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**Diversity Bibliography**

1. **Addo, F., & Lichter, D. T. (2013). Marriage, marital history, and Black–White wealth differentials among older women. *Journal of Family and Marriage, 75*, 342-362. doi: 10.1111/jomf.12007**

The impact of union history and marital transitions on wealth inequality between older Black and White women was investigated in this study. Data from the Health and Retirement study was analyzed; the data indicated significant Black-White wealth inequality. Relationship histories (including marriage) are associated with wealth accumulation among older women; women who remained married accumulated higher levels of wealth than women who had disrupted relationship patterns. A woman’s position in wealth distribution affects the marriage-wealth nexus. Racial differences in total wealth between Black and White women persist throughout the wealth distribution, whereas the association between current relationship history and wealth differentials is significant among lower and middle income women: a clear racial wealth gap exists. Monitoring this wealth gap will be essential as the baby boomers enter their retirement years.

1. **Ajrouch, K. J., & Abdulrahim, S. (2014). Intersections among gender, race, and ethnicity: Implications for health. In K. E. Whitfield & T. A. Baker (Eds.), *Handbook of Minority Aging* (pp. 455-469). New York, NY: Springer.**

This chapter examines aging in the United States through the lens of intersectionality, particularly intersectionality between the identities of age, gender, and race/ethnicity, which are deemed as social constructions. A conceptual overview of intersectionality is provided; strengths as well as challenges to this approach are noted, especially in terms of health. Current literature on social roles, contextual factors, gender, and minority health is analyzed and summarized. Similarities and differences among varying racial and ethnic groups are also provided. The chapter concludes with a list of recommendations for the future, which have not yet been addressed by others.

1. **Aranda, M. P., & Lincoln, K. (2011). Financial strain, negative interaction, coping styles, and mental health among low-income Latinos. *Race and Social Problems, 3*(4), 280-297.**

The relationship between financial strain and depression in later life was examined in this article; potential mediators to this interaction were also examined. To do this, 214 low-income older Latino adults were structurally interviewed and completed a questionnaire regarding depression financial strain, social supports, socioeconomic status, and coping strategies. Findings indicated that financial strain contributed to increased depressive symptoms. In regards to coping strategies, avoidance was positively associated with higher levels of depressive symptoms. Financial strain was found to mediate the effect of sociocultural and social status on depressive symptoms. Examining the relationship between financial strain and depression can help inform policy and practice regarding low-income Latinos.

1. **Ayalon, L. & Gum, A. M. (2011). The relationships between major lifetime discrimination, everyday discrimination, and mental health in three racial and ethnic groups of older adults. *Aging & Mental Health, 15*(5), 587-594.**

This study evaluated relationships between perceived lifetime discrimination, everyday discrimination, and mental health among Black, White, and Latino older adults. The sample was from the Health and Retirement Study (HRS) of adults aged 50 and older across the U.S. The sample included 6,455 Whites, 716, Latinos, and 1,214 Blacks who completed the HRS questionnaire in 2006. Among the general sample, 30% of participants reported at least one type of lifetime discrimination, where, among Black older adults, 45% reported at least one type. Latinos were less likely to report everyday discrimination compared to Whites and Blacks. Blacks reported the highest frequency of everyday discrimination and Whites reported the lowest levels of depressive symptoms. Everyday discrimination had a stronger association with mental health outcomes than lifetime discrimination and this relationship was stronger for Whites compared to Black older adults.

1. **Bowen, M. E., & Ruch, A. (2015). Depressive symptoms and disability risk among older White and Latino adults by nativity status. *Journal of Aging Health, (27)*7, 1286-1305.**

In this study, the relationship between depressive symptoms and disability were examined based on nativity status. To do this, data was obtained from the Health and Retirement study (University of Michigan) and was analyzed via hierarchical linear modelling. Measures included: activity of daily living (ADL) abilities, instrumental activity of daily living (IADL) abilities, mobility, depression (CES-D), and nativity. The findings indicate that foreign-born Latinos have lower depressive symptom-related IADL and ADL disability than White and US born Latinos. Interventions geared towards early detection and treatment of depression may be appropriate for this population. The collaborative primary care model is recommended as an optional intervention that may be pursued.

1. **Braun, K. L., Kim, B. J., Ka`opua, L. S., Mokuau, N., & Browne, C. V. (2015). Native Hawaiian and Pacific Islander elders: What gerontologists should know. *The Gerontologist, (55)*6, 912-919.**

Individuals who identify as Native Hawaiian or Pacific Islander (NHOPI) have often been grouped with Asian Americans in demographic classification. This has led to misrepresentation of poverty rates, educational levels, life expectancy, and other factors that affect quality of life and well-being. NHOPI experience significant health disparities and lower life expectancy, which has led to fewer overall elders in this racial group compared to other racial/ethnic minorities. Potential reasoning behind continued health disparities, including historical trauma, discrimination, unique lifestyle, and cultural values, are discussed. Further research is needed to understand effective methods of intervention to reduce health disparities in this population.

1. **Braveman, P., & Gottlieb, P. (2014). The social determinants of health: It’s time to consider the causes of the causes. *Public Health Reports, Supplement 2*(129), 19-31.**

This article reviews some of the pre-existing knowledge associated with social determinants of health, specifically socioeconomic factors, and possible pathways and biological mechanisms that may explain the effects of these factors. It was long believed that medical care was the primary factor associated with health, however, this theory has expanded to incorporate other, more holistic, factors into factors that are associated with and determine health. Other social factors such as income, wealth, education, neighborhood features, and environment have been shown to play a role in both physical and mental health. Evidence indicates that causal relationship exists between many social (including socioeconomic) factors and many health outcomes are associated with complex biopsychosocial processes. Studying this proves very challenging because many factors play a role in health and measuring and accounting for all factors is dynamic and challenging. Through these challenges, the past 25 years of research have proven that social factors are just as significant in determining health as medical care may be.

1. **Bryant, A. N. & Kim, G. (2012). Racial/ethnic differences in prevalence and correlates of binge drinking among older adults. *Aging and Mental Health, 16*(2), 208-217.**

This study examined how the prevalence and correlates of binge drinking varied by race/ethnicity among older adults. Data were from the 2007 California Health Interview Survey and included adults aged 60 and older (N=18,772). Binge drinking was measured as a dichotomous variable based on whether individuals consumed five or more drinks in a day (four or more among females) within the previous year. Rates of binge drinking were calculated by race/ethnicity and a hierarchical linear regression was conducted with binge drinking as the outcome variable. Results show that prevalence was most common among non-Hispanic Whites (11.9%), follows by Latinos (10.8%), American Indian/Alaskan Native (9.8%), Blacks 98.0%, and Asians (4.2%). The strongest overall predictor of binge drinking was being a current smoker and significant results were also found for being younger, male, unemployed, having a higher poverty threshold, and educational attainment. Results also discuss correlates by race/ethnicity.

1. **Casado, B., & Sacco, P. (2012). Correlates of caregiver burden among family caregivers of older Korean Americans. *The Journal of Gerontology, Series B: Psychological Sciences and Social Sciences, 67*(3), 331-336.**

Knowledge regarding caregiving correlates among older ethnic minority groups is limited, despite rapid population growth. A cross-sectional survey was used to study caregiving correlates specifically among 146 Korean-American caregivers. Korean American elders are projected to increase to almost 7.5 million in 2050; therefore, research is essential in better understanding specific caregiver needs among this group. Background context characteristics, the primary stressor, the primary appraisal, and resources were considered as potential correlates of caregiver burden. Interactions between potential correlates were also examined. Results indicate that being female and being the care recipient’s spouse were associated with higher burden. A strong family support network and greater care management self-efficacy were able to combat this burden and were overall associated with lower burden. Regarding correlate interaction: higher levels of family agreement moderated the association between functional dependency of the care recipient and caregiver burden. Designing an approach that emphasizes strong family support, family agreement, and caregiver self-efficacy may be most appropriate in reducing burden among Korean-American caregivers.

1. **Chatters, L. M., Nguyen, A. W., & Taylor, R. J. (2014). Religion and spirituality among older African Americans, Asians, and Hispanics. In K. E. Whitfield & T. A. Baker (Eds.), *Handbook of Minority Aging* (pp. 47-64). New York, NY: Springer.**

This chapter seeks to explore religion and spirituality among three minority groups of older adults: African American, Asian American, and Hispanic/Latino through a thorough review of the literature. Religion, in this context, has been defined as “beliefs, practices, and rituals related to the sacred… religion originates in an established tradition that arises out of a community with common beliefs and practices.” Spirituality is not as concretely defined: spirituality embodies appreciation of faith traditions with emphases on transcendent states. Current research fails to distinguish between significant subgroups of each ethnic/racial minority, which limits pre-established knowledge on this topic. Most published research has also been conducted through the lenses of Christian, non-Hispanic Whites. This chapter seeks to avoid these prior errors and to explore religion and spirituality through a variety of psychosocial mechanisms and pathways in attempt to contribute to competent practice with these minorities.

1. **Chisholm, L., Weech-Maldonando, R., Laberge, A., Feng-Chang, L., & Hyer, K. (2013). Nursing home quality and financial performance: Does the racial composition of residents matter? *Health Services Research 48 (6),* 2060-2080.**

The racial composition of nursing homes is expected to diversify with the growing population of minority elders. By 2050, the proportion of minority elders is expected to increase to 42% from the current 20%. To study the effects of nursing home racial composition on the financial and quality performance of Medicare and Medicaid certified nursing homes, data from Medicare cost reports as well as from the minimum data set and the On-Line Survey certification and reporting were analyzed. Nursing homes with no or few Black residents reported higher revenues, higher operating margins, higher total profit margins, and had better processes and outcomes than nursing homes that had high proportions of Black residents. The results of the study suggest that the proportion of Medicaid and financial performance indicator somewhat mediate the relationship between the number of Black residents and quality measurements. Nursing homes with a high proportion of Black residents have lower quality because of a higher Medicaid census and lower financial reimbursement. Policy should be directed towards creating incentives for diversified nursing home settings or increasing Medicaid reimbursement rates. This would allow for more consistent care and equal opportunity for individual facility improvement.

1. **Cruz-Oliver, D. M., Malmstrom, T. K., Fernandez, N., Parikh, M., Garcıa, J., & Sanchez-Reilly, S. (2015). Education intervention ‘‘Caregivers like me’’ for Latino family caregivers improved attitudes toward professional assistance at end-of-life care. *American Journal of Hospice & Palliative Medicine*, 1-10. doi: 10.1177/1049909115584315**

During end-of-life care, non-professional/informal caregivers provide significant contributions and are highly involved. This study explores the effectiveness of a culturally sensitive and case-based education intervention in improving knowledge, attitudes, and perception regarding end-of-life resources available to Latino caregivers. *Caregivers like me* was administered to caregivers using a case-based video ‘telenovela’ and pre/posttest questionnaires. The family caregivers reported active learning and feeling high satisfaction with the educational experience. The awareness of and the willingness to accept professional help improved greatly from the pre-test to the post-test. Creating culturally sensitive educational approaches to meeting the needs of unique populations has the potential to truly help those in need.

1. **Dilworth-Anderson, P., Williams, I. C., & Gibson, R. E. (2002). Issues of race, ethnicity, and culture in caregiving research: A 20-year review. *The Gerontologist*, *42*, 237–272.**

The purpose of this article is to review and synthesize what is known about caregiving among diverse populations and to identify gaps in knowledge that can be used to guide future research. This review emphasizes conceptual theoretical approaches, sampling strategies, measurement techniques, and similarities and differences among groups and across studies. 59 articles were reviewed using a narrative approach. Results showed that caregiving experiences were diverse and unique across racial and ethnic groups. The use of non-theoretical approaches, nonprobability sampling, and inconsistent measures among studies has limited understanding of caregiving across different populations. Future research on this topic should highlight acculturation, assimilation, cultural values, beliefs, and norms, while also attempting to improve theoretical and methodological rigor for consistency.

1. **Dong , X. Q., Chang , E-S., Wong, E., & Simon, M. (2012). The perceptions, social determinants, and negative health outcomes associated with depressive symptoms among U.S. Chinese older adults. *The Gerontologist, 52*(5), 650-663. doi:10.1093/geront/gnr126**

With the growing population of Chinese elders, studying the perceptions, social determinants of depressive symptoms and their impact on health and well-being is important in understanding needs and addressing them effectively. A qualitative, community based participatory research approach was utilized in conducting semi-structured focus group interviews in congruence with questionnaires with 78 community-dwelling Chinese elders within Chicago’s Chinatown neighborhood. Results suggested that depressive symptoms were common among older adults. Feelings of helplessness, feelings of dissatisfaction with life, feelings of boredom, loss of interest in activities, suicidal ideation, and feelings of worthlessness were the most common depressive symptoms reported. Factors that may contribute to worsening depressive symptoms included: societal conflicts, personal family conflicts, financial instability, individual personality, and declining physical health. Increased public health education and awareness programs that highlight the unique needs of Chinese older adults should be geared towards social service and healthcare professionals. Future longitudinal research is recommended to identify prevalence and to quantify the risk and protective factors of depressive symptoms.

# Feng, Z., Fennell, M. L., Tyler, D. A., Clark, M., & Mor, V. (2011). The Care Span: Growth of racial and ethnic minorities in U.S. nursing homes driven by demographics and possible disparities in options. *Health Affairs*, 30 (7), 1358-65. doi: 10.1377/hlthaff.2011.0126

# The proportion of minority elders is growing rapidly; between 1998 and 2008, the proportion of minority elders living in Nursing homes increased more rapidly than the overall growth of the minority population, even in areas with high concentrations of minority populations. This suggests that there may be unequal minority access to home and community based alternatives to institutionalized care. The U.S. long-term care landscape has shifted from more traditional institutionalized long-term care to more independent, home and community based alternatives that are most often personally funded and are quite costly. The National minimum data set was analyzed in obtaining demographic composition of nursing homes and identification of racial/ethnic minority trends. Results identified the imbalance of diversity among institutionalized long-term care residents. Policy geared towards expanding alternatives to institutionalized long-term care should be geared towards the growing population of minority elders, specifically Hispanic and Asian elders.

1. **Ferraro, K. F., & Shippee, T. P. (2009). Aging and cumulative inequality: How does inequality get under the skin? *The Gerontologist, 49,* 333–343.**

This article develops a new theory, cumulative inequality theory, for the social scientific study of aging that is based on cumulative disadvantage theory and life course theories. Five axioms of cumulative inequality theory are developed and seek to explain how cumulative inequality manifests life course trajectories. This theory merges concepts from cumulative advantage/disadvantage theory, life course, symbolic interactionism, stress process, and chronic inflammation to create a new way of thinking about how inequality accumulates over time. This theory draws attention to family lineage as a source of inequality; genes, gestation, and childhood are critical factors that are linked to early and continuing inequalities. Exposure to risk and opportunities also pose as factors that significantly impact lifetime trajectories. Cumulative inequality theory has the potential to significantly impact the field of gerontology and the way social scientists view cumulative inequality.

1. **Forrest, S., Morthland, M., Kaufman, A., Chaplin, W., & Kong, G. (2011). Maintenance of quality of life improvements in diverse rural older adults. *Psychology and Aging, 26*(2), 475-479.**

Maintaining effects of cognitive-behavioral therapy (CBT) was examined in this study among 134 diverse older adult participants. The sample was predominantly composed of African American, rural, low-income, and physically frail older adults who were assigned to immediate or delayed CBT. A six-month follow-up assessment indicated that among those who completed the study, significant improvements in quality of life were reported as well as reductions in psychological symptoms relative to pretreatment assessments. Gains were maintained at follow-up, suggesting that treatment effects can be maintained among a sample of disadvantaged older adults.

1. **Freidman, D. B., Laditka, S. B., Laditka, J. N., Wu, B., Liu, R., Price, A. E., Tseng, W., … Sharkey, J. R. (2011). Ethnically diverse older adults’ beliefs about staying mentally sharp. *The International Journal of Aging & Human Development, 73*(1).**

This study examined views about how to stay mentally sharp among a sample of diverse older adults (N=396) aged 50 and older. Forty-two focus groups were conducted in four languages at nine locations in the U.S. Groups represented included African Americans, American Indians, Chinese Americans, Latinos, non-Latino Whites, and Vietnamese Americans. All groups mentioned benefits of social interactions and community engagement. Community engagement was particularly important among African American and Chinese American participants. African Americans and Whites particularly mentioned the benefits of mental exercises and all groups referenced mental stimulation, particularly reading, as beneficial. Results suggest the importance of promoting opportunities for positive cognitive and social engagement through senior services and volunteer programs.

1. **Fuentes, D. & Aranda, M. P. (2012). Depression interventions among racial and ethnic minority older adults: A systematic review across 20 years. *The American Journal of Geriatric Psychiatry, 20*(11), 915-931.**

Few depression treatments have been proved effective among older U.S. racial and ethnic minorities. This review identifies and synthesizes studies of treatments tested with racial and ethnic minority older adults including an assessment of sociocultural adaptations made to existing treatments. The systematic review included 23 studies published between 1990 and 2010 that describe outcomes for older adults by racial/ethnic group or whose samples were primarily racial/ethnic minorities. Favorable outcomes were found across five studies that used varying sociocultural adaptations. Promising results were found for studies including African American and Latino older adults, but it remains unclear how well these treatments would generalize to non-English speaking, low acculturated, low-income older adults.

1. **Funk, L. M., Chappell, N. L., & Liu, G. (2013). Associations between filial responsibility and caregiver well-being: Are there differences by cultural group? *Research on Aging, 35*(1), 78-95.**

Filial responsibility can be beneficial for a caregiver’s self-rated health and well-being when it aligns with a strong cultural norm. This study examined associations between attitudes about filial responsibility and self-rated health and well-being in three groups: Caucasian Canadian (n=100), Chinese Canadian (n=90), and Hong Kong Chinese (n=125). Respondents were interviewed in person using a structured questionnaire. Among the full sample, analyses revealed significant associations between responsibility attitudes and both self-rated health and well-being, but among Caucasian Canadians, higher levels of filial responsibility were associated with worse self-rated health.

1. **Gallant, M. P., Spitze, G., & Grove, J. G. (2010). Chronic illness self-care and the family lives of older adults: A synthetic review across four ethnic groups. *Journal of Cross-Cultural Gerontology, 25*(1), 21-43.**

This paper integrates literature on family and social ties among older ethnic minority adults with research on chronic illness self-care and examines the influences of social ties on self-care behaviors. The researchers sought to produce questions for future research and to inform culturally appropriate interventions to support social ties. The paper reports demographic and chronic illness prevalence and summarizes patterns of self-care behaviors among African American, Latino, Asian American, and American Indian older adults in the U.S. Six themes are reported that inform questions for future research.

1. **Garrett, M., Baldridge, D., Benson, W., Crowder, J., & Aldrich, N. (2015). Mental health disorders among an invisible minority: Depression and dementia among American Indian and Alaska native elders. *The Gerontologist, 55*(2), 227-236. doi:10.1093/geront/gnu181**

Individuals who identify solely as American Indian or Alaska Native (AIAN) are a quickly growing population. Between 2000 and 2010, there was a 39% increase of individuals identifying as AIAN. The proportion of elders is also growing, but the social services specifically geared towards them are not. Two primary mental health/cognitive issues that can be found among these elders are depression and dementia, and the lack of intervention to serve their needs has led many to refer to them as an invisible minority. Lack of formal research into depression and dementia among AIAN elders has led the authors to encourage further research specifically designed to explore these mental health issues. Understanding the prevalence and incidence of depression and dementia among older AIANs is instrumental in designing a strategy for dealing with this. Local, state, and federal policies should be more accommodating to the unique needs of the AIAN culture and should devote resources to not just research, but also service to this invisible minority.

1. **Goins, R. T., & Pilkerton, C. S. (2010). Comorbidity among older American Indians: The Native Elder Care Study. *Journal of Cross-Cultural Gerontology, 25,* 343-345.**

Comorbidity is a growing problem among older adults, who are most at risk of developing chronic, comorbid conditions. American Indians experience some of the highest rates of chronic conditions, but the subject of comorbidity has been ineptly studied. To study this, 505 community dwelling older American Indians were interviewed. The most prevalent chronic conditions were identified; comorbidity was examined and socio-demographic, functional limitations, and psychosocial correlates of comorbidity were explored. The results indicated that American Indians experience high rates of hypertension, diabetes, vision loss and back pain as compared to national statistics of older adults. Nearly 70% of adults interviewed experienced comorbidity. The findings of this study indicate that American Indians are lagging behind the majority of the population in health and lifespan. Chronic care and disease management services should be expanded to reach this population in congruence with further research into causes and possible prevention.

1. **Gray, H. L., Jimenez, D. E., Cucciare, M. A., Tong, H-Q., & Gallagher-Thompson, D. (2009). Ethnic differences in beliefs regarding Alzheimer disease among dementia family caregivers. *American Journal of Geriatric Psychiatry, 17*(11), 925-933.**

This study aimed to examine knowledge, attitudes, and beliefs about Alzheimer’s disease among female caregivers caring for family members with dementia. Differences across ethnic groups were also identified. Hispanic and Chinese caregivers were more likely to believe that Alzheimer’s was a normal part of the aging process and could be diagnosed through a blood test than the white caregivers. The authors suggest that these beliefs may delay family members from seeking formal assistance.

1. **Herrera, A. P., Meeks, T. W., Dawes, S. E., Hernandez, D. M., Thompson, W. K., Sommerfield, D. H., … Jeste, D. V. (2011). Emotional and cognitive health correlates of leisure activities in older Latino and Caucasian women. *Psychology, Health & Medicine, 16*(6), 661-674.**

This study examined differences in frequency of leisure activity and associations with depressive symptom burden, and cognition among older Latino and Caucasian women. The sample included Latino and Caucasian women aged 60 and older interviewed between 2004 and 2006 in San Diego County. Engagement in 16 leisure activities was measured and analyses controlled for physical functioning and demographic characteristics. Latina women were more likely to be caregivers and used computers less. Engagement in organized social activities was associated with fewer depressive symptoms for both groups of women. Listening to the radio was positively correlated to lower depressive symptoms for Latinas and better cognitive functioning for Caucasians. Housework was negatively associated with multiple positive outcomes. Findings suggest that ethnicity affects relationships between leisure activities and health outcomes.

1. **Hwa, K. K., Jang, Y., Han, R. S., & Chiriboga, D. A. (2011). Neighborhood effects on physical and mental health: A study of Korean American older adults. *Asian American Journal of Psychology, 2*(2), 91-100.**

The role of the social environment and specific neighborhood characteristics such as proportion of individuals living below the poverty rate, percentage of individuals 65 or older, and proportion of racial/ethnic minorities were examined in relation to the physical and mental health of Korean American older adults. Indicators of physical and mental health were measured through individual health perceptions and depressive symptoms. A sample of 675 community-dwelling Korean American older adults was used; a survey questionnaire was used to gather data. Neighborhood poverty was found to be the most influential predictor of health perceptions. A potential explanation of this is that economically deprived neighborhoods are also often deprived of other socioenvironmental resources that might improve health outcomes. More funding and attention should be allotted towards both formally and informally improving physical and mental health perceptions among individuals living in high poverty areas. Research has supported this, however, little has been done to combat this long acknowledged social issue.

1. **Jackson, J. S., Knight, K. M., & Rafferty, J. A. (2010). Race and unhealthy behaviors: Chronic stress, the HPA axis, and physical and mental health disparities over the life course. *American Journal of Public Health, 100*(5), 933-939.**

The challenge of living under difficult environmental and social conditions has been shown to result in physical health disparities among racial groups. For Blacks, inequities such as employment, income, and educational opportunities, are also associated with poorer metal health outcomes. Epidemiological data, however, has shown that Blacks suffer the same or lower rates of most major mental disorders as compared to non-Hispanic Whites, despite experiencing more stressors. The study explored whether unhealthy behaviors play a stress-buffering role in racial disparities in physical and mental health. Data from the first two waves of the ‘Americans’ Changing Lives study’ was analyzed. Among Blacks, a strong relationship was found between stressors and meeting major-depression criteria for those not engaging in unhealthy behaviors as compared to those who had engaged in unhealthy behaviors. Individuals who live in constantly stressful environments likely cope by engaging in unhealthy behaviors that might have protective mental health effects. These unhealthy behaviors, combined with negative environmental conditions, can lead to morbidity and mortality disparities among social groups. Interventions to target these negative behaviors and establish healthy coping strategies should begin in childhood, for preventative purposes.

1. **Janevic, M. R., & Connell, C. (2001). Racial, ethnic and cultural differences in the dementia caregiving experience. *The Gerontologist, 41*(3), 334-348.**

This literature review assesses 21 studies that compared two or more racial, ethnic, national, or cultural groups on aspects of the dementia caregiving experience. The studies included samples such as African Americans, Chinese/Chinese-Americans, Koreans/Korean-Americans, Latinos, Whites, and 14 European Union countries. The results showed mixed findings in terms of coping and social support suggesting a lack of available support among minority groups compare to Whites. The authors suggest using both quantitative and qualitative methods to specify the pathways by which race, ethnicity, and culture affect the caregiving experience, as well as expanding the focus on not only the primary caregivers but also their families and networks.

1. **Jimenez, D. E., Bartels, S. J., Cardenas, V., & Alegria, M. (2013). Stigmatizing attitudes toward mental illness among racial/ethnic older adults in primary care. *International Journal of Geriatric Psychiatry, 28*(10), 1061-1068.**

This study examined attitudes toward mental health and mental health treatment in a racially/ethnically diverse sample of older adults with common problems such as depression, anxiety disorders, and alcohol use. Specifically, researchers examined differences in perceived stigma of mental illness and perceived stigma for various treatment options. Analyses used data from completed SAMHSA Mental Health and Alcohol Abuse Stigma Assessment developed for the PRISM-E (Primary Care Research in Substance Abuse and Mental Health for the Elderly) study. The sample included 1247 non-Latino Whites, 536 African Americans, 112 Asian Americans, and 303 Latinos. Results show that African Americans and Latinos expressed higher levels of comfort with speaking to primary care physicians and mental health professional compared with non-Latino Whites. Asian Americans and Latinos showed higher levels of shame and embarrassment regarding having a mental illness than non-Latino Whites. Asian Americans reported greater difficulty seeking or engaging in mental health treatment. Results illustrate the important of educating racial/ethnic minority older adults about mental illness and engagement in mental health services.

1. **Jimenez, D. E., Alegria, M., Chen, C., Chan, D., & Laderman, M. (2010). Prevalence of psychiatric illnesses in older ethnic minority adults. *Journal of the American Geriatrics Society, 58*(2), 256-264.**

This study compared lifetime and 12-month prevalence of psychiatric disorders among Latino, Asian, African American, and Afro-Caribbean older adults to those among non-Latino whites. Data were from the National Institutes of Mental Health Collaborative Psychiatric Epidemiological Studies and were collected between 2001 and 2004. The sample included 2,375 community-dwelling older adults aged 60 and older. Non-Latino whites reported greater prevalence of lifetime diagnoses than Asian, African American and Afro-Caribbean respondents, but did not differ from prevalence among Latinos. No differences were found in 12-month diagnoses between non-Latino whites and the other ethnic/racial groups.

1. **Kail, B. L., & Taylor, M. G. (2014). Cumulative inequality and racial disparities in health: private insurance coverage and Black/White differences in functional limitations. *Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*, doi:10.1093/geronb/gbu005**

Health disparities between African Americans and Whites have long been acknowledged. African Americans have poorer self- rated physical and mental health and are at a greater risk of early mortality, psychological distress, serious illness, and disability. Differences in socioeconomic status have been identified as links between racial group membership and disparities in disabilities. African Americans have limited access to private insurance; racial differences in insurance coverage may help explain racial differences in health. To study this, different forms of private insurance coverage were used as mediators for racial disparities in onset, persistence, and acceleration of functional limitations among Medicare-eligible Americans. Data was obtained from the Health and Retirement Study; a sample of 5,766 people was used. Results showed that employer, spousal, and market insurances were strongly associated with lower persistent levels of limitation. Differences in market insurance solely accounted for racial disparities limitations. Market insurance is key mediator of the continually larger level of limitations observed among African Americans.

1. **Kalibatseva, Z., & Leong, F. T. (2011). Depression among Asian Americans: Review and** **recommendations. *International Journal of Geriatric Psychiatry, 27*(10), 1070-77.**

This paper provides a review and summary of the prevalence, manifestation, assessment, and diagnosis of depression among Asian Americans and discusses some existing issues in the assessment and diagnosis phases of treatment. Asian Americans are a growing population, and although they have lower rates of depression overall, Asian Americans seek treatment for depression less often and the quality of treatment is often less adequate. Cultural and Western perceptions of depression have also contributed to low rates of treatment. More culturally sensitive and competent treatment should be designed to properly meet the unique and complex needs of Asian Americans and to address the multidimensionality of depression.

1. **Kim, B. J., & Harris, L. M. (2012). Social capital and self-rated health among older Korean** **immigrants. *Journal of Applied Gerontology, 32*(8), 997-1014. doi: 10.1177/0733464812448528**

The population of older adults in the U.S. is becoming more diverse; by 2035, 35% of older adults is likely to be non-White as compared to 13% in 1990. With this emerging diversity, more research is needed into minority elders and their specific social and health needs. This study sought to examine determinants of self-rated health in terms of social capital and socioeconomic characteristics among older Korean immigrants. To do this, 205 older Korean, community-dwelling, cognitively competent, immigrants were surveyed. Independent variables were: age, gender, marital status, income, and social capital. Social capital was measured by five indices: social norms, trust, partnership with the community, information sharing, and political participation. Self-rated heath was the dependent variable. The results showed that being of male gender, having a high income, and high levels of information sharing were significant determinants of self-rated health among this group. These characteristics should be considered in creating interventions to improve self-rated health among older Korean immigrants.

1. **Kim, G., DeCoster, J., Chiriboga, D. A., Jang, Y., Allen, R. S., & Parmelee, P. (2011). Associations between self-rated mental health and psychiatric disorders among older adults: Do racial/ethnic differences exist? *American Journal of Geriatric Psychiatry*, *19*(5), 416-422.**

# “How would you rate your overall mental health” was used as the single measure of self-rated mental health (SRMH) among a diverse sample of older adults. This study sought to examine racial/ethnic differences between SRMH and psychiatric disorders among community-dwelling older adults. 1,840 older adults (non-Hispanic Whites, Blacks, Hispanics, and Asians) were interviewed in their own homes. Results indicated that individuals who have poor SRMH and are White, were more likely to have mood and anxiety disorders. Significant interaction effects also existed between SRMH and race/ethnicity in that the correlation of SRMH with psychiatric diagnoses was strongest among non-Hispanic Whites. Clear racial/ethnic variations in the relationship between self-rated mental health and psychiatric diagnosis were found. Development of race/ethnicity specific interventions to screen for psychiatric diagnosis among diverse populations is needed. Reasoning behind these racial/ethnic differences is an area of possible future research.

1. **Kim, G., Ford, K. L., Chiriboga, D. A., & Sorkin, D. H. (2012). Racial and ethnic disparities in healthcare use, delayed care, and management of diabetes mellitus in older adults in California. *Journal of the American Geriatrics Society, 60*(12), 2319-2325.**

# This study examined racial and ethnic differences in healthcare use, delayed care, and management of diabetes mellitus among older adults using data from the 2009 California Health Interview Survey (N=3,003) including 2,153 non-Hispanic Whites, 213 African Americans, 336 Hispanic, 306 Asian, and 59 American Indian/Alaska Native adults aged 60 and older. All participants reported a diagnosis of diabetes mellitus. Results indicate significant differences between non-Hispanic White older adults and all other groups. African Americans were less likely than Whites to see a doctor or have a usual source of care and more likely to visit the emergency department. Hispanics were more likely to test their blood glucose levels regularly. Asians were significantly less likely to test their blood glucose regularly. AI/ANs were less likely to see a doctor or visit an emergency department, but were more likely to use insulin or oral diabetic medication. Results suggest the need for racial/ethnically specific interventions for management of diabetes mellitus among older adults.

1. **Laditka, J. N., Laditka, S. B., Liu, R., Price, A. E., Wu, B., Friedman, D. B., … Logsdon, R. G. (2011). Older adults’ concerns about cognitive health: Commonalities and differences among six United States ethnic groups. *Ageing and Society, 31*(7), 1202-1228.**

# This study is informed by theories of health behavior and representations of health and illness and sought to examine concerns about cognitive health among an ethnically diverse sample of adults aged 50 and older. Forty-two focus groups were conducted in four languages with African American, American Indian, Chinese American, Latino, White, and Vietnamese American older adults in nine U.S. locations. All ethnic groups reported fear about memory loss, loss of independence, and becoming a ‘burden.’ American Indians, Chinese Americans, and Vietnamese Americans expected to experience memory loss and were concerned about stigma regarding Alzheimer’s disease. African Americans, Chinese Americans and White reported concerns about genetic risk of dementia. Despite encouragement of participants to talk about being able to think as they age, discussion focused mainly on memory loss.

1. **Lariscy, J. T., Hummer, R. A., & Hayward, M. D. (2015). Hispanic older adult mortality in the United States: New estimates and an assessment of factors shaping the Hispanic Paradox. *Demography, 52*, 1-14. doi: 10.1007/s13524-014-0357-y**

The population of older adults in the U.S. is becoming more diverse; Hispanic older adults are rapidly growing in number indicating a need to better understand their mortality patterns and to identify racial/ethnic differences in mortality. Exploring mortality among Hispanic older adults is also important in better understanding the Hispanic paradox- the similarity in mortality rates between Hispanics and non-Hispanic Whites, despite Hispanics being historically socioeconomically disadvantaged. Data was obtained from the National Health Interview Survey Linked Mortality files. Results indicate that Hispanic mortality is favorable relative to Blacks and non-Hispanic Whites, especially for foreign-born Hispanics and for mortality linked to smoking-related causes. If the socioeconomic disadvantage of Hispanics was addressed, the potential for even more favorable mortality rates may arise.

# Levine, M. E. & Crimmins, E. M. (2014). Evidence of accelerated aging among African Americans and its implications for mortality. *Social Science & Medicine, 118*, 27-32. doi: 10.1016/j.socscimed.2014.07.022

# Race has been shown to support health disparities among minorities in the United States. Overall, Blacks experience disease and death much earlier in their lives than Whites, which may suggest that Blacks are aging faster than Whites. 7644 Black and White participants (30 years and older) were studied to compare their biological ages (as determined by ten biomarkers) relative to chronological age. Results indicated that at any specified chronological age, Blacks are biologically approximately three years older than Whites. This biological age difference persists into later life, which may account for higher levels of earlier cardiovascular and cancer related disease. Blacks are biologically aging at a faster pace; addressing social, behavioral, environmental, economic and political factors that contribute to health disparities is a first step in creating an equal social environment as well as equalizing the aging process between Blacks and Whites.

# Lincoln, K. D., & Chae, D. H. (2012). Emotional support, negative interaction and major depressive disorder among African Americans and Caribbean Blacks: Findings from the National Survey of American Life. *Social Psychiatry and Psychiatric Epidemiology, 47*(3), 361-372.

# Very few studies have looked at the relationship between social support, negative interaction, and major depressive disorder among racial and ethnic minority groups. This study sought to investigate these associations with African American and Caribbean Blacks potentially experiencing major depressive disorder. To do this, cross-sectional epidemiologic data from the National Survey of American Life was utilized. Data from 3,750 African Americans and 1,621 Caribbean Blacks was analyzed. Results indicate that positive emotional support from family was associated with lower prevalence of major depressive disorder for both groups. Negative interaction with family had the opposite effect and increased potential for major depressive disorder. Emotional support acted as a mediator for negative interaction on major depressive disorder for Caribbean Blacks, but not for African Americans. Family systems should be further explored when treating an individual with major depressive disorder.

# McNally, J. W. & Sayre, M. I. (2010). Bereavement after the death of family member suffering from Alzheimer’s disease: Ethnic variation among family caregivers. *Alzheimer’s & Dementia, 6*(4), S97.

# This study used the Resources for Enhancing Alzheimer’s Caregiver Health (REACH) project data collected between 2001 and 2004 to assess the bereavement process of caregivers of family members with Alzheimer’s after the patient has died. Participants were of three distinct racial groups: Hispanic, White, and African American. Outcomes measured risk of negative caregiver health and well-being and included depression, burden, self-care, social support, and patient problem behaviors. Moderating factors of health and well-being outcomes include relationship with the patient, sociodemeographic characteristics, and physical health of the caregiver pre-loss.

# Markides, K. S., Salinas, J., & Wong, R. (2010). Ageing and health among Hispanic/Latinos in the Americas. In W. E. Dannefer & C. Phillips (Eds.), *Handbook of social gerontology.* London, UK: Sage.

# This chapter seeks to provide a general overview of aging and health among the Hispanic/Latino population living in the U.S. and in Latin America as well as identify gaps and areas for policy improvement and expansion. Immigration and high rates of fertility are contributing to the rapid growth of Hispanics/Latinos in the U.S.; despite such high rates of emigration, the population is also growing in Latin America, which is ill equipped both politically and logistically to deal with such a surge of older adults. The nature of demographic changes affecting Hispanic/Latinos in the U.S. and in Latin America are discussed in this chapter, as well as health characteristics of these populations with a special emphasis on the health of older adults. Findings from several studies aimed at exploring health issues and concerns among Hispanic/Latinos in both the U.S. and Latin America are explored and discussed. With the rapidly growing population of elders, policy changes that put ageing in the forefront are needed.

1. **Martinez Tyson, D., Arriola, N. B., & Corvin, J. (2015). Perceptions of depression and access to mental health care among Latino immigrants: Looking beyond one size fits all. *Qualitative Health Research*, 1–14. doi: 10.1177/1049732315588499**

Mental health perceptions among Latino immigrants was explored through qualitative interviews among four subgroups of Latino immigrants residing in Florida: Puerto Rican, Cuban, Mexican, and Columbian. Thematic analysis of data revealed that participants of all subgroups were aware of depression and its signs and symptoms. Differences regarding perceptions of seeking mental health services emerged between the subgroups, with the researchers predicting that life experiences and immigrant context played a role in justifying those differences. Latino immigrants have lower rates of depression then non-Hispanic Whites; they also have lower rates of seeking mental health treatment. More needs to be done to educate subgroups of Latinos where stigma regarding mental health treatment prevents individuals from seeking mental health treatment.

1. **Miyawaki, C. E. (2015). A review of ethnicity, culture, and acculturation among Asian caregivers of older adults (2000-2012). *SAGE Open*, 1–18. doi: 10.1177/2158244014566365**

This analysis used a narrative approach to identify domains of care experiences among studies of Chinese, Filipino, Japanese, Korean, and Vietnamese caregivers in the U.S. and Canada. 46 peer-reviewed journal articles published between 2000 and 2012 were utilized. Three primary domains of care experience were identified: caregivers’ experiences domain, cultural values domain, and the acculturation domain. Within the caregivers’ experience domain, filial responsibility and the effects of this on caregiving were prominent themes. In the cultural values domain, reciprocity and familism were present. In the acculturation domain, caregivers’ generations played a significant role in influencing their experiences. As our society becomes more diverse, studies of older adults should be more sensitive to specific racial/ethnic subgroups and minorities.

1. **Park, N. S., Carrion, I. V., Lee, B. S., Dobbs, D., Shin, H. J., & Becker, M. A. (2012). The role of race and ethnicity in predicting length of hospice care among older adults. *Journal of Palliative Medicine, 15*(2), 149-153.**

The purpose of this study was to assess the role of race and ethnicity in predicting the length of hospice care among adults 65 and older. The sample included 16,323 patients who received hospice care in Florida between 2002-2006, 58.5% of whom passed away during the given period. The majority was white (83.5%), 7.6% were African American, and 8.9% were Hispanic. Hispanic patients had the longest average hospice stays, followed by African Americans, and whites. In addition, gender, age, diagnosis, and referral source significantly predicted length of stay.

# Pickett, Y. R., Bazelais, K. N., & Bruce,M. L. (2013). Late-life depression in older African Americans: A comprehensive review of epidemiological and clinical data. *International Journal of Geriatric Psychiatry, 28*(9), 903-913.

# Our society is rapidly changing, both demographically and culturally. The proportion of older African American adults is expected to triple by 2050. Understanding the unique mental health needs of these individuals has been insufficiently explored despite knowledge of the negative impact of late-life depression. This review attempts to summarize prevalence, correlates, course, outcomes, symptom recognition and treatment of depression for older African American adults. A literature review was conducted; relevant and recent articles were included in the analysis. In most studies, African Americans were found to have higher rates of depression than older non-Hispanic Whites, however, African Americans were less likely to be recognized as having depression and were subsequently less likely to be receiving treatment. This highlights and contributes to the significant racial and ethnic health disparities that exist between racial minorities and Whites in the U.S. Improving the care and recognition of older adults with depression, especially among racial minorities, is necessary to reduce disparities in health and mental health.

1. **Pinquart, M., & Sorensen, S. (2005). Ethnic differences in stressors, resources, and psychological outcomes of family caregiving: A meta-analysis. *The Gerontologist*, *45*, 90–106.**

This study sought to investigate ethnic differences in caregiver background variables, objective stressors, filial obligation beliefs, psychological and social resources, coping processes, and psychological and physical health through a meta-analysis of 116 empirical studies. Results indicated that ethnic minority caregivers were of lower socioeconomic status, were less likely to be a spouse, were younger, and were more likely to receive informal support from others. Ethnic minority caregivers were also more likely than Whites to provide more care and had stronger filial obligations beliefs. Asian-American caregivers were less likely to use formal support than African American and Hispanic caregivers. African American caregivers expressed lower levels of caregiver burden and depression; Asian American and Hispanic caregivers were more depressed than White non-Hispanic caregivers. Among all groups of ethnic minority caregivers, worse physical health was reported as compared to Whites. Intervention needs among ethnic minority groups vary; more research into each ethnic minority specifically is needed to create empirical and effective interventions to help the caregivers.

1. **Roh, S., Brown-Rice, K. A., Lee, K. H., Lee, Y-S., Lawler, M. J., & Martin, J. I. (2015a). Stressors, coping resources, and depressive symptoms among rural American Indian older adults. *Social Work in Public Health, 30*(4), 345-359. doi: 10.1080/19371918.2015.1019174**

Examining the associations of physical health stressors and coping resources with depressive symptoms among American Indian older adults was the purpose of this study. A convenience sample of 227 rural residing American Indian older adults was used; data was gathered via a self-administered questionnaire. Three sets of predictors on depressive symptoms were tested using hierarchical multiple regression: sociodemographic, physical health stressors, and coping resources. Despite having two or more chronic conditions, most participants reported little difficulty with their activities of daily living and their instrumental activities of daily living. Depressive symptoms were more associated with perceived social support and lower scores on functional abilities. Women with no health insurance also had higher levels of depressive symptoms. Social work professionals should engage with family and community among American Indian older adults to create effective interventions and to advocate for access to health care for all, especially mental health care for women.

1. **Romo, R. D., Wallhagen, M. I., Yourman, L, Yeung, C. C., Eng, C., Micco, G., … Smith, A. K. (2013). Perceptions of successful aging among diverse elders with late-life disability. *The Gerontologist, 53*(6), 939-949.**

The perspective of elders with late-life disability have not been well described in reference to what successful aging looks like. This study aimed to explore the meaning of successful aging among a diverse sample of community-dwelling older adults with late-life disability among a sample of 56 African American, White, Cantonese-speaking Chinese, and Spanish-speaking Latino elders through semi-structured interviews. Participants were all involved in On Lok Lifeways, a Program of All-Inclusive Care for the Elderly. Findings suggest that aging results in “living in a new reality” and that participants achieved successful aging using adaption and coping strategies to align their perception of success with their own experiences. Some themes were common across groups, but some differed by racial/ethnic group. Most felt that they themselves had aged successful thus far.

# Sautter, J. A., Thomas, P. A., Dupre, M. E., & George, L. K. (2012). Socioeconomic status and the Black-White mortality crossover. *Research and Practice, 102*(8), 1566-1571.

# In the U.S., research has shown that Blacks have higher mortality rates than Whites. By late life, a mortality ‘crossover’ occurs in which elevated age-specific mortality rates among Blacks invert with those of Whites at advanced ages. This study sought to investigate associations among age, race, socioeconomic status, and mortality among older adults and whether low socioeconomic status contributes to the Black-White mortality crossover. Data from four waves of the North Carolina site of the Established Populations for Epidemiologic Studies of the Elderly was analyzed. The results showed that the association between low education and mortality did not vary by race or age and was only significant among men. For women, the effects of being low socioeconomic status diminished with increasing age and had little effect on the crossover. For men, being of lower socioeconomic status varied by race and age and played a role in altering the Black-White crossover by producing low-high income crossovers at higher ages. Targeting income inequality through policy and practice are recommended outcomes of this research.

1. **Schafer, M. H., & Ferraro, K. F. (2012). Childhood misfortune as a threat to successful aging: Avoiding disease. The Gerontologist, 52 (1), 111-120. doi: 10.1093/geront/gnr071**

Examining the role that childhood misfortune plays in being disease free in adulthood was the purpose of this study. Childhood misfortune might include abuse, neglect, financial strain, and so on. Adults, aged 25-74 and living in the U.S., were interviewed via telephone in 1995 and then again in 2005. The results indicated that higher levels of misfortune in childhood correlated with a lower probability of disease avoidance, which is consistent with a life course view of successful aging. The impact of childhood misfortune on disease in adulthood is approximately equal to the impact of moderate lifetime smoking and obesity on disease in adulthood. This severe comparison highlights the need of proper intervention in childhood to prevent disease in adulthood and to pave the way for successful and healthy aging.

1. **Simon, M. A., Chen, R., & Dong, X. Q. (2014). Gender differences in perceived social support in U.S. Chinese older adults. *Gerontology & Geriatric Research, 3*, 4. doi: 10.4172/2167-7182.1000163**

Social support is a key piece of successful aging; this study examined gender differences in perceived positive and negative social support among U.S. Chinese older adults. Data from The Population Study of Chinese Elderly (PINE) in Chicago was analyzed. Results indicate that older Chinese women and men were more likely to perceive support from family and spouse than from friends; men were specifically more inclined to perceive spousal support as negative than women. Younger age, higher levels of education, being married, living with more people, better overall health, better quality of life, and improved health over the past year were positively correlated with perceived positive social support in older women. Gender played a role in perceived social support in U.S. Chinese older adults and should be considered in practice.

1. **Taylor, R. J., Chatters, L. M., Woodward, A. T., & Brown, E. (2013). Racial and ethnic differences in extended family, friendship, fictive kin, and congregational informal support networks. *Family Relations, 62,* 609-624. doi: 0.1111/fare.12030**

Interaction with friends and family is a daily aspect of most Americans’ lives. This study sought to examine and determine similarities and differences among the social/kin networks of African Americans, Caribbean Blacks, and non-Hispanic Whites. Data was taken from the National Survey of American Life: Coping with Stress in the 21st century; 6,082 total interviews were conducted. Measures of informal support included family, friends, fictive kin, and congregational church networks. African Americans were more likely to rely on congregational networks for support whereas non-Hispanic Whites were more involved with friendship networks. African Americans were and Caribbean Blacks had larger fictive kin networks than Whites, but Whites with fictive kin received support from them more frequently than African Americans and Caribbean Blacks did. Examining social support networks provides a strengths based approach to identifying and exploring ethnic differences among populations.

1. **Tendulkar, S. A., Hamilton, R. C., Chu, C., Arsenault, L., Duffy, K., Huynh, V., ... Friedman, E. (2012). Investigating the myth of the ‘‘Model Minority’’: A participatory community health assessment of Chinese and Vietnamese adults. *Journal of Immigrant & Minority Health, 14*, 850-857. doi: 10.1007/s10903-011-9517-y**

Asian American’s have often been referred to as the ‘model minority.’ Despite this stereotype of perfection, health concerns within Asian subgroups are becoming a prominent issue that needs to be addressed. A cross-sectional participatory community health assessment was implemented to understand demographic, healthcare access, and health similarities and differences among Chinese and Vietnamese adults. A survey tool was created, with the help of community stakeholders, that focused on healthcare access, health status, behavioral health, and chronic disease history and management. Results indicated that healthcare access and poor health status were major concerns among Chinese participants. Mental health issues and symptomology presented as areas of concern in both groups. Identifying the primary health concerns of these two Asian subgroups paves the way for interventions that target these needs.

1. **Thorpe Jr, R. J., Koster, A., Bosma, H., Harris, T. B., Simonsick, E. M., van Eijk, J. Th. M., … Kritchevsky, S. B. (2012). Racial differences in mortality in older adults: Factors beyond socioeconomic status. *Annals of Behavioral Medicine, 43*, 29-38. doi: 10.1007/s12160-011-9335-4**

The association between socioeconomic status, psychosocial factors, and health related factors on race differences in mortality in older adults has been insufficiently explored. This study sought to investigate the association between race and mortality and the role of socioeconomic status, health insurance, psychosocial factors, behavioral health, and health-related factors in supporting these differences. Data was obtained through the Health, Aging, and Body Composition Study. 2,938 older adults participated over a span of eight years. Results indicated that in regards to racial differences in all-cause mortality, socioeconomic status accounted for 60% of these differences; behavioral factors and self-rated health perceptions reduced the disparity. Socioeconomic differences supported the racial differences in heart disease mortality. Health insurance and behavioral health were slightly associated with race differences regarding cancer mortality. Racial differences in mortality still exist and developing health policies and health promotion strategies focused on preventing premature mortality, especially among Blacks.

1. **Villa, V. M., Wallace, S. P., Bagdasaryan, S., & Aranda, M. P. (2012). Hispanic baby boomers: Health inequities likely to persist in old age. *The Gerontologist, 52,* 166-176. doi: 10.1093/geront/GNS002**

Relatively little is known about the health status of the Hispanic baby boom population. Older Hispanics are expected to account for 20% of the next generation of older adults; they are the fastest growing minority population among adults 65 and older. Data was gathered from the California Health Interview Survey; measures included: the odds of getting diabetes, hypertension, obesity, self-rated health, and functional difficulties. Primary findings indicate that Mexican-origin individuals are disadvantaged, compared to non-Hispanic Whites, regarding socioeconomic status and several health related outcomes. This disadvantage in health attenuates when controlling for socioeconomic status and demographics, but it remains high for diabetes, obesity, and self-rated health. The cumulative disadvantage that Hispanics face will persist as the population ages and will reinforce health disparities. Health policy should expand to include adequate, quality, and attainable healthcare for Hispanics prior to entering later adulthood.

1. **Vinson, L. D., Crowther, M. R., Austin, A. D., & Guin, S. M. (2014). African Americans, mental health, and aging. *Clinical Gerontologist, 37*(1), 4-17. doi: 10.1080/07317115.2013.847515**

A review of relevant literature indicates that African Americans are more likely to be diagnosed with depression, anxiety, and dementia compared to Whites and Hispanics. Assessment of depression, anxiety, and dementia among this population has been complicated by differences in symptom presentation and the lack of an assessment tool that has been validated for use in ethnically diverse older populations. Currently, the Geriatric Depression Scale has been the primary tool used in diagnosing depression, however, this tool does not account for cultural and social differences among various populations. Disparities in treatment also exist and these disparities are exacerbated by stigma and lack of available resources in communities of need. Enhancing cultural competency regarding depression, anxiety, and dementia among ethnically diverse populations should be consisted in clinical practice and in research.

1. **Williams, D. R., & Sternthal, M. (2010). Understanding racial-ethnic disparities in health: Sociological contributions. *Journal of Health and Social Behavior, 51 Suppl,* S15-S27.**

Sociologists have made four principal contributions to the study of racial and ethnic inequalities in health in the United States. First they have disputed and problematized the biological understanding of race; race is a socially constructed concept more than a biologically based one. Second, sociologists have highlighted the primacy of social structure and contexts as determinants of racial differences in health and disease. Third, they have contributed greatly to research regarding the multiple ways in which racism affects health. Lastly, they have added to our understanding of the ways in which migration history and social status can affect health. Sociologists have played a key role in providing insights on racial disparities in health.

1. **Yancu, C. N. (2011). Gender differences in affective suffering among racial/ethnically diverse, community-dwelling elders. Ethnicity & Health, 16(2), 167-184.**

Past research indicates that females are more likely to report unipolar depression. This study examines the generalizability of this finding among racially/ethnically diverse community-dwelling older adults. The sample included 996 Latino, 717 black, and 415 white older adults. The Index of Affective Suffering was used to assess prevalence of depressive symptoms among each racial group and gender. Females in the sample reported more depressive symptoms than males, and white and Latina women reported more symptoms of clinically significant affective suffering than males. There was no significant difference found among black respondents. Risk factors commonly associated with depression failed to explain found differences. Findings indicate limitations of the generalization that females report depression more often and illustrate a need for a better understanding of the factors contributing to this difference when present.

1. **Yao, L., & Robert, S. A. (2011). Examining the racial crossover in mortality between African American and White older adults: A multilevel survival analysis of race, individual socioeconomic status, and neighborhood socioeconomic context. *Journal of Aging Research.* Article ID 132073. doi:10.4061/2011/132073**

This article sought to examine whether individual and neighborhood socioeconomic context contributes to Black/White differences in mortality among older adults in the U.S. Data from the Americans’ Changing Lives and census tract data were analyzed via multilevel survival analysis. Results indicated that Blacks have higher mortality in younger old-age than Whites, but after age 80, the reverse occurs and Blacks have lower mortality than Whites. Lower individual and neighborhood socioeconomic status contribute to the mortality risk of older adults, but do not fully explain racial disparities in mortality. Even after controlling for multilevel socioeconomic status, the racial mortality crossover persists, potentially indicating that Black older adults experience selective survival at older ages. Addressing individual and neighborhood socioeconomic levels might help reduce inequality among minorities.

# Yoo, G. J., Musselman, E., Lee, Y-S., & Yee-Melichar, D. (2014). Addressing health disparities among older Asian Americans: Data and diversity*. Generations*, *38*(4), 74-81.

This article provides an overview of the diversity found within the term “Asian Americans” and provides data and information regarding prominent health issues found among subgroups. This article also discusses barriers that prevent individuals from seeking adequate and affordable treatment. Cancer, diabetes, heart disease, hypertension, depression, and Alzheimer’s disease are the most prevalent health issues found among Asian American subgroups, however, low socioeconomic status, low educational achievement, recent immigration, cultural stigma, and lack of English proficiency were identified as barriers to seeking treatment. Working more closely with specific subgroups of Asian Americans may help minimize barriers to healthcare in regards to diseases most prevalent in that sub-group.