Mexican Health and Aging Study (MHAS)

www.MHASweb.org

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Outline

- Why study aging of Mexico?
- How did we start, and how to collaborate?
- Overview: Mexican Health and Aging Study (MHAS)
- MHAS in the global study of aging
Significance of the Study of Mexico Aging

• Informs the US Hispanic paradox
• Rapid aging, with chronic and infectious diseases
Uniqueness of Aging in Mexico

• With low social and economic development

• Current elderly survived high levels of infectious diseases

• Chronic diseases are a growing problem yet infectious diseases are still prominent

• Mixed regime of diseases implies: compared with developed countries, healthy aging may be more difficult to achieve
Prospective Longitudinal Study of Aging in Mexico
Collaborators

Funded by the National Institutes of Health (NIA/NIH Grant # R01 AG018016)
# MHAS Comparable to HRS

## MHAS Covers:

<table>
<thead>
<tr>
<th>MHAS Covers:</th>
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</thead>
<tbody>
<tr>
<td>Sociodemographic characteristics</td>
<td>Economic data</td>
</tr>
<tr>
<td>Health – multiple dimensions</td>
<td>Work history and current employment</td>
</tr>
<tr>
<td>Family and social networks</td>
<td>Dwelling characteristics</td>
</tr>
<tr>
<td>Migration experiences</td>
<td>Attitudes about health, economic status</td>
</tr>
<tr>
<td>Help given/received</td>
<td>Widowhood and last year of life</td>
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Communities with MHAS Households

Community with households in the sample
Over-Sample in States with High Migration to the United States

Over-sample 1.7:1; MHAS 2001
MHAS 2012

Interview MHAS
Aguascalientes, 2012

26/10/2012
MHAS Waves Timeline

Sample: Born in 1951 or earlier

Wave 1 2001
15,186 Individuals

Wave 2 2003

Wave 3 2012
546 Deceased
2,742 Deceased (Accumulated=3,288)

New sample: Born 1952-1962:
 n=5,896

Wave 4 2015 Planned

Household interviews
MHAS 2012 Actual Counts

FOLLOW-UP SAMPLE

14,283 Eligible INDIVIDUALS
385 NEW SPOUSES of follow-up INDIVIDUALS
6,259 Selected NEW INDIVIDUALS

88.1 % Response Rate

18,465 Interviewed INDIVIDUALS

NEXT-OF-KIN INTERVIEWS 2,742
PROXY INTERVIEWS 1,275
DIRECT INTERVIEWS 14,448
Migration of MHAS Respondents’ Adult Children, 2001 and 2012

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<tbody>
<tr>
<td>Currently in US</td>
<td>79%</td>
<td>68%</td>
</tr>
<tr>
<td>Ever in US</td>
<td>21%</td>
<td>32%</td>
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</table>

Currently in US: 79% (MHAS-1) vs. 68% (MHAS-3)
Ever in US: 21% (MHAS-1) vs. 32% (MHAS-3)
Transitions in ADL Limitations over Two Years, Aged 60 or more in 2001

Diaz-Venegas C., et al. (2013)
Transitions in ADL Limitations over 11 Years, Aged 60 or more in 2001

ADL Limitations, 2001
Bathing, eating, going to bed, using the restroom and dressing

Diaz-Venegas C., et al. (2013)
### Health Insurance Coverage Increased between 2001 and 2012

<table>
<thead>
<tr>
<th>Category</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Other</strong></td>
<td>2.3</td>
<td>2.3</td>
</tr>
<tr>
<td><strong>Pemex, Defense, Marine</strong></td>
<td>1.8</td>
<td>2.5</td>
</tr>
<tr>
<td><strong>Private medical insurance</strong></td>
<td>3.7</td>
<td>3.2</td>
</tr>
<tr>
<td><strong>ISSSTE/ISSSTE State</strong></td>
<td>10.6</td>
<td>11.7</td>
</tr>
<tr>
<td><strong>None</strong></td>
<td>16.9</td>
<td>13.7</td>
</tr>
<tr>
<td><strong>Seguro Popular</strong></td>
<td>31.3</td>
<td>32.5</td>
</tr>
<tr>
<td><strong>Social Insurance (IMSS)</strong></td>
<td>33.5</td>
<td>34.1</td>
</tr>
</tbody>
</table>
Increase in Health Insurance was Higher in Rural Areas

Age 50 or more in 2001
Urban = 100 000 inhabitants or more
Rural = Less than 100 000 inhabitants

With health insurance in 2001 and 2012
Without health insurance in 2001, with health insurance in 2012
With health insurance in 2001, without health insurance in 2012
Without health insurance in 2001 and 2012
Dissemination of MHAS

• Data available at website:
  ✓ In English: www.MHASweb.org
  ✓ In Spanish: www.ENASEM.com

• Discussion Forum for data users
Cross-Country Harmonization

Survey Meta Data:

Harmonization of different datasets: HRS and several studies in other countries

https://mmicdata.rand.org/megaddata/