The trend is clear: The United States and Mexico are getting old.

An estimated 72.1 million older adults will be living in the United States by 2030, more than twice as many as in 2000. The proportion of older adults is expected to triple in Mexico by 2050, driven by falling birth rates and smaller family sizes. As the two countries begin to grapple with issues such as changing social support structures, chronic diseases, and other challenges to the health and well-being of older populations, a unique partnership led by scholars at the USC Edward R. Roybal Institute on Aging and Mexico’s Instituto Nacional de Geriatría is embracing an international approach to the problems of aging.

AGING | continued on page 10
Associate professor shatters myths about older populations

As a licensed clinical social worker in Los Angeles in the 1980s, Maria Aranda grew weary of hearing a common refrain.

"More people understand the value of serving people from vulnerable communities. They are very resilient. It’s the system that is recalcitrant and reinforces barriers to quality care."

Maria Aranda

Every time she tried to find evidence-based solutions to the problems facing her older patients with mental health challenges, she was told there just wasn’t any research on that topic, particularly pertaining to people from racial and ethnically diverse communities.

“I got tired of listening to that, so I made a conscious choice to pursue my education so I could contribute to that body of knowledge,” said Aranda. “I wrote a lot at the beginning regarding the dos and don’ts of working with certain older ethnic and racial minority populations. There had been very little rigorous research.”

Several decades later, that field has blossomed and Aranda is considered a leading scholar on issues surrounding mental health and services for older, low-income adults from communities of color. As an associate professor and associate director of clinical and behavioral interventions research at the USC Edward R. Roybal Institute on Aging, she has led multiple federally funded studies focused on issues such as the interplay between depression and chronic health problems among older Latinos, how to build a therapeutic relationship based on cultural values, and how caring for older adults in marginalized populations can affect family members.

The seeds of her successful clinical and research career were planted at a young age. Growing up a stone’s throw away from Dodger Stadium just north of downtown Los Angeles, she had a close relationship with her maternal grandmother, who lived with her for the first five years of Aranda’s life.

“My parents also reinforced the value of respecting elders and seeking them out and hearing their stories,” Aranda said. “I developed at a very young age the patience that is needed to lend an empathetic ear to the life stories of older people.”

As the first-born child of two monolingual Spanish speakers, Aranda also found herself thrust into the role of mediator early in life. She would help translate correspondences from government agencies such as the Department of Motor Vehicles and ensure that her parents would attend teacher-parent conferences.

“I was basically living in two worlds—the world my parents lived in as monolingual speakers and very much allied with their Puerto Rican roots, but also living in this world, in mainstream America,” she said. “It was a challenge, but I learned analytical skills and how to navigate two worlds that would sometimes collide.”

As a result of developing strong interpersonal abilities at a young age, she excelled in school, ultimately earning a bachelor’s degree in social work from California State University, Los Angeles, and a master of social work degree from USC in 1982.

As a clinical social worker, Aranda’s work again spanned two worlds: medical social work with a focus on home-based care and a mental health practice in the public sector with local community-based organizations and the Los Angeles County Department of Mental Health.

She was quickly drawn to working with older adults, exploring how they are affected by severe mental health disorders such as schizophrenia, Alzheimer’s disease, and depression. When she returned to USC in the mid-1990s to earn a doctorate in social work, interest in research on older populations, chronic health conditions, and mental health had started to grow.

But Aranda was well aware that many biases and stigmas about older individuals remained.

“Services for older adults are the last to get funded and the first to get defunded,” she said. “It’s a forgotten population and again is alien and well out in our society.”

In particular, she noted a widespread belief that racial and ethnic communities take care of their aging family members and are inherently opposed to outside help.

“Many believe there is a high respect and reverence for older adults and that we take care of our own,” Aranda said. “Although some of that is true, there are still some overarching problems, such as access to services and pockets of poverty that still have been intractable to change. There is still a lot of work to be done.”

She also dismissed the notion that communities of color are not accepting of therapies developed and delivered by mainstream researchers and practitioners.

A recent study she led on a depression care program for older Latinos with chronic health conditions found that participants not only embraced a form of psychosocial care known as problem-solving therapy, but they also attended nearly every treatment session and reported high levels of satisfaction.

That pilot study, known as Programa Mano Amiga, focused on developing strong practitioner–patient relationships and embracing the cultural values and linguistic preferences of older Latino participants.

Aranda said clinicians need to show warmth and personalismo, or a sense of prioritizing and recognizing the importance of each patient–provider relationship.

“You give them the therapy in their language of preference, you recognize and incorporate their cultural values, you break down barriers to access to care, and voila,” she said. “It’s an obvious phenomenon, but one that people need to change to their initial perceptions about.”

Results of the pilot study, which ended in 2012, fed into two new projects funded by the Patient-Centered Outcomes Research Institute—one to study the ability of community health workers to assist low-income individuals with depression and chronic health problems, and another known as Programa Esperanza that will explore whether culturally tailored therapy can reduce depression among older Spanish-speaking Latinos with multiple medical issues who receive care from AltaMed Health Services, a large health provider in Los Angeles and Orange counties.

If the approaches prove to be successful, cost effective, and acceptable to both patients and clinicians...
Research examines baby boomers’ faith or lack thereof

By Vincent Lim

Do people become more religious as they age?

To answer that question, the John Templeton Foundation has funded a new research study by Vern Bengtson, a senior scientist at the USC Edward R. Roybal Institute on Aging at the USC School of Social Work and AARP/University Chair of Gerontology Emeritus at the USC Leonard Davis School of Gerontology.

“We’re asking people to reflect on how their religious and spiritual lives may have changed as they have grown older,” Bengtson said. “Our hypothesis is that the post-retirement years are an occasion for people to more seriously reflect about the meaning of life and their religious and spiritual commitments.”

Bengtson and longtime former USC colleague Merril Silverstein, now the Marjorie Cantor Endowed Professor in Aging at Syracuse University, are coinvestigators on the three-year $1.5 million project to better understand religious beliefs, particularly how people in their golden years identify with and practice a religion and how faith affects overall health and well-being as people approach death.

Awareness of mortality can often fuel a search for meaning and an interest in religion in old age. “We’re not interviewing people who have been told that they’ll die soon, but I expect that many people will talk about experiences with severe illnesses or experiences caring for close family members with severe illnesses,” Bengtson said. “And others will say that material things have become less relevant than spiritual things the longer they have lived.”

For almost 45 years, Bengtson has followed thousands of individuals and hundreds of families as part of the Longitudinal Study of Generations, which he initiated in 1970 as a young assistant professor at USC with funds from the National Institutes of Health.

Findings from the study, which surveyed several generations of California families, resulted in more than 200 published research articles and several books in gerontology, theories of aging, and family sociology. Funding from the Templeton Foundation also supported research for Bengtson’s latest book, Families and Faith: How Religion Is Passed Down across Generations.

The Templeton Foundation is dedicated to supporting discoveries related to questions about human purpose and ultimate reality. Both of Bengtson’s projects align with the foundation’s interest in the human condition and the elements of a meaningful life.

“Most research on religion and the family covers only a short period of time in a family’s life,” said Kimon Sargeant, vice president of human sciences at the Templeton Foundation. “Bengtson and Silverstein’s work, drawing on the Longitudinal Study of Generations survey data, will offer new understanding of how religiosity is—and is not—conveyed across generations of families, as well as critically examine whether religious involvement can be good for one’s health.”

A ninth wave of data for the Longitudinal Study of Generations will be collected as part of this most recent project to examine how religiosity is related to health, mortality, and family relationships in the postretirement years. Silverstein will lead the longitudinal survey (quantitative) portion of the project and Bengtson will oversee the qualitative interviews.

Of the older individuals who will be interviewed for Bengtson’s portion, approximately one third will have been interviewed in previous study waves. The other two thirds will be identified by leaders of religious or nonreligious organizations as having a significant degree of involvement in their organizations.

“We are broadening our reach,” Bengtson said. “We want to speak with priests, pastors, ministers, and rabbis. But we want also to talk with leaders of nonreligious groups, such as secular humanist societies.”

This is the first time his research team will interview secular humanists. The researchers will be investigating three types of trajectories of change in religiosity: those who have increased their religious participation in later life, those whose religious participation has remained the same since mid-life, and those who have lost or rejected their religious commitment in old age.

“The most intriguing group might be those who have given up on religion in their later years,” Bengtson said. “These are the real outliers. We don’t hear much about them. But neither do we hear much about those who increase their religious involvement in later life. We want to find out about both.”

The research team believes the project has the potential to alter the understanding of spirituality in the baby boomer generation. “Fifty-eight million boomers represent a great recruitment pool for churches wanting members,” Bengtson said. “But churches don’t seem to be aware of this potential.”

Bengtson and Silverstein plan to organize a conference in Los Angeles that will bring together spiritual leaders, academic researchers, and health care professionals such as social workers to discuss how to best address the spiritual needs of individuals in retirement and old age.

“We want to interview a sample of religious leaders to get their perspective on aging and spirituality,” Bengtson said. “We want to see what they think about religious change in later life from their experiences with the thousands of followers that they have known in their careers. One of the aims of the project is to reconsider what religion offers older adults and what older adults offer to religion.”

Bengtson said he hopes the findings from the study can help religious and nonreligious groups and organizations better support the spiritual needs of older adults. “We want to find out what spiritual organizations are doing to meet the age-relevant needs of seniors,” said Bengtson, a past president of the Gerontological Society of America. “We want to see how they’re ministering to those with a special interest in reengaging in spiritual life in their later years.”

Vern Bengtson, a senior scientist at the USC Roybal Institute on Aging, is leading a study exploring why older adults embrace, maintain, or disregard religion as they age.
A promising scholar from the USC School of Social Work is taking his talents to the nation's capital.

After spending the last two years as a postdoctoral scholar at the schools Edward R. Roybal Institute on Aging, Stipica Mudrazija will join the Urban Institute in Washington, D.C. as a research associate.

He credits his time, helping him further develop ideas about what kind of research he wanted to pursue in the future and helping him land a position at one of the nation’s most influential think tanks.

"I’m fairly certain that I wouldn’t have had the opportunity to join the Urban Institute had I not had the opportunity at the Roybal Institute," Mudrazija said.

He hopes to bring a unique international perspective to the think tank, which focuses on U.S. domestic policy issues.

"What I hope to bring is the idea that lessons from other countries can be informative for the policy debate and different realities we see in the United States," Mudrazija said.

Growing up in the early 1990s during the tumultuous years following the breakup of Yugoslavia, Mudrazija was a witness to the Institute, "Mudrazija said.

His interest in policy would ultimately lead him away from his European homeland and to the United States.

Mudrazija first came to the United States to study public policy at Georgetown University in Washington, D.C., where he initially focused on the comparative study of pension system reforms.

"It’s an incredible advantage to be here and have the opportunity to learn from some of the leading experts in the field," Mudrazija said.

Reflecting on his experiences as a Croatian citizen and a junior analyst in the research department of the Croatian National Bank, Mudrazija noted that open policy discussions were mostly superficial and, importantly, failed to materialize until the public pension system was in serious financial distress and in need of dramatic changes.

He contrasted this with his experience in the United States.

"The beauty of the American system—while it can be frustratingly inefficient—is that issues get discussed and at great length," Mudrazija said.

His research continued to evolve at the Lynden B. Johnson School of Public Affairs at the University of Texas at Austin, where he pursued a doctorate under the mentorship of Latino aging expert Jacqueline Angel.

Mudrazija noticed that most of the discussions and analyses of different policy options to reform the system of public support for the growing older population—including public pensions and health care—focused on the fiscal impact on the government and the direct effects on beneficiaries of these programs while largely disregarding the role of the family.

"People live in families, and to the extent that family members care for and support each other, there’s likely going to be some sort of adjustment in their support behavior in response to changing public support," Mudrazija said. "For example, adult children may have to spend more time and money helping their frail older parents if public support becomes inadequate."

Intergenerational relations and the transfer of financial and nonfinancial support were the focus of his dissertation, and he continued this line of research at USC.

"It’s great being in Los Angeles because it’s one of the great centers for aging research and expertise in the nation," Mudrazija said. "It’s an incredible advantage to be here and have the opportunity to learn from some of the leading experts in the field."

USC is home to the Edward R. Roybal Institute on Aging, whose mission is to enhance optimal aging for persons in minority and low-income communities. It is also home to the United Nations Population Unit, which is the oldest and largest school of gerontology in the world.

"He has been very productive at the Roybal Institute for the past two years, and we are excited to see that he will continue his research and have the opportunity to inform aging policy in the nation," said Dr. Jacqueline Angel at The University of Texas at Austin and Dr. William Vega at USC,

Mudrazija said. "At the end of the day, you have to be humble to have people who can provide guidance and keep your best interests in mind."

His focus at the Urban Institute will be on issues that he has come intimately familiar with over time, such as private pensions and budget issues related to federal entitlement programs.

Founded in 1968, the Urban Institute has a long track record of well-respected research that has informed policy debates, Mudrazija said.

"Major policy think tanks are strongly research-oriented organizations, but they also keep a close eye on the policy agenda inside the Capital Beltway and around the nation," he said. "Ultimately, they are trying to make their research available at the time when it is most likely to help shape the policy-making process."

Still, he knows that political change in the United States can move at a glacial pace, which is not necessarily an undesir- able characteristic of the system.

"This is not a process where you have to or even want to reinvent the wheel every time you approach reforms," Mudrazija said. "If we look to history for lessons, the impact of incremental changes is generally more lasting in the long run than the impact of sudden and dramatic changes."
Study enlists community health workers in battle against chronic illness, depression

Mixing major depression and chronic illnesses can prove dangerous and even deadly.

Struggling with health issues such as diabetes and heart disease can lead to depressive disorder, which in turn may have a negative effect on the ability of individuals to manage their health care, creating a downward spiral that results in increased mortality.

This issue is particularly critical in low-income communities of color, where residents face high rates of chronic health problems. A research initiative led by Kathleen Ell, the Ernest P. Larson Professor of Health, Ethnicity, and Poverty at the USC School of Social Work, is exploring how new strategies such as the use of community health workers can help low-income and racially and ethnically diverse populations gain the upper hand on their health and mental health issues.

“They talk about their depression, how hard it is from their perspective to reduce that sadness,” Ell said. “They talk about problems with the care system itself—difficulty getting appointments, having to take a day off work. They talk about problems communicating with nurses or doctors. They are telling us where things are good and where they aren’t good.”

The issue of co-occurring depression and chronic illness is especially concerning in safety-net clinics overseen by the Los Angeles County Department of Health Services. Providers face heavy workloads and thus have little time to dedicate to building a therapeutic relationship with their patients.

Further complicating matters, many patients have limited health literacy and may feel uncomfortable discussing their illness with health care providers, leading to poor adherence to treatment and worsening health.

“They are impoverished, mainly Spanish-speaking people with multiple serious medical conditions and depression,” said María Aranda, an associate professor with the USC School of Social Work. “It’s not uncommon that some of them are living day-to-day, living with other people in crowded conditions.”

To help bridge the gap between health care workers and these culturally diverse populations, researchers are testing a new model of care called A Helping Hand, in which a community health worker engages with patients to enhance their health literacy, improve their communication with doctors, and help them connect with other health resources in the community. The study is supported by a $1.3 million award from the Patient-Centered Outcomes Research Institute.

The research team is in the midst of enrolling approximately 350 individuals with major depression and diabetes, heart failure, or coronary heart disease from two community health centers. Patients will be randomly enrolled in usual care or the A Helping Hand program to determine whether the program improves their ability to manage their depression and health problems, attend clinic appointments, and develop stronger relationships with their health care providers.

Key outcomes include whether support from community health workers, known as promotoras, will reduce depression and the frequency of patient hospitalizations and emergency room visits, increase self-management of chronic diseases, and enhance satisfaction with care. Ell said the promotoras concept resonated with several patients who are members of the study’s stakeholder advisory group.

“They prefer the idea of having a promotor or community health worker who can talk to them at their language and literacy level,” she said.

Promotoras are often bilingual community members who have a natural ability to interact with their peers and a heartfelt attitude toward improving the quality of life in their neighborhoods.

The project team collaborated with Visión Comprimiento, the leading promotor organization in California, to hire three promotoras to offer practical assistance to patients regarding problem-solving skills and education about depression, diabetes, and other chronic illnesses. They received specialized training in how to deliver psychosocial care and help patients navigate the health care system.

“They are community resource experts, so they also provide ongoing linkages to financial, legal, and housing services, among others,” said Aranda, whose responsibilities as study coinvestigator included training the promotoras. “Usually they will have the best idea on what is happening in the community. They spend a little more time with the patient, so they are able to get much more information across a number of domains, including health, mental health, and social services.”

Promotoras are increasingly being employed in the health care sector as the United States shifts toward a patient-centered care model in which a team of health care workers, often including a physician, nurse, social worker, and community health worker, provides wraparound services to each client.

Although progress is slow, Ell said she remains optimistic that the U.S. health care system is moving in the right direction, albeit slowly, with its new focus on multidisciplinary care.

“My concern is the political process—it’s frustrating to listen to the political discussions about health care and the Affordable Care Act,” she said. “We have to try some new things. We have to change how we provide care.”

If the study indicates that offering support from promotoras is a cost-effective strategy to improve health care in vulnerable communities, the researchers are hopeful that the model will be adopted throughout Los Angeles County and in other regions with large populations of low-income and culturally diverse individuals.
To begin exploring that joint interest, the Royal Institute and researchers in Mexico formed the Global Research Network on Aging and Health. In addition to holding conferences and workshops in both countries, the network is developing binational research projects and promoting evidence-based research.

For instance, the partnership is beginning to take advantage of a large-scale data collection effort conducted in Mexico during the past decade that is similar to the Health and Retirement Study in the United States, a biannual survey conducted nationwide with approximately 20,000 Americans older than 50. That information can be used to compare the aging experience in both countries, such as how individuals of Mexican origin living in the United States compare to those of Mexican origin living in Mexico.

For example, a program delivered in urban health settings in Los Angeles likely would need to be adapted before it can be used to support farmworkers just a few hours north in California’s Central Valley.

Conducting research in Mexico also tends to be cheaper, Vega noted, describing recent large-scale trials involving USC School of Social Work researchers that tested whether supplementary income in the form of a monthly stipend for those who could prove just as valuable for researchers.

“We have in common this fluid migration of people across the border. Those people are getting older, whether here in the United States or in Mexico, so we have a joint interest in understanding how people age successfully in both countries.”

Maria Aranda

A leading scholar at the USC School of Social Work has been honored with an endowed professorship.

William Vega was installed as the Cleofas and Victor Ramirez Professor of Practice, Policy, Research and Advocacy for the Latino Population. In addition to serving as provost professor and executive director of the USC Edward R. Roybal Institute on Aging, Vega holds appointments in social work, preventive medicine, psychiatry, family medicine, psychology, and gerontology.

He is an elected member of the prestigious Institute of Medicine and specializes in studying health, mental health, and substance abuse in the United States and Latin America. Throughout his career, Vega has been interested in investigating how the health status of individuals changes over time after immigrating to the United States.

“The issues faced by Latinos in the United States are not restricted to one ethnic group but are restricted to one nation,” Vega said. “I’m committed to a wide lens of thinking about how to do something that is self-sustaining. That is the capacity that is self-sustaining. That is the capacity that is self-sustaining.”

Researchers from the USC Roybal Institute on Aging joined scholars in Mexico City last summer for a conference on support for aging populations.

ARANDA | continued on page 12

ROYBAL | continued on page 12

Aging joined scholars for a conference on support for aging populations.
doesn’t mean there won’t be fluctuations, but the capacity is there.”

In the coming years, Vega is hopeful the research network will continue to expand. Since its formation five years ago, the network has branched out to other major research centers specializing in aging issues and demography.

A conference in 2014 held in Mexico City gathered leading scholars from the United States, Mexico, and China to discuss potential joint research programs focused on social support for older adults. Another multinational conference is slated for fall 2015 to continue an increasingly global dialogue about issues related to successful aging.

Vega hopes to open the network to other Latin American countries as well, in line with a broader emphasis by USC on increased academic and research collaboration with colleagues in Central and South America.

“Now we are developing a true network, not just the two polarities between Mexico and USC, but further integration into larger networks of research.”

---

Michalle Mor Barak, the Dean’s Professor of Social Work and Business, has been selected to serve on a committee tasked with reviewing the quality of major schools of social work in top universities in Israel. A native of Israel, Mor Barak specializes in issues of diversity and inclusivity in the workplace.

Associate Professor María Aranda has been selected to serve on two new Institute of Medicine committees, the Committee to Evaluate the Social Security Administration’s Capability Determination Process for Adult Beneficiaries and the Study on Family Caregiving for Older Adults. She has also served on the institute’s Mental Health Workforce for Geriatric Populations committee.

The Saks Institute for Mental Health Law, Policy, and Ethics at the USC Gould School of Law has awarded $50,000 over two years to doctoral student Liat Kriegel to support her proposed dissertation study related to the criminalization of mental illness. The competitive award was also open to postdoctoral candidates and assistant professors. Kriegel’s faculty mentors are Assistant Professor Benjamin Henwood and John Brekke, the Frances G. Larson Professor of Social Work Research.

The Phi Alpha Honor Society has selected Charles Kaplan, research professor and associate dean of research, as its Faculty Member of the Year based on the excellence of his collaboration and implementation of the society’s fall and spring research symposia. Kaplan has been recognized for his tireless and enthusiastic support of the students, faculty members, and research enterprise of the USC School of Social Work.

Assistant Professor Emily Putnam-Hornstein has been honored with the 2015 Peter W. Forsythe Award for Leadership in the Field of Child Welfare from the National Association of Public Child Welfare Administrators. The award recognizes her scholarly leadership of the Children’s Data Network at the USC School of Social Work, a data and research collaborative focused on the linkage and analysis of administrative records related to the health, safety, and well-being of children. The annual honor is awarded to an individual who has made a notable and significant contribution to research, policy, or promising practices in public child welfare.

Avelardo Valdez was appointed by then-U.S. Attorney General Eric Holder to serve a four-year term on the Science Advisory Board of the Office of Justice Programs in the U.S. Department of Justice. A professor at the USC School of Social Work, Valdez and his fellow board members will offer their views on the state of research in the justice system and affiliated fields, including guidance on how to encourage the use of science and research by practitioners.

Carl Castro, assistant professor and research director of the USC Center for Innovation and Research on Veterans & Military Families, has been invited to join the advisory board of the King’s Centre for Military Health Research at King’s College, based in London. He is the only member of the board from the United States and was selected based on the depth of his knowledge of military health research and his unique international perspective. Castro also chairs a NATO research group on military mental health training.