



Kellogg Health Scholars

Connecting Academe, Community, and Policy

M E E T T H E K E L L O G G H E A L T H S C H O L A R S

Angelica P. Herrera, M.P.H, Dr.P.H.

Angelica Herrera is a first-generation Mexican American whose career bridges community health and cross-disciplinary academic research in California, New York and Texas.

“I’m especially interested in helping Latino elders and their family caregivers manage illness and age well in their communities,” she says. Growing in San Ysidro, California, a border town with a high disease burden and many recent immigrants who lack access to care, she saw first hand the impact of health disparities and resolved to do something about them. She is currently exploring culturally tailored models of chronic disease in community health centers, among other innovative ways of meeting families’ needs.

Herrera received a bachelors degree in biochemistry from the University of California, San Diego, even as she spearheaded local health promotion and education efforts. She went on to earn a masters in public health and epidemiology at the State University of New York, Albany, and a doctorate in public health from Loma Linda University with an emphasis on health administration and policy.

Participation in the Kellogg Health Scholars Program allowed Herrera to further pursue her interest in healthy aging for Latino elders. With the completion of this postdoctoral fellowship she has joined the University of California, San Diego, as a postdoctoral fellow in aging and mental health in the Division of Geriatric Psychiatry and the Stein Institute for Research on Aging.

Research and Results

In a mixed-methods study, Herrera examined influences on the use of home and community-based services by Mexican American family caregivers in San Diego. Published results indicated that family relationships and Medicaid eligibility were important in determining whether the services were used. In addition, caregivers reported that lack of cultural or linguistic sensitivity to Latinos was a deterrent to use. Finally, contrary to beliefs about Latino family cohesion, most caregivers received little to no help from relatives in their daily care of the relative.

Herrera’s postdoctoral work included an analysis of

the role of religiosity and spirituality on caregivers’ physical and emotional health, leading to publication in *Aging and Mental Health*. She found that some forms of religiosity were associated with lower perceived burden and better emotional health, and that caregivers with negative religious coping were more likely to have symptoms of depression.

Bridging into the future, Herrera is hoping to secure a career development grant from the National Institute on Aging to study a family-centered, culturally tailored chronic disease management model of integrated geriatric care. She would test the relationship between family caregivers’ well being and self-efficacy and the successful management of the care recipients’ diabetes according to clinical measures.

Policy Implications

Latinos are a substantial proportion of the overall population and the fastest growing segment of the U.S. elderly population, expected to increase to 15 million by the year 2050. Their access to home and community-based services such as adult day care can help families keep elders at home in concert with cultural preferences, and reduce the need for costly institutionalization.

“With fewer resources on hand at retirement, frail and disabled elderly Latinos may have limited options for care in their deep old age,” Herrera explains. “Middle-income elderly, not eligible for Medicaid (the primary payment source), are at greatest risk for underutilization of needed home and community-based care. Family caregivers, who are often women, may be geographically isolated from the aging relative. More women are working outside the home, caring for children, and already facing conflicting demands in time and commitment. Not surprisingly, they often make major sacrifices to also care for aging relatives. They forego work, travel further distances (sometimes binationally in border communities), exhaust their own economic resources, and risk the deterioration of emotional and physical health so common among caregivers.”

So Herrera, an emerging community leader in Latino aging, warns that unless health professionals, policymakers, and the Latino community recognize these deficits and resolve to address them, the picture ahead is grim. “As people live longer and the prevalence of such chronic conditions as diabetes and Alzheimer’s disease grows, the demand will devastate families. There is a self-defeating fallacy in believing that the strong Latino preference to care for their own aging relatives can address all needs. It’s said that love can’t go to work for you and pay the bills. And similarly, well-meaning families need support so that they can provide adequate services to aging relatives with complex conditions.”

More broadly, she says, “If we can expand culturally sensitive community support services to family caregivers, and integrate family members into models of disease management for the elderly, we can improve well-being of both older adults and their caregivers.”

To learn more about Angelica P. Herrera, Dr. PH, and her work, contact her at apherrera@ucsd.edu and/or consult the following publications:

Herrera, A.P., Lee, J.W., Palos, G., and Torres-Vigil, I. 2008. Cultural Influences in the Patterns of Long-term Care Use among Mexican-American Family Caregivers. *Journal of Applied Gerontology* 27:141-165.

Herrera, A.P., Lee, J.W., Nanyonjo, R., Laufman, L., and Torres Vigil, I. (in press). Religious Coping and Caregiver Well-being in Mexican American families. *Aging and Mental Health*.

Gany, F.M., **Herrera, A.P.**, Avalone, M., and Changrani, J. 2006. Attitudes, knowledge, and health-seeking behaviors of five immigrant minority communities in the prevention and screening of cancer: A focus group approach. *Ethnicity and Health* 11:19-39.

Torres Vigil, I., Aday, L.A., Reyes-Gibby, C., De Lima, L, **Herrera, A.P.**, Mendoza, T., and Cleeland, C.S. 2008. Assessments of the Quality of Advanced Cancer Care in Latin American Medical Institutions: A Comparison of Predictors in Five Countries: Argentina, Brazil, Cuba, Mexico, and Peru. *Journal of Pain and Palliative Care Pharmacotherapy* 22 (1): 7-20.

Thiel de Bocanegra, H., Trinh-Shevrin, C., **Herrera, A.P.**, and Gany, F. 2008. Mexican Immigrant Male Knowledge and Support Toward Breast and Cervical Cancer Screening. *J Immigr Minor Health*. June 13 2008. [Epub ahead of print].

King, D.W., Snipes, S.A., **Herrera, A.P.**, and Jones, L.A. 2008. Health and Healthcare Perspectives of African American Residents of an Unincorporated Community: A Qualitative Assessment. *Health and Place*. [Online, August 2008].

Snipes, S.A., Thompson, B., O’Conner, K., Shell-Duncan, B., King, D., **Herrera, A.P.**, and Navarro, B. (in press). Pesticides Protect the Fruit, But Not the People...Using Community-Based Ethnography to Understand Farmworker Pesticide Exposure Risks. *American Journal of Public Health*.

To learn more about the Kellogg Health Scholars Program, contact Barbara Krimgold of the Center for the Advancement of Health at bkrimgold@cfah.org or visit www.kellogghealthscholars.org.