

Chapter 2

Overview

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For better or for worse, the United States and Mexico are closely connected geographically, economically, politically, culturally and by the interconnectedness of their people. Mexico is a leading trading partner of the United States, and the two nations are highly dependent on each other for economic survival in an increasingly competitive global market. For this and other reasons, the health of both nations is essential in ensuring continued prosperity and growth. For the past century, the United States has led the world in economic might. With that economic and technological success, as in Western Europe, came better public health and increased longevity of its people. Middle-income nations, like Mexico, saw similar trends, but lagged behind their more wealthy counterparts. After the first decade of the twenty-first century, many middle-income nations, including Mexico, appear to be *catching up* with the United States. With current Mexican gross domestic product growth rates several times that of many of the United States, we may be witnessing not so much the decline of the United States, but as Fareed Zakaria described the “*rise of the rest*.” This “*rise*” is not limited to economic growth, but also increases in the proportion of older adults in middle-income nations, including Mexico.

In 2009, according to the World Bank, the life expectancy of Mexicans (75-years) still lagged about 5 years behind people in the United States. The distribution of ages in Mexico still retains its pyramidal shape with a population mostly comprised of children and younger adults and few older adults. By contrast, the United States has a box-shaped population “pyramid.” This suggests at least two possible scenarios. The first is that the shorter life expectancy of Mexicans is largely influenced by enormous health and socioeconomic disparities between poor indigenous and elites. This scenario may be less likely because of similar ethnic/racial disparities in the United States would be expected to exert similar or perhaps even greater influences on early mortality and life expectancy than in Mexico.

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The second scenario would be that the so-called *epidemiologic transition* from infectious to chronic diseases has played-out in the United States and consequently a larger proportion of its population is aging. Under this likely scenario, Mexico would likely follow a similar path of the United States some years to follow. Assuming life expectancy is a reasonable indicator of population health, the health and socioeconomic disparities facing ethnic/racial minorities in both nations will continue to be a drag on population health unless important advances are made.

Historically, and for many good reasons, epidemiology has largely focused on mortality. Few things in life are as certain as death, and mortality figures are excellent indicators to monitor important public health targets for improvement (e.g., infant and maternal mortality). With improvements in public health populations have grown, and, perhaps for the first time in history, not just the affluent are able to grow older. Indeed, as populations age, historically rare disorders, like dementia, are emerging as leading causes of disability. Thus, we have seen an “epidemiologic transition” from infectious diseases (e.g., bubonic plague) to chronic diseases becoming leading causes of morbidity and mortality. Given the extended lifespan of many Americans, there has also been a transition away from mortality to disease burden as an important public health concern. This is an important shift in that diseases will ultimately lead to death; however, disease-associated burden has personal, social and economic costs that are all important to the health and prosperity of individuals, the nation and global health.

In the United States, depression, ischemic heart disease, stroke and diabetes are projected to become leading causes of disability (i.e., disability adjusted life-years; Mathers and Loncar 2006). Afterwards, the patterns of disablement become less clear. For Latinas, depression, ischemic heart disease, stroke, osteoarthritis, dementia and diabetes are the six leading causes of disability (McKenna et al. 2005). For Latinos, road traffic injuries, homicide and violence, HIV/AIDS, ischemic heart disease and alcohol are the leading causes of disability. Thus, this pattern indicates that within Latinos there are striking differences in disablement by gender. Women, Latinas, are following a chronic disorder disablement pattern similar to that of high-income countries; whereas Latinos, men, follow patterns similar to that of middle- and low-income nations. Furthermore, the margin of error related to road traffic injuries, homicide and violence, especially when alcohol is involved, is so slim that it is reasonable to infer that early mortality visits many Latinos. Under such grim circumstances in which many Latinos are either maimed or die early in life, it is understandable why depression is the leading cause of disability among Latinas (McKenna et al. 2005).

In the coming decades, Latinos will continue to ascend in demographic importance in the United States, reaching about one-third of the entire population. With two-thirds of the Latinos in the United States being of Mexican origin, the socioeconomic position and health of Mexican Americans assumes particular importance to the prosperity of the United States. Regrettably, there is far too much room for improvement from the current status of most Mexican Americans.

The following chapters address “key determinants,” or perhaps more appropriately stated, “correlates” of disablement and the burden of disease among older

Mexicans in the United States and Mexico. By understanding the health and aging of our seniors, we can apply the knowledge gained from their life experiences to improve the health and well-being of younger people and future generations.

In the first chapter, Al-Hazzouri and colleagues examine the *Lifetime Socioeconomic Position and Functional Decline in Older Mexican Americans* using 10-years of rich data from the *Sacramento Area Latino Study of Aging*. Unlike many previous studies that have examined nativity as a static predictor of disability, the authors studied naturally occurring socioeconomic position dynamics over the life-course. The authors bring to the forefront a major motivation for immigrating from Mexico to the United States: economic improvement for the individual and their family. In their chapter, the overwhelming effects of early socioeconomic position on later life disability are apparently above and beyond the influence of nativity. The study reminds readers of the important, but often overlooked, differences within people of Mexican origin.

As previously noted, cognitive functional decline, the hallmark of dementing conditions, is a leading cause of disability among Latinas. Thus, understanding the key predictors of cognitive decline is highly relevant to the study and prevention of disability. In the chapter entitled *Does the “Healthy Immigrant Effect” Extend to Cognitive Aging?* Terrence Hill and colleagues use six waves or about 15-years of Hispanic Established Populations for the Epidemiologic Study of the Elderly (H-EPESE) data to address their research question. As with the article by Al-Hazzouri and colleagues, the answer to the research question *depends* on what one means by nativity and at what age one immigrates to the United States.

In the fifth chapter in this part, entitled *Culture and Couples: Does Partner Disability Differentially Influence Mental Health Across Mexico and the US?* author Kristen Peek addresses the psychological “response” of spouses to the disability of the other spouse. Previous work among older Mexican American couples has found that cognitive dysfunction and neuropsychiatric symptoms are associated with spousal depression, but in this article the author examines activities of daily living or general disability and depressive symptoms (Hinton et al. 2003). To do so, the author examines two waves of nationally representative data from the United States and Mexico, the Health and Retirement Study and the Mexican Health and Aging Study, respectively. Although analyzing these combined independent samples compromises the reliability of statistical inferences, the findings can suggest relationships. As in other accompanying chapters in this volume, the author reports not only differences by nativity, but also gender with regard to mental health outcomes.

In the last chapter of this part, Kerstin Gerst and colleagues examine *BMI and Transitions to Disability Among Older Adults in Mexico and the United States*. To do so, the authors examined two waves of the Health and Retirement Study and the Mexican Health and Aging Study. Obesity in the United States is a major public health problem, but in Mexico, as the authors discuss, the trend toward increased BMI among older adults is apparently lagging behind. Indeed, it would be expected that these older cohorts in Mexico and the United States would not evince the increases in obesity as children and younger adults are currently. As in the previous study, analyzing these combined data limits the reliability of inferences. Yet, the

findings suggest obesity trends may hold untoward effects on disability in the years to come for both countries.

One common thread among the following chapters is that the *epidemiologic transition* away from infectious toward chronic diseases has yielded increased longevity; however, there are “hidden” costs. While populations may be living longer, they may not be healthier. Indeed, chronic medical conditions related to obesity and diabetes may be weighing down on increases in life expectancy in both countries (Flegal et al. 2010). This is especially true for Mexican Americans, who are on the bottom rung of the socioeconomic ladder in the United States. With the growth of the Mexican American population in the United States, these studies may suggest that there may be an *expansion* of disability. If disability is expanding, many of the chronic medical conditions associated with disability (e.g., hypertension), as well as healthcare costs, would be expected to similarly expand in the coming decades. All of the authors appear in agreement that measures to prevent or mitigate the effects of chronic disorders and subsequent disability hold promise for improving the public health of people of Mexican origin.

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Aging, Health, and Longevity in the Mexican-Origin
Population

Angel, J.L.; Torres-Gil, F.; Markides, K. (Eds.)

2012, XXVIII, 348 p., Hardcover

ISBN: 978-1-4614-1866-5