EDITORIAL

Celebrating 20 years of longitudinal research on aging in Mexico

The Division of Behavioral and Social Research (BSR) at the National Institute on Aging (NIA), National Institutes of Health (NIH), is the leading U.S. funder of social, behavioral, psychological, and economic research on the processes of aging at the individual and population level. A cornerstone of our investments is the Health and Retirement Study (HRS),[1] a longitudinal study launched by NIA in 1992 with support from the Social Security Administration. The HRS conducts in-depth biennial surveys of a nationally representative sample of ~20 000 U.S. adults over the age of 50. A growing HRS International Family of Studies,[2] including the Mexican Health and Aging Study (MHAS),[3] has worked to harmonize data collection to facilitate cross-national comparative research on aging and the unique challenges and opportunities associated with aging in different cultural contexts. Together, these studies provide publicly available, harmonized, multi-disciplinary longitudinal data, including biomarkers and physical performance measures, on aging and the health and well-being of the older population. Several studies - including MHAS -support dedicated sub-studies focused on cognitive aging and dementia. This unique cross-national data infrastructure enables the study of how demographic, social, economic, institutional, geographic, and other factors at the population level influence health and well-being at older ages.

Begun in 2001, the MHAS, now celebrating its 20th anniversary, is the longest-running study in the International Family of Studies after the HRS, with six completed waves of data collection to date, and plans[4] for two new waves currently underway. MHAS, with national and urban/rural representation of Mexican adults aged 50 and older, is unique in several ways. It is the first in the HRS international family of studies to be fielded in a middle-income country. This unprecedented accomplishment was possible through combined support of the NIA/NIH and the *Instituto Nacional de Estadística y Geografía* (INEGI). The study also reflects the tight interactions between the U.S. and Mexico, with their shared border, social and economic interdependence, and long history of circular migration between them. MHAS follows the old-age experience of adults who are former migrants in the U.S. and are now residing in Mexico. About 15-20% of MHAS male participants and 4-5% of women are former migrants to the U.S., while 20 percent of both men and women in the panel have at least one child who lives or works in the U.S.

MHAS examines many topics common across the HRS international family of studies, including multiple dimensions of health (chronic diseases, disability, depression, cognitive function); economic factors shaping aging (retirement, work history, migration history, income, pensions, assets), psychosocial characteristics, and family and social networks and support. The content also reflects adaptations to the Mexican context such as poverty in childhood, current impact of exposure to infectious diseases, housing conditions, access to health care, and more.

Apace with innovations in the HRS and other sister studies around the world, MHAS has expanded to include measures of loneliness, life satisfaction, personality traits, time-use, and the quality of sleep. Biological markers including anthropometric measures, venous blood, saliva, and hair samples have been obtained in sub-samples to support research on behavioral, social,

and genetic risk for Alzheimer's disease and related dementias (AD/ADRD) and the impact of behavioral and social factors on biological aging. MHAS is one of a growing number of population-representative surveys incorporating in the NIA-supported Harmonized Cognitive Aging Protocol (HCAP)[5] for epidemiological work on AD/ADRD risk and protective factors, health disparities, dementia prevalence estimates, and international comparisons, with two completed waves of HCAP data collection in MHAS to date.

The MHAS team works diligently to share data and provide users support in English and Spanish. The study website[3] includes data, documentation, and a searchable publication database. About 20% of MHAS publications focus on cross-national comparisons, advancing our understanding of how social factors shape the health in later life. A recent increase in publications focused on cognitive function and dementia reflects the growing importance of understanding population trends in cognitive aging and the search for deeper understanding of behavioral and social factors that amplify risk or protect against dementia.

These characteristics make MHAS an important vehicle for aging research on structural, demographic, geographic, social, and behavioral drivers of morbidity, mortality, and life expectancy nationally and internationally. MHAS also holds potential for shedding light on how intersecting macro-social trends are influencing aging, including shifts in family structure, immigration, climate change, discrimination, growing income inequality, and declines in mental and physical health affecting midlife and older adult populations around the world. These topics were highlighted in 2019 as critical behavioral and social research priorities[6] for BSR/NIA by the U.S. National Advisory Council on Aging.

I congratulate the MHAS team and its many data users on their contributions to aging research and look forward to the next decade of innovation and scientific discovery.

Disclaimer: The views expressed in this editorial should not be interpreted as representing the official viewpoint of the U.S. Department of Health and Human Services, the National Institutes of Health or the National Institute on Aging, except where noted.

Lisbeth Nielsen, PhD.[1]

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(1) Division of Behavioral and Social Research, National Institute on Aging, National Institutes of Health. Bethesda, Maryland, United States.