Aging in Mexico:

The Most Vulnerable Adults

MHAS Fact Sheet: 20-2, May 2020

How can we improve the chances that older adults survive public health crises such as epidemics or natural disasters? Those in good physical health, with social support, and without depression are more likely to do well. Factors such as old age, chronic conditions that weaken the immune system, and lack of health insurance can reduce the chance of surviving a crisis. With this in mind, we present characteristics that signal vulnerability among older adults in Mexico.

Mexico is undergoing fast population aging. In 2019, 11% of the population was age 60 and older, or 13.9 million people.[1] Of these, 57% were aged 60-69, 29% were 70-79, and 14% were aged 80+.[2]

The latest nationally representative evidence for the adult population aged 60+ comes from the MHAS 2015. We use this survey data to describe the health and socioeconomic characteristics of older adults aged 60+.

The Mexican Health and Aging Study (MHAS) is a national study of adults 50 years and older (n=15,000) in Mexico.[3] It was designed to evaluate the impact of disease on health, function and mortality. It is the first longitudinal study of older Mexicans with a broad socioeconomic perspective and has produced over 270 publications. Five waves of data have been collected since the baseline in 2001, through 2018. One more wave is planned for 2021. The MHAS is partly supported by the National Institutes of Health/National Institute on Aging (R01AG018016, R Wong, PI) and the INEGI in Mexico.

ISSUE 20.2 CONTRIBUTORS

Jaqueline C. Avila, PhD Candidate
Alejandra Michaels-Obregon, MSc, Data Manager, MHAS
Rebeca Wong, PhD, MHAS Principal Investigator, UTMB

Mexican Health & Aging Study

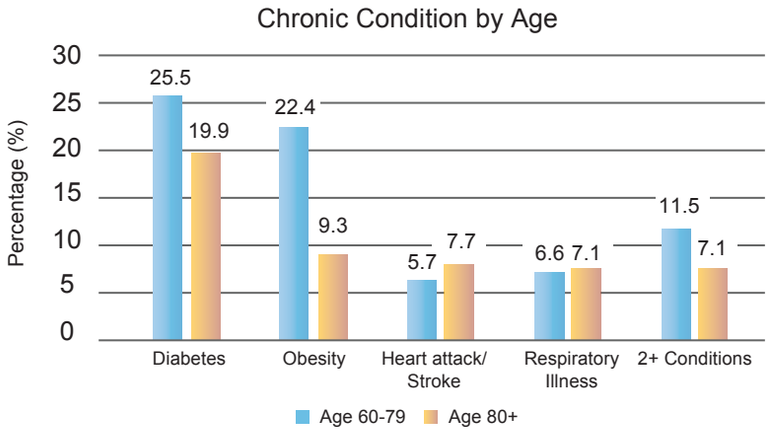
WEBSITES

www.MHASweb.org (English)
www.ENASEM.org (Spanish)

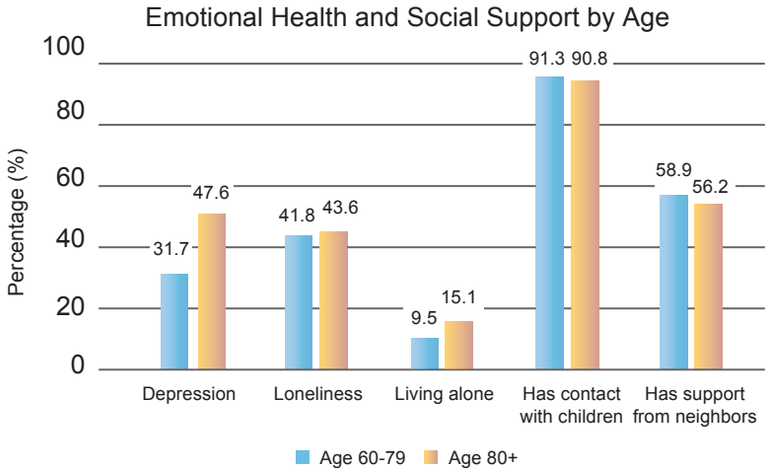
CONTACT US

info@mhasweb.com (E-mail)
@MHAS_ENASEM (Twitter)

Diabetes and obesity are more common among those aged 60-79 compared to 80+. Many older adults have more than one chronic condition.



Older adults have a strong family and social network. However, the percentage of adults reporting loneliness and depressive symptoms is higher among the oldest adults.



VULNERABILITY BEYOND POOR HEALTH:

Smokers are more vulnerable to respiratory diseases. While 14.7% of those aged 60-79 are smokers, 39.7% have smoked at some time in their lives. Of those aged 80+ only 7.8% still smoke. Similarly, those without flu or pneumonia vaccination are also vulnerable; 37.6% of those aged 60-79 and 34.5% of those 80+ did not receive either the flu or the pneumonia vaccination.

Living in large urban areas increases the risk of respiratory diseases due to pollution and density; 47.8% of those aged 60-79 and 40.1% of those 80+ live in urban areas. Yet, those living in a rural area have lower access to health care services.

Those without health insurance are less likely to have proper access to care for chronic diseases and during a public health crisis; 8.5% of those aged 60-79 and 9.9% of those 80+ were uninsured.

GENDER DIFFERENCES IN VULNERABILITY:

Compared to women, men aged 60+ are more likely to have ever smoked, more likely to have heart disease, and are less likely to receive flu or pneumonia vaccine.

Women aged 60+ are more likely to have diabetes, depression, obesity, and respiratory illness. They are also more likely to report feeling lonely. Nevertheless, women are more likely than men to have friends or neighbors to rely on.

Sex disparities differ when considering those aged 80+: men are more likely to have respiratory illness and more likely to have friends to rely on, while women are less likely to have a flu or pneumonia vaccine.

RECOMMENDATIONS

- Identify the populations at highest risk to target public health campaigns during a public health crisis.
- Campaigns should aim to strengthen social networks as well as access to health care and other basic needs.
- Public health campaigns should include prevention recommendations and guidelines to care for vulnerable adults.
- Provide basic training to relatives and friends to serve as informed caregivers for older adults who need to be treated at home.

NOTES AND REFERENCES

Loneliness was calculated using a three-item scale adapted from UCLA Loneliness Scale. Respondents are considered lonely if they indicated “some of the time” or “often” to any of these three items.[4] Depressive symptoms were measured using a modified nine-item CES-D scale. We considered a respondent as having “depression” if five or more of these symptoms were reported.[5]

1. United Nations. Profiles of Ageing 2019: Mexico. Department of Economic and Social Affairs, Population Division, 2019. Available at: https://population.un.org/ProfilesOfAgeing2019/index.html
2. CONAPO. Indicadores de la población de 60 años y más estimados con información de las proyecciones de la población, 1970-2050. Gobierno de México, 2018. Available at: https://datos.gob.mx/busca/dataset/envejecimiento-demografico
3. Cohort Profile: The Mexican Health and Aging Study (MHAS).Int J Epidemiol. 2017 Apr 1;46(2):e2
4. Gerst-Emerson, K., and Jayawardhana, J. Loneliness as a Public Health Issue: The impact of loneliness on health care utilization among older adults. Am J Public Health. 2015 May; 105(5): 1013–1019.
5. Aguilar-Navarro, S. M., Fuentes-Cantú, A., Ávila-Funes, J. A., & García-Mayo, E. J. (2007). Validez y confiabilidad del cuestionario del ENASEM para la depresión en adultos mayores. Salud Pública de México, 49(4), 256–262.