

Chapter 18

Overview: Policy Responses, Political Realities and Cross-National Variations: Responding to Health and Social Needs of the Latino Century

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The demographic imperative facing the America's and the new emerging population of older Latinos has a profound relevance for how we pay, for whom we provide benefits and for how nation's respond to these new realities. This volume has shed important intellectual and analytical light on the demographic trends, economic, social and cultural factors, methodological needs and the bi-national and transnational migration issues facing aging in the America's. This last section brings together the mezzo aspects of health care financing and programs in the U.S. and its impact on Latino elders and the macro aspects of how governments and nation's vary in their response to aging and the new realities of longevity.

Within the mezzo sphere lie important questions about how U.S. entitlement programs and recent health care policy developments address health care disparities faced by Hispanics in general and Latino elders, in particular. If we, as scholars and advocates, are to influence how governments ought to serve the growing numbers of Latino elders, in the U.S. and throughout the Americas, it behooves us to first ask: what is occurring within current social policies designed to provide health care to older persons in general and what structural and policy changes might be evolving that impinge on the ability of Latino elders to receive access to medical, health and long-term care services commensurate with their particular needs?

Two papers in this section provide intriguing insights to these mezzo concerns. Brown, Wilson and Angel address "head-on" the existing system of Medicaid benefits for U.S. beneficiaries (eligibility is determined via income testing and though designed for poor and disabled often becomes nursing home coverage for older persons with declining assets) and the Affordable Care Act (ACA), designed to expand health care coverage through the private sector, subsidies for small businesses, an individual mandate to obtain health insurance and expanding state Medicaid programs for low-income individuals. Brown et al. raise an intriguing concern: what happens when states are given the option (through a recent U.S. Supreme Court decision) to "opt-out" of expanding Medicaid and thus reject federal subsidies. Their

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paper examines the relationship and causality of opting out of Medicaid expansion and seek to understand the impact of such a decision on the ability of the ACA to address the health disparities facing Latino's and Latino elders. Perhaps not surprisingly, this study demonstrated that in fact, this opt-out feature harms the ability of the ACA to achieve its stated goals and the paper points out the irony that those states resisting Medicaid expansion are in fact the states with the highest number of uninsured Latinos and where medical and health care needs (as well as long-term care) are the greatest.

The greater irony perhaps in the ideological debates about the role of government (too much, not enough), the role of the private sector (more or less) and the public's mercurial relationship with taxation (disenchantment with paying taxes) is an alternative policy response by conservative and free market advocates and those states that opt out of the ACA Medicaid expansion: encourage individuals to save for their health needs and provide financial incentives/disincentives to overutilization of medical services. Thus, the next paper in this section sheds an important indicator about this "individual responsibility" to pay for medical care. Odufuwa, Berrens and Valdez examine the "racial and ethnic disparities in willingness to pay for improved health." The salience of this paper lie with understanding the economic behavior of populations and the "willingness to pay" (WTP). Comparing the proclivity for WTP by non-Hispanic whites and minorities, the analyses found that in general, minorities evidence a modest WTP to consider paying more yet when examined within the terms of absolute added dollars and sacrificing current consumption of goods and services, the authors found that minorities are less willing than whites to pay increasing dollars for improved health care, even with the presence of risky behaviors (alcohol and tobacco use). The behavioral reasons for a WTP is unclear but the authors surmise that other economic and social mechanisms play a role in the WTP. Regardless of the ultimate reasons, this study provides important clues that the use of tax policies such as health savings accounts, high deductibles and co-pays and otherwise relying on private pay approaches may not work effectively with minority and diverse populations.

The economic complexity of aging in the America's is further amplified in the Gassoumis, Wilbur and Torres-Gil treatise on the "Economic Security of Latino Baby Boomers." A new line of inquiry is presented via this paper—the subgroup that represents the nexus of baby boomers and Latinos: Aging Latino Boomers. The approximately 8 million in this subgroup may well be the "canary in the mineshaft" since aging Latino Boomers are both the next generation of Hispanic elders in the U.S. and represent the new governing elites in the Hispanic community (the political, economic, academic, cultural leadership). Gassoumis et al. assess the nature of the racial and ethnic structural economic disparities facing this emerging subgroup and ascertain the root factors that may enable or inhibit their economic, social and health advancement. Utilizing comparative sampling among Baby Boomers and Silent Generation cohorts and comparing to Asians populations, the authors surmise that of all the challenges facing the next generation of Latino elders; education and naturalization go to the "head-of-the-class." In their estimation, the two most likely avenues for redressing the health and economic disparities among Latino Baby

Boomers—improving educational outcomes and promoting naturalization and a “path to citizenship”—are most likely to promote long-term positive outcomes.

Yet, the future of aging in the America’s is not confined to the northern hemisphere or to the United States. Ultimately the commonalities facing aging in South America, Central America and North America are universal yet the responses vary dramatically. Two papers lend themselves to important insights about the role of government and public policy and the bi-national opportunities for reshaping the hemisphere’s response to it’s aging. Gutiérrez Robledo, Ortega and Campos provide a comprehensive overview of the “Present State of Elder Care in Mexico.” This seminal piece brings together the past, present and future endeavors of our neighbor to the south as it grapples with a demographic transition little-noted; rapid aging and declining fertility levels. The demographic dividend of a large youthful and working age-population is about to transform to a large elder population, decline in the youth cohort and a shift from traditional reliance on family for social, health and long-term care of the elderly. Gutiérrez Robledo et al. characterize Mexico’s response to this new reality as “untimely and inadequate” and with a reliance on a health care and social system of benefits and services leaving large segments of its population vulnerable to the vagaries of longevity. Yet, Mexico is making incremental advances in expanding social insurance and public benefits and the creation of a “National Institute of Geriatrics.” The authors raise an intriguing possibility of a “Gray Vote” that may empower future generations of Mexican elders to exercise their potential political influence as they demonstrated in a 2000, Mexico City (el Distrito Federal) law creating a non-contributory pension for the 18.2% of D.F. elders.

The issue of retirement security in the Americas receives important investigation by Angel and Perieira on “Pension Reform, Civil Society and Old-Age Security in Latin America.” Although all nations in the Americas face a common demographic reality of longevity, declining fertility rates and changes in family roles and care giving, each, in turn, addresses these realities in different ways. Argentina, Chile, Mexico and Uruguay present contrasting models in their efforts to mitigate the vulnerabilities of old age. Chile, for example, is well known for its privatization of a pension system based on social insurance. The Pinochet government experimented with an ideological model based on private investments and individual responsibility. While this approach had initial success, the continued vulnerabilities faced by retirees led to a more balanced approach of public subsidies, personal savings and individual retirement accounts. Argentina continues to rely on public pensions while encouraging private accounts and personal savings. Mexico has long utilized public pensions for select constituencies (e.g. oil workers and government employees) but with large segments of Mexico elders without a safety net, it is creating a mix of public subsidies and expanded pensions. Uruguay appears to focus on individual retirement accounts. What these four nations have in common are attempts to incrementally provide a minimal measure of retirement supports while the social and economic disparities faced by growing numbers of older persons continue to test the ability of the public and private sectors to provide a comprehensive safety net. Yet, each nation, provides important experiments and lessons that can serve as

models for the entire hemisphere including as the authors suggest, an expanded role for civil society and non-governmental and faith based organizations.

Finally, in “A Politics of Aging in a Majority-Minority Nation,” Demko and Torres-Gil examine a development unique to the United States but evidenced in other parts of the globe: the interconnection of two profound trends: the aging of a society while its mix of racial and ethnic group changes. The advent of longevity and growth of older populations while the previous minority groups become a new majority, creates a new dynamic that both complicate and create new opportunities for addressing aging and diversity. Other nations throughout Asia and Europe are facing similar developments but the United States presents an important model given the propensity of older persons to be an important political and electoral force while minority and racial groups, including Latino’s evolve their own political and electoral influence. Where and how this new politics of aging and diversity will influence the public and private sectors response to longevity is uncertain but the authors suggest that the potential for intergenerational and interethnic/interracial tensions and relationships can both complicate and create opportunities for new alliances based on age, race and ethnicity.

The papers in this sections raise perhaps more questions than answers but they present an important contribution in outlining the frameworks by which we can better understand the twenty-first century reality that the Americas are aging and undergoing profound changes related to financing, public policy and politics: such changes will have an immeasurable impact on the health, long-term care and social conditions facing new generation of elders throughout the Americas.