivation among at-risk older Latinos to take action. Juan, a recent participant of an osteoporosis screening program, shared his views:

"I was thinking that... (the bone density test) would be painful and traumatic, but it was very simple, not painful, so I know that I need to take care of myself, pay attention to my daily diet and tell my daughters and granddaughters that they need to have bone density screenings."



State and Local Efforts to Increase Awareness

To more deeply understand the perceptions, attitudes and behaviors of Latinos concerning osteoporosis and to develop educational tools, methods and delivery strategies to effectively motivate Latinos to take appropriate prevention and intervention steps, FORE gathered a coalition of agencies to study the situation and develop solutions. In 2008 ¡Latinos contra la Osteoporosis! was formed to create a continuum of care from social marketing and education to clinical follow-up. Their pilot awareness program ¡Huesos Fuertes Ahora! is fulfilling a need to establish a community-based approach—one that is culturally sensitive and responsive—to reverse the trends in a bone health crisis that is burgeoning among Latinos statewide and beyond.



Local Action Plan

The Los Angeles Partnership for Evidence-Based Solutions in Elder Health

The U.S. Department of Health and Human Services (DHHS) *Improving Hispanic Elders' Health* Project was organized by five federal agencies to assist local communities in developing coordinated strategies for improving the health and well-being of older Latinos. The purpose of the project is to bring together teams of local leaders from communities with large numbers of older Latinos to:

- Review the latest research on Latino health.
- Identify promising practices in disease prevention, social work, and health care.
- Assist communities with translation of evidence into practice.
- Establish local action plans to address health disparities in the community.

In response to this national initiative, a coalition (*The Los Angeles Partnership*) was established locally to guide and support ongoing efforts to improve Latino health in Los Angeles. One of the coalition's objectives is to identify and link key stakeholders and resources to address health disparities locally.

Policy Recommendations & Suggested Actions

Implement community-based, multi-strategies on bone health

>> Osteoporosis interventions should combine education, bone density screening, and appropriate follow-up for at-risk individuals (e.g., referral to health services).

Integrate bone health education in overall healthy aging promotion

>> Health promotion programs should target prevention of multiple chronic diseases including osteoporosis, with messages about good nutrition and physical activity. These programs should aim to prevent functional decline or loss of independence among older Latinos.

Expand implementation of bone density screening in public health and community clinics

>> Latinos often receive their primary care through non-profit community clinics or public health facilities. These are missed opportunities for discussions about bone health.

Use existing programs to improve access to services and access to free or low-cost medications for those at risk

>> Increasing awareness about patient assistance programs can help older Latinos find and apply for free or low-cost benefits (e.g., Medicare Part D) to help them manage their osteoporosis, if they have this condition.

Increase fall prevention programs

>> More programs should address environmental problems in the home and in the community, and provide balance, mobility training, and nutrition counseling to older adults.

Evaluate the efficacy of community-based interventions in preventing fractures and improving bone health

>> Intervention programs are listed in the 2004 Surgeon General Report. However there is insufficient evaluation of community-based strategies for improving osteoporosis detection and management.

Selected Programs & Resources

- **Latinos Contra La Osteoporosis** is a coalition of organizations committed to improving bone health in the Latino community. Information about osteoporosis in Spanish is available at www.huesosfuertes.org.
- **Foundation for Osteoporosis Research and Education (FORE)** is a non-profit resource center dedicated to preventing osteoporosis through research and education. www.fore.org
- **American Bone Health** engages public advocates for osteoporosis prevention, detection and treatment, and provides education, resources, and tools to help the public understand bone disease and bone health. www.americanbonehealth.org
- **The American Society for Bone and Mineral Research (ASBMR)** is a professional, scientific and medical society established to bring together clinical and experimental scientists involved in the study of bone and mineral metabolism. ASBMR encourages and promotes the study of this expanding field through annual scientific meetings, its official journal (*Journal of Bone and Mineral Research*), the *Primer on the Metabolic Bone Diseases and Disorders of Mineral Metabolism*, and advocacy and interaction with government agencies and related societies. www.asbmr.org
- **California Hispanic Osteoporosis Foundation (CHOF)** founded in 2007, is addressing the need for an increase in awareness, diagnosis, and treatment of osteoporosis among California's Latinos. They are focusing on obtaining state funding to target the counties with the largest Latino population.

SUGGESTED CITATION

Cody KM. *Osteoporosis*. [Issue Brief]. Los Angeles, CA: *The Los Angeles Partnership for Evidence-Based Solutions in Elder Health*, 2009.

**Appendix B. Evidence-Based and -Informed Programs
in Los Angeles**



**LOS ANGELES PARTNERSHIP
FOR EVIDENCED-BASED SOLUTIONS IN ELDER HEALTH**

Inventory of Evidence-Based and –Informed Programs that Target or Include Older Latinos

CURRENT PROGRAMS as of December 31, 2008

Program	Enhanced Geriatric Depression Treatment in Adult Day Health Care
Lead Agency / Organization	AltaMed Health Services Corp., & USC School of Social Work
Target Population	Age 60+
Services	Research study on evidence-based depression care of older Latino consumers of adult day health care services.
EBP Endorsement	Strong empirical evidence: Systematic literature reviews have endorsed depression care management model and Problem Solving Treatment for older adults with depression.
Locations	Multiple adult day health care sites in Los Angeles County
Spanish-language Availability	Yes
Contact	María P. Aranda, Ph.D., Associate Professor, School of Social Work, University of Southern California, MRF #214, Los Angeles, CA, 90089; aranda@usc.edu

LOS ANGELES PARTNERSHIP FOR EVIDENCED-BASED SOLUTIONS IN ELDER HEALTH

Inventory of Evidence-Based and –Informed Programs that Target or Include Older Latinos

Program	Program All-Inclusive Care for the Elderly (PACE)
Lead Agency / Organization	AltaMed Health Services Corp.
Target Population	55-years and older; nursing home certifiable (chronic medical illnesses; high functional impairments)
Services	Provides social and medical services, primarily in an adult day health center setting. Care is supplemented with in-home and referral services in accordance with the participants' needs.
EBP Endorsement	U.S. Department of Health and Human Services; Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidenced Based Program and Practices
Locations	Multiple sites in the greater Los Angeles area
Spanish-language Availability	Yes
Contact	Marie S. Torres, Ph.D., Senior Vice President, Government Relations & Community Research Initiatives, 500 Citadel Dr. Suite 490, Los Angeles, CA 90041, (323) 889-7328, Mtorres@altamed.org

Program	Caregiver Support/Training Program (CS/TP)
Lead Agency / Organization	California State University, Los Angeles/Applied Gerontology Institute, and the Beverly Hospital
Target Population	Spanish-speaking, family caregivers with direct caregiving responsibilities for older adults with disabling care conditions
Services	Research study intended to evaluate an 8-week caregiver support program adapted from the "Coping with Caregiving" model. The weekly group sessions include both psychoeducational and support components.
EBP Endorsement	"Coping with Caregiving" model was developed and tested by Dr. Gallagher-Thompson and her associates as part of the national multi-site study: REACH (NIA-funded).
Locations	Beverly Hospital, 309 W. Beverly Blvd., Montebello, CA 90640
Spanish-language Availability	Yes
Contact	Valentine Villa, Ph.D., Professor, School of Social Work, California State University, Los Angeles; Adjunct Associate Professor, UCLA, (323) 343.4724, vvilla@calstatela.edu or vvilla@ucla.edu

LOS ANGELES PARTNERSHIP FOR EVIDENCED-BASED SOLUTIONS IN ELDER HEALTH

Inventory of Evidence-Based and –Informed Programs that Target or Include Older Latinos

Program	Cuidando con Respeto (<i>translation: Caring with Respect</i>)
Lead Agency / Organization	Alzheimer’s Association, California Southland
Target Population	Spanish-speaking caregivers of persons with Alzheimer’s disease
Services	Two-part education and support program for Latino caregivers of persons with Alzheimers’ disease.
EBP Endorsement	Based on the English-language, evidence-based project called SAVVY Caregiver. This version has been adapted with cultural and linguistic modifications for Latino families.
Locations	Greater Los Angeles area
Spanish-language Availability	Yes
Contact	Susan Howland, Director of Education and Outreach, Alzheimer’s Association, California Southland, 5900 Wilshire Blvd., Suite 1100, Los Angeles, CA 90036 (323) 930-6230, susan.howland@alz.org

Program	Dementia Care Networks (<i>formerly “El Portal Demonstration Project”</i>) ^{1, 2}
Lead Agency / Organization	Alzheimer’s Association, California Southland
Target Population	Culturally and linguistically diverse caregivers of persons with Alzheimer’s disease
Services	The award-winning program is intended to develop and sustain dementia-specific programs and services for people affected by dementia. Interagency cross training and program support are key components of this interagency collaborative model of service delivery to dementia-affected caregivers and families.
EBP Endorsement	Practice and evidence informed.
Locations	Greater San Fernando Valley area.
Spanish-language Availability	Yes
Contact	Susan Howland, Director of Education and Outreach, Alzheimer’s Association, California Southland, 5900 Wilshire Blvd., Suite 1100, Los Angeles, CA 90036 (323) 930-6230, susan.howland@alz.org

1 Trejo L, Cherry D. El Portal Model Builds Dementia Care Networks to Support Diverse Ethnic Populations. *DIMENSIONS*. American Society on Aging. San Francisco, CA, Vol.10(4); Winter, 2003

2 Aranda MP, Villa VM, Trejo L, Ramirez R, Ranney M. El Portal Latino Alzheimer’s Project: model program from Latino caregivers of Alzheimer’s disease-affected people. *Social Work*. 2003; 48(2):259-271

LOS ANGELES PARTNERSHIP FOR EVIDENCED-BASED SOLUTIONS IN ELDER HEALTH

Inventory of Evidence-Based and –Informed Programs that Target or Include Older Latinos

Program	Partnering with Your Doctor/<i>Creando una Alianza con el Doctor</i>
Lead Agency / Organization	Alzheimer’s Association of California Southland
Target Population	English- and Spanish-speaking families affected by Alzheimer’s disease
Services	This award-winning program is intended to empower caregivers of people affected by dementia to seek and receive quality care from their medical providers. Offers communication and preparedness skill-building.
EBP Endorsement	Pre- and post-workshop evaluation of behavior and attitude change assessed for 2,000 participants and interview follow-up with 200 participants demonstrated intent to change and implementation of change in behavior toward physicians. Studied with English- and Spanish-speaking participants.
Locations	Greater Los Angeles area
Spanish-language Availability	Yes
Contact	Susan Howland, Director of Education and Outreach Alzheimer’s Association, California Southland, 5900 Wilshire Blvd., Suite 1100, Los Angeles, CA 90036 (323) 930-6222; susan.howland@alz.org

LOS ANGELES PARTNERSHIP FOR EVIDENCED-BASED SOLUTIONS IN ELDER HEALTH

Inventory of Evidence-Based and –Informed Programs that Target or Include Older Latinos

Program	Muévase con Ejercicio (<i>translation: Move with Exercise</i>)
Lead Agency / Organization	Arthritis Foundation Southern California Chapter
Target Population	All adult ages
Services	This evaluation study was designed to address arthritis-related limitations through safe exercise techniques. Participants attend exercise classes two times per week. Classes are peer-led in community settings.
EBP Endorsement	Evidence-informed. This evaluation study was based on a Spanish-language and cultural adaptations of the evidence-based version originally available in English through the Arthritis Foundation Exercise Program. The pilot study, funded by an Archstone Foundation Grant, uses the <i>promotora</i> (community worker) provider model.
Locations	Boyle Heights, Hollywood
Spanish-language Availability	Yes
Contact	Mireya Peña, Vice President, Community Programs & Services, Arthritis Foundation Southern California Chapter, 800 W. 6th St., Ste. 1250, Los Angeles, CA 90017-2721 (323) 954-5760, ext. 246 mpena@arthritis.org

Program	A Matter of Balance
Lead Agency / Organization	Partners In Care Foundation
Target Population	Adults of any age (with a focus on 55+)
Services	Award-winning program; Eight weekly, 2-hour classes; Participants learn how to prevent falls and reduce risks; Participants also learn exercises to increase strength and balance.
EBP Endorsement	Administration on Aging
Locations	Multiple sites in Los Angeles
Spanish-language Availability	Yes
Contact	Gina Fleming, Program Administrator, Partners In Care Foundation, 732 Mott Street, Suite 150, San Fernando, California 91340 (818) 837-3775 x115; gffleming@picf.org

LOS ANGELES PARTNERSHIP FOR EVIDENCED-BASED SOLUTIONS IN ELDER HEALTH

Inventory of Evidence-Based and –Informed Programs that Target or Include Older Latinos

Program	Healthy Moves for Aging Well
Lead Agency / Organization	Partners In Care Foundation
Target Population	6-week workshop to learn key lifestyle issues for self-management and develop personal goals and action plans to improve health and quality of life
Services	
EBP Endorsement	Administration on Aging
Locations	Multiple sites in the greater Los Angeles region
Spanish-language Availability	Yes
Contact	Gina Fleming, Program Administrator, Partners In Care Foundation, 732 Mott Street, Suite 150, San Fernando, California 91340 (818) 837-3775 x115; gflaming@picf.org

Program	Healthier Living: Managing Ongoing Health Conditions
Lead Agency / Organization	Partners In Care Foundation
Target Population	Frail high-risk sedentary seniors living at home age 55+
Services	Six 2½-hour weekly classes for adults with chronic illnesses; FREE; Teacher Facilitators provided by health care providers
EBP Endorsement	National Council on Aging award winning program designed by Stanford University to help manage chronic health conditions.
Locations	Multiple sites in Los Angeles
Spanish-language Availability	Yes
Contact	Gina Fleming, Program Administrator, Partners In Care Foundation, 732 Mott Street, Suite 150, San Fernando, California 91340 (818) 837-3775 x115; gflaming@picf.org

LOS ANGELES PARTNERSHIP FOR EVIDENCED-BASED SOLUTIONS IN ELDER HEALTH

Inventory of Evidence-Based and –Informed Programs that Target or Include Older Latinos

Program	Medication Management
Lead Agency / Organization	Partners In Care Foundation
Target Population	Frail elders in care management programs
Services	Electronic screening program to identify medication problems
EBP Endorsement	Administration on Aging
Locations	Care management programs throughout the state
Spanish-language Availability	Yes, in selected agencies only.
Contact	Sandy Atkins, Associate Director, Partners In Care Foundation, 732 Mott Street, Suite 150, San Fernando, California 91340 (818) 837-3775 x115; satkins@picf.org

Program	Active Start
Lead Agency / Organization	City of Los Angeles Department of Aging – OASIS Program
Target Population	Ages 55+
Services	20 week program with 2 sessions per week; 1 hour sessions of physical activity. Beginning level for sedentary seniors. Program taught by OASIS Institute & Train-the-Trainer.
EBP Endorsement	National Council on Aging
Locations	Multiple locations
Spanish-language Availability	Yes
Contact	Laura Trejo, MSG, MPA, - General Manager, City of Los Angeles Department of Aging, 3580 Wilshire Blvd., Suite 300, Los Angeles, CA 90010 (213) 252-4030; laura.trejo@lacity.org

LOS ANGELES PARTNERSHIP FOR EVIDENCED-BASED SOLUTIONS IN ELDER HEALTH

Inventory of Evidence-Based and –Informed Programs that Target or Include Older Latinos

Program	Caminémos (<i>translation: Let's Walk</i>)
Lead Agency / Organization	UCLA Division of Geriatrics
Target Population	Latinos aged 60 years and older
Services	Research study designed to increase walking in sedentary older adults. Program includes group discussion sessions and exercise classes.
EBP Endorsement	Emerging evidence suggests that this pilot study—comprised of structured attribution retraining and a weekly exercise class—is associated with increased walking levels and improved quality of life in sedentary older adults.
Locations	Greater Los Angeles area - mostly South and East Los Angeles
Spanish-language Availability	Yes
Contact	Catherine A. Sarkisian, MD, MSPH, UCLA Division of Geriatrics, 10945 Le Conte Ave., #2339, Los Angeles, CA 90095, 310-825-8253 (Assistant Elizabeth Trevino), csarkisian@mednet.ucla.edu

PROGRAMS NO LONGER OFFERED as of December 31, 2008

Program	Move More / Muévase Train-the-Trainer and Consumer Physical Activity Program
Lead Agency / Organization	USC Roybal Institute for Applied Gerontology
Target Population	Older Latinos
Services	Train-the-trainer manual and self-motivation physical activity program
EBP Endorsement	Centers for Disease Control and Prevention (CDC)
Locations	Los Angeles
Spanish-language Availability	Yes
Contact	Jorge J. Lambrinos, 3715 McClintock Ave., Los Angeles, CA 90089, (213) 740-7756, jlambrin@usc.edu

LOS ANGELES PARTNERSHIP FOR EVIDENCED-BASED SOLUTIONS IN ELDER HEALTH

Inventory of Evidence-Based and –Informed Programs that Target or Include Older Latinos

Program	"A Fall or Injury Can Change Your Life: Seven Steps to Safety and Independence"
Lead Agency / Organization	USC Roybal Institute for Applied Gerontology
Target Population	Older adults
Services	Train-the-trainer manual and in-home fall prevention recommendations
EBP Endorsement	Centers for Disease Control and Prevention (CDC)
Locations	Los Angeles
Spanish-language Availability	Yes
Contact	Jorge J. Lambrinos, 3715 McClintock Ave., Los Angeles, CA 90089, (213) 740-7756, jlambrin@usc.edu

Program	"Cada Paso Cuenta. . . Every Step Counts:" A national breast and cervical cancer media campaign for older Latinas
Lead Agency / Organization	USC Roybal Institute for Applied Gerontology
Target Population	Older adults
Services	Media Kit includes two Public Service Announcements (PSAs) for Radio and TV: "Excusas" & "Velas"; print ads, Community Leaders Booklet, and Invitation Reminder Card. A Media Guide For Community Health Centers
EBP Endorsement	Centers for Disease Control and Prevention (CDC). Successfully tested at six community health centers nationally.
Locations	Los Angeles
Spanish-language Availability	Yes
Contact	Jorge J. Lambrinos, 3715 McClintock Ave., Los Angeles, CA 90089, (213) 740-7756, jlambrin@usc.edu

LOS ANGELES PARTNERSHIP FOR EVIDENCED-BASED SOLUTIONS IN ELDER HEALTH

Inventory of Evidence-Based and –Informed Programs that Target or Include Older Latinos

Program	Mental Health Management
Lead Agency / Organization	Los Angeles County Dept of Mental Health
Target Population	Older adults age 60+
Services	Full Service Partnerships (FSP) and Field Capable Clinical Services (FCCS) mental health assessment, treatment, medication support, case management.
EBP Endorsement	The FSP program is an intensive service model, and the FCCS program includes field based mental health services.
Locations	Los Angeles
Spanish-language Availability	Yes
Contact	Kathleen Kerrigan (213) 738-3111, kkerrigan@dmh.lacounty.gov

Appendix C. *Partnership* Recommendations

Appendix C. Partnership Recommendations

Policy Recommendations and Suggested Actions for the Government

a. Federal

- Maintain age 62 as the age of eligibility for early retirement under Social Security.

Rationale: *A monolithic view of the coming generation of elderly is unwise and underlies, in part, the justification for weakening social insurance programs and the social safety net for older adults. One proposal in this vein is the proposal to raise the age for early Social Security benefits from age 62 to 65 or older. Delaying the early retirement age is predicated on the assumption that there will be no adverse impact on the population because the next cohort of older adults will be in better health, financially well off, and be well educated. Examination of the health and socioeconomic status of the current population age 50-64 (the first wave of the baby boom generation) finds evidence of significant disparities in prevalence of disease, physical functioning, and income. Latino baby boomers rank among the most vulnerable of the baby boom population and are more likely than the general population to need access to Social Security prior to age 65.*

- Protect Medicare benefits for low income seniors. Many older Latinos age 65+ rely on governmental subsidies to access Medicare Parts A, B and D.
- Advocate for parity for mental health services under Medicare and extend limits for inpatient mental health care.
- Increase Medicaid reimbursement rates for mental health treatment.
- Promote greater integration and coordination between HRSA, CMS, CDC and the Administration on Aging. For example, HRSA funds Community Health Centers which provide a comprehensive array of primary and dental care, mental health services, adult day health care, and Programs of All-inclusive Care for the Elderly (PACE) to underserved communities across the country. Latinos are one of the largest ethnic groups served by these health centers.
- Design and fund home and community-based long term care service delivery systems that integrate primary care with care coordination, adult day health care, home care, specialty care and short term nursing home health services.
- Continue Adult Day Health Care (ADHC) as a Medi-Cal benefit in California without reducing the number of days authorized for attendance. Protect reimbursement for ADHC providers to sustain their financial viability. ADHC is a very beneficial model for older Latinos.

- Extra food stamp allowances should be provided for people with chronic diseases that require fresh and healthier foods, which have a proven effect in the management of these health conditions.
- Modernize the way Federal Poverty Guidelines are calculated to reflect the actual costs of housing, food, medical care, transportation, and other costs of living in the region. Adopt this updated standard for local as well as statewide planning under the Older Americans Act, including its use in determining eligibility for public assistance programs.

b. State

- Provide appropriate and sufficient funding for senior health and human services in the state budget. The state budget passed for fiscal year 2008-09 and pending budget for 2009-10 is devastating to older adults. The elimination of Medi-Cal Optional Benefits such as dental care, podiatry, optometry, and psychology may result in an increase in acute exacerbations of and complications from chronic disease in this population. Advocacy efforts should oppose the loss of these critical services. Reimbursements and funding for all senior care services (i.e., Linkages, MSSP, ADHC, PACE, etc.) should be protected to sustain their financial viability and ability to meet public needs.
- Provide home- and community-based services to allow older adults to remain in their homes and to promote community integration through:
 1. Waivers for services and demonstration projects such as the Multipurpose Senior Services Program.
 2. Expansion of all-inclusive care for the elderly.
 3. Expansion of Adult Day Health Care Centers in underserved communities.
 4. Continual assessment of quality and delivery of preventive services provided by health services programs in the community; such assessment can help identify and evaluate evidence-based or evidence-informed services and interventions designed specifically for correcting health disparities in the Latino community.

Rationale: *Adult Day Health Care centers and PACE programs are excellent locations for older Latinos to receive vitally needed health education to address their multiple chronic illnesses. Due to the low levels of literacy that exist in the low-income older Latino population, educational sessions will need to be tailored to meet the educational and cultural needs of this population.*

- Fund HICAPs to conduct Medicare, Part D “special help” outreach in Spanish and to partner with organizations that serve Latinos to assist with enrollment.

- Mandate an annual updating of the new Elder Economic Security Standard Index (Elder Index) and incorporate that measure of income insecurity in reporting by all programs that serve older adults.
- End cash-out of food stamps in Supplemental Security Income (SSI) but retain current cash benefit level, then conduct extensive outreach to enroll eligible older adults in food stamps, with special emphasis on targeting Spanish-speaking areas.
- Provide loan repayments to students who pursue training in gerontology (e.g., MSG, MSW, MPH, gerontology coursework, GNP, etc.), and to physicians, allied health professionals and social services providers who work with the elderly in underserved communities.

c. Local

- More funding is needed for the Integrated Care Management Program (ICMP), a vital program for elderly and disabled adults who may not be eligible for Medi-Cal funded services.
- Incorporate smart growth principles in land use planning, with a special emphasis on providing incentives for developing low-income senior housing in Latino neighborhoods.
- Establish fall prevention programs in all City of Los Angeles and County of Los Angeles operated Senior Centers.
- Establish public-private partnerships in Los Angeles, with the goal of outreach and of communicating with older Latinos to seek preventative health interventions.
- Local Area Agencies on Aging (there are two in Los Angeles County) should consider in-depth in-service training or increased educational requirements for the management staff of Multi-Purpose Senior Centers to raise the level of care and interventions older adults receive at these centers. Consider training these staff to deliver Kate Lorig's Chronic Disease Self Management program in English and in Spanish.
- Build local coalitions to conduct asset-based and needs assessments of the older adult community. Findings from these assessments can help community partners work more effectively together to address the needs of older Latinos and other vulnerable seniors with chronic conditions like Alzheimer's disease, stroke, and frailty.

Policy Recommendations and Suggested Actions for Health Plans

- Health Plans should work closely with community clinics and the aging services network to facilitate

coordinated care needed by older Latinos and to refer these older adults to Adult Day Health Care centers, MSSP, ICMP, PACE, and other health care management programs in the region.

- Health Plans should implement bilingual and bicultural care management programs for age-related chronic conditions such as diabetes, hypertension, Alzheimer's disease, and mental illness. There is emerging research evidence (e.g., controlled trials) available suggesting that the addition of care management plans improve the outcomes of several chronic conditions. Health Plan providers should consider adapting their services to improve quality of care for older adults by including or contracting with culturally appropriate care consultants to be part of their routine patient care management process.
- Introduce routine screening and depression collaborative care management models to current care systems in order to encourage interdisciplinary approaches to depression care.
- Expand the use of *promotoras* in community outreach for chronic disease management among older Latinos.
- Health Plans and disease specific organizations should be cross-trained on key topics of interest (Alzheimer's disease and related dementia, diabetes, arthritis, fall prevention, caregiving burden, etc.) in order to maximize outreach efforts to older adults.

Policy Recommendations and Suggested Actions for Community-Based Organizations

- Institute health education programs specifically tailored for older Latinos. For example, the *Toma* Control Initiative at AltaMed clinics brings together a team approach which includes a medical provider, a registered dietician, a health educator, a medical assistant, and a *promotora*. Collectively, this team approach has been successfully reaching out to the community and connecting older adults to vital community resources and services.
- Develop advocacy training and organizational support for older Latinos and their families around issues of concern to them.
- Work with the private sector to improve access to valuable information on financial and long term planning options, while at the same time balance this with valuable regulatory protections that are in place to protect older adults from scams and to prevent predatory business practices.

- Food banks should adopt healthier nutrition standards and provide access to more fruits and vegetables for older adults. Food banks should also reduce portion size and the amount of food given to older adults. Frequently, larger quantities are too heavy for older adults to carry home.

Policy Recommendations and Suggested Actions for Voluntary Health Organizations

- Partner with community-based organizations in advocacy training and grass roots mobilization.

Policy Recommendations and Suggested Actions for Funding Agencies and Foundations

- Provide more funding initiatives for applied research and for programs that utilize evidenced-based interventions and/or have been shown to be successful in serving older Latinos and other minority groups. These programs may include community interventions which allow elderly adults, who would otherwise be placed in nursing facilities, to live at home.
- Support increased funding for culturally competent, evidence-based mental health programs tailored to older Latinos and their families.
- Foundations should support community actions that work to improve the social and physical environments and conditions in which Latinos live and age.

Policy Recommendations and Suggested Actions for Academia

a. Community College

- Introduce gerontology courses proactively at the community college level so that students are aware of potential career opportunities in senior health and social work. Introduction of aging topics at this level offers an important opportunity to recruit students into this dynamic field, and to advise them on how to further their skills and knowledge upon entry to a four-year university. In addition, community college students who graduated and chose to work with older adults in underserved communities should be offered ‘loan forgiveness’ options similar to school teachers who chose to teach in disadvantaged neighborhoods.

b. Universities

- Encourage more applied research on how to adapt and improve Adult Day Health Care Centers, MSSP and PACE Program interventions for use in underserved communities, since these models of care have been extremely successful in providing comprehensive coordinated care to select groups of older adults.

- Recruit and train more bilingual/bicultural (English/Spanish) social workers, mental health professionals, and community workers; and provide tuition relief for those who are committed to working in underserved communities after graduation.
- Fund and establish incentive programs for Latino medical students, residents, fellows, licensed physicians and geriatricians to stay in primary care medicine (e.g., loan repayment or educational debt “forgiveness” programs).
- Increase gerontological content across university curricula, including introducing new content about Latino immigrants and depression care in schools of medicine, allied health, public health, public policy, and social work.

Policy Recommendations and Suggested Actions Related to Transportation

- Improve public transportation options for older adults in Los Angeles County, focusing on access to subsidized alternatives to driving such as availability of vehicles that are designed to transport individuals who are not ambulatory or who require personal assistance with ambulation.
- Greater coordination of transportation services by both private vendors and public transportation agencies to improve the safety, mobility, and access to services among older adults in the region.

Abbreviation Key

ADHC Adult Day Health Care

CDC Centers for Disease Control and Prevention

CMS Centers for Medicare and Medicaid Services

GNP General Nurse Practitioner

HICAP Health Insurance Counseling and Advocacy Program

HRSA Health Resources and Services Administration

ICMP Integrated Care Management Program

MPH Masters of Public Health

MSG Masters of Science, Gerontology

MSW Masters of Social Work

MSSP Multipurpose Senior Services Program

PACE Programs of All-inclusive Care for the Elderly



