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International Spotlight

Aging in Mexico: Population Trends and Emerging Issues

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Abstract

Although all nations in the America's face a common demographic reality of longevity, declining fertility rates and changes in family roles a growing body of research points to a dramatic demographic transformation in Mexico. Although Mexico's population is relatively young, with a median age of 27.9 in 2015, it will age rapidly in coming years, increasing to 42 years by 2050. The rapid median age in the nation also reflects the growing proportion of people 65 or older, and is expected to triple to 20.2% by 2050. This article examines how the age and gender structure of Mexico offers important insights about current and future political and social stability, as well as economic development. Mexico is the world's eleventh largest country in terms of population size and the "demographic dividend" of a large youthful population is giving way to a growing older population that will inevitably place demands on health care and social security. The shift in age structure will result in increased dependency of retirees on the working-age population in the next 20 years. Mexico does not provide universal coverage of social security benefits and less than half of the labor force is covered by any pension or retirement plan. As a result, elderly Mexicans often continue working into old age. The high total poverty rate in the country, especially among the older population magnifies the problem of the potential dependency burden. The article ends with a discussion of key public policy issues related to aging in Mexico.

Keywords: Demography, Public policy, International spotlight, Retirement, Latin America

All nations in the Americas face a common demographic reality of extended longevity, reductions in fertility, and changes in family structure and supports. A growing body of research confirms that Mexico, the focus of this International Spotlight, is at the forefront of this transformation in Latin America (Vega, Markides, Angel, & Torres-Gil, 2015). Mexico is the world's 11th largest country in terms of population and the largest Spanish-speaking nation (Central Intelligence Agency, 2015). However, Mexico is undergoing a rapid aging process that is taking place in a context of wide economic disparities, few viable public strategies for supporting an aging population and continuing reliance on families for care and economic security of older adults.

The aim of this article is to provide a general overview of population aging in Mexico and its social context, including relevant policies in place for older adults, the core activities of gerontological research and key emerging issues.

Demographics of Aging in Mexico: Latin America's Big Challenge

In Mexico, adults 60 years and older will almost triple from 6.3% of total population in 2010 to almost 23% by 2050 (Central Intelligence Agency, 2015). Although a majority of older adults are independent and highly functional, the population is aging itself and requires more personal and health-related care (López-Ortega & Jiménez Bolón, 2014).

Consequently, aging in Mexico is a forefront policy topic given the explosive growth in the number of older adults and the looming social and economic burden (Vega & Mudrazija, 2015). Uncertainty about the disability trajectory affects government's ability to project revenue transfers for national pension programs, health care, and long-term care services.

Age and gender structure of Mexico provide important insights about anticipated pace of political and social change, as well as economic development. Figure 1 presents a population pyramid that illustrates the age and sex structure of Mexico's population. Estimates show that the total Mexican population will reach 150 million in 2050 while the group 65 years and older reaches almost 28.7 million (U.S. Census Bureau, 2016). Sex differences will continue with women representing a larger share of the oldest-old due to their higher life expectancy. Although currently there are large numbers of young people under 18, the 60 years and older population group is already larger than the 0–5 years group, and the "demographic dividend" of a large youthful and working age-population presages the coming demographic peak in aging by mid-century.

Furthermore, the rising average age of Mexico's population is affecting the old-age dependency ratio. By 2050, the old-age dependency ratio in Mexico will have risen to 29 older adults per 100 working-age persons from 9.8 per 100 today (Department of Economic and Social Affairs & World, 2015). The higher ratio represents a workforce with more dependents, potentially reducing personal savings due to higher employment taxes. This ratio is expected to quadruple from 2016 to 2050 and will result in increased dependency of retirees on the working age population, clearly shown in Figure 2 (Organisation for Economic Co-operation and Development, 2015).

Poverty among older people is a major issue in Mexico and around the world. In Mexico, the total poverty rate is high, oscillating between 30% and 40% of the total population given the estimates used, but it is higher among particularly vulnerable groups, such as infants and the older population (Sedesol, 2013; Huenchuán, 2013). Older Mexicans account for more than 50% of families in households living in extreme poverty, equivalent to households living on one dollar a day, and this percentage increases during times of crisis (Huenchuán, 2013). Many older adults in extreme poverty do not have enough money for food and basic necessities, and working in later adulthood is common. Several factors are associated with older adult poverty. Gender differences in marital status explain a large part of income inequality given that 77% of men over age 60 were married compared with only 45% of older women in 2009, with women being less likely than men to postpone retirement to compensate for inadequate retirement income (18% vs 52%; Department of Economic and Social Affairs Population Division, 2010).

Another factor is the low number of older adults who receive social security benefits, given that Mexico does not provide these benefits universally (Bravo, Lai, Donehower, & Mejia-Guevara, 2015). Social security and comprehensive benefits are funded through a three-party mechanism where the formal employee, employer, and the government contribute. This includes private sector workers and the self-employed. Similar three-party mechanisms are in place

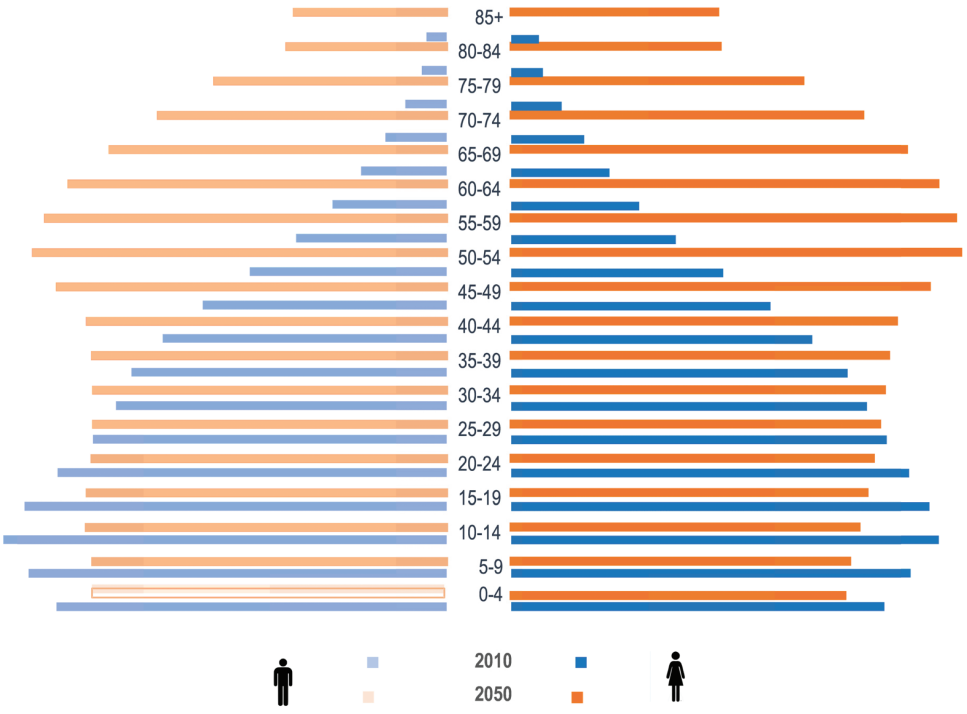

Figure 1. Mexican population age pyramid 2010, 2050. *Source:* Estimates based on CONAPO (Mexican National Population Council), Bush (2005).

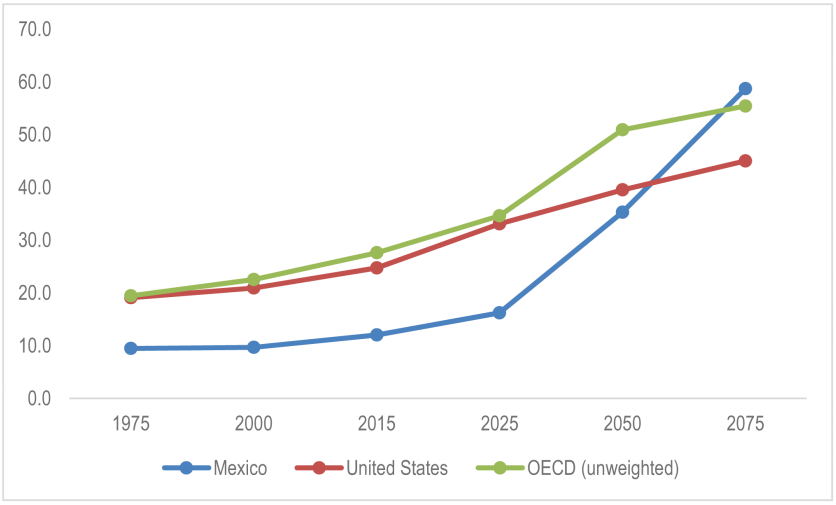

Figure 2. Old-age dependency ratio: Population aged 65 and older as percentage of population 15–64. *Source:* OECD. 2015. Pensions at a glance 2015. Chapter 7. Demographic old-age dependency ratios: Historical and projected values, 1950–2075.

for federal and state level public servants as well as state companies such as the oil company PEMEX.

However, only one-half of Mexican workers are employed in the formal sector whereas the rest are employed in the informal sector (Aguila, Diaz, Fu, Kapteyn, & Pierson, 2011). The informal sector includes mainly low-wage, low-income workers employed in part-time or seasonal work and those self-employed or in family businesses. Of those, very few have access to low-paying pensions (Hughes, 2013). In 2013, only 26.1% of those 60 years and over had a retirement pension. This percentage is almost double for men than for women with 35% and 18.5%, respectively (National Institute of Statistics and Geography, 2014). Consequently, there are large segments of Mexican elders without access to a safety net.

Given the low rate of older adults receiving retirement pensions, the government of Mexico City, followed by other states, introduced noncontributory pension schemes for adults 65 years and older. Based on this initiative, the federal government extended its social poverty programs and created *Setenta y más* in order to provide monetary support to adults 70 years and older living in poverty in localities with population up to 30,000 people (Wong, Gonzalez, & López-Ortega, 2014). Starting in 2015 the Federal Government, through the Social Development Ministry, established a universal pension program targeted to older adults who do not receive any contributory or non-contributory pensions.

Research on Aging: Overview

Trends in population research in Mexico have developed along several trajectories, and in many ways mirror the sentinel survey approach used in the United States. With the larger demand for specialization in geriatric medicine throughout the country and the first geriatric services within the National Institutes of Health and other regional hospitals, clinical studies focusing on health and disability of the aging population also increased significantly (Gutiérrez Robledo, López-Ortega, & Arango Lopera, 2012). In 2008, the National Institute of Geriatrics (NIG), part of the National Institutes of Health, was created to respond to the challenges of the aging population, through gerontological research, education and training of specialized staff, and development of models of care, further increasing research and knowledge on aging. In addition, aging research is conducted in universities, both public and private institutions. Likewise, at the university level, the Interdisciplinary University Seminar on Aging and Old Age at the National Autonomous University (UNAM) is an integral component of aging research and fosters networks and interdisciplinary collaborations.

Given the relevance of knowing the extent of aging research in Mexico, in 2012 the NIG and the National Network on Aging and Social Development created the first inventory of human resources and infrastructure of aging-related research in the country (National Institute of Geriatrics, 2013). In developing the catalogue, 327 researchers, academics and other professionals involved in aging research were identified. Among these groups, 35% were women and the vast majority were younger than 45 years old, with only 19% in the 55 years and older age group. About one-third of aging professionals worked in Mexico City and were employed at public and private universities or graduate institutions. Other institutional affiliations included public institutions at the state and national level (27%), National Health Institutes (10%), hospitals and primary care units (7%) and private for-profit and nonprofit sector organizations (11%). A total of 205 academic publications were published in the last 10 years, with 73% appearing in peer-reviewed journals in Mexico and internationally. These publications covered a wide diversity of topics such as bio-gerontology, geriatric clinical metrics, frailty, older adults' nutrition, cognitive impairment,

dementia, social determinants of aging, active aging, and long-term care, among others.

Gerontological Research Resources and Trends

For decades, numerous national economic and health surveys have been available. However, most economic and social studies on aging and older adults were quantitative and qualitative studies conducted at the local level, with smaller samples. Until recently, longitudinal internationally comparable data were lacking. Table 1 presents a summary of publicly available studies of older adults in Mexico. The Mexican Health and Aging (MHAS) is the first Mexican longitudinal panel survey on aging. To date, four waves of data have been collected, the baseline survey in 2001 with follow-up surveys in 2003, 2012, and 2015.

Within the context of rapid aging and increasing interest of health in old age, the National Health and Nutrition Survey (ENSANUT), has augmented the information available on older adults within a long tradition of Mexican health surveys, including a specific sample of adults 60 years and older. In addition, Mexico is part of global studies such as the World Health Organization's Study on Aging and Adult Health (SAGE) and the 10/66 Dementia Research Group.

Public Policy Issues

In Mexico today, family transfers and earnings are far more prevalent than pensions. As a result, family transfers are more important as Mexican individuals get older. From age 65 on, intergenerational family transfers are a major source of income for low-income, older Mexicans. Monetary assistance from kin, primarily children, accounts for over one-third (35%) of income of older adult Mexicans (Wong, Díaz, & Espinoza, 2007). The majority (53%) of middle age and older people receive cash from family as a source of income and retirement is also not an option for one in four Mexicans over 80 who still receive wages and income from employment (Aguila, Diaz, Fu, Kapteyn, & Pierson, 2011). Overall, informal mechanisms such as family support and working past retirement age play an important role in providing most of the income for older people.

Housing and living arrangements are major policy concerns in dealing with growing aging populations. Traditionally, older adults live in their own homes and often include children and later generations in the home or on their property (Ward, Huerta, & Virgilio, 2015). In many ways, this "doubling up" is a mechanism for intergenerational nonfinancial transfers. For older adults, household extension is a common response to cope with poverty. Pooling resources enables older adults and their grown children to mutually benefit in making ends meet. In Mexico, the national average household size is 3.7 persons in 2012 (Hernandez, 2013). The majority of older adults live in the community, with their spouse, children, or other close relatives (Monkkonen, 2011). However, the composition of households with older adults has changed in recent years. Most notably, the percentage of oldest-old living alone in 2010 was 15% up from 7.4 in 2000 (Wong et al., 2014).

Migration disrupts traditional patterns of older adults' coresidence. Older adults with migrant children are more likely to live alone than those whose children remain in Mexico (Kanaiaupuni, 2000). As parents become old and infirm, issues of increasing dependency become dominant, including basic income sufficiency, assistance with activities in daily living, and long-term care (Grajeda & Ward, 2012). As of yet, we know little concerning how home ownership and living arrangements affect the well-being of both parents and their adult children across these stages of older adulthood in Mexico. Nor do we understand how families make critical decisions or arrangements for the care of seriously infirm parents in different regional or transnational contexts; for an exception see (Montes de Oca, Molina, & Avalos, 2008). Mexico does not have a housing policy for poor older adults. In Mexico, housing assistance programs are attached to social security institutions. Consequently, these programs are only available to employees working in the formal sector and registered by their employer in a social security institution such as the Mexican Social Security Institute (IMSS), or the National Social Security and Services Institute of Government Employees (ISSSTE). However, the extent to which these or any other government program has a positive impact on the well-being of older adults has received little attention (Gutiérrez-Delgado & Guajardo-Barrón, 2009).

Issues related to transnational families in providing old-age support are significant. Many low-income Mexican families now living in the United States will care for their aged parents in the context of an uncertain political and economic climate affecting transnational migration and dramatic demographic changes in both nations (Angel, Angel, López-Ortega, Robledo, & Wallace, 2016). Although there is considerable return migration to Mexico, the Mexican Health and Aging Study (MHAS) shows that the vast majority of return migrants are younger and most return to Mexico after a short residence in the United States. (Mudrazija et al., 2016). Very few older Mexicans with longer U.S. residence return to Mexico in old age because they are "rooted" by their adult children's residency in the United States. One out of five Mexicans over 50 have at least one child currently residing in United States and those with migrant children are more likely to receive aid than those without offspring. Established family networks on both sides of the United States-Mexico border facilitate binational residency of migrants if they possess proper documentation for U.S. entry (Vega & Mudrazija, 2015). However, secular trends in the profile of Mexican migrants entering the United States in past decades show current levels of health and education of Mexican-born

Table 1. Publicly Available Surveys of Mexican Older Adults

Study	Design	Contents and comparability	Observations
Mexican Health and Aging Study 2001, 2003, 2012, 2015	Longitudinal panel design with refresh samples in each follow-up wave	Demographics, health, physical function, cognition, depression), information on parents and children, help received from- and given to-children, institutional support, life satisfaction, time use, social support and social engagement, dwelling conditions, economic aspects such as health expenditures, health insurance coverage, pensions received or expected, income by sources, and the value of accumulated assets	Study databases and documentation for the four waves are available free of charge upon registration in English (www.mhasweb.org) and in Spanish (www.enasem.org) as well as a Discussion Forum for users of the data and list of publications
	Nationally representative of adults 50 years and older	Includes proxy interviews to capture deceased participants' data	Supported by the National Institutes of Health/ National Institute on Aging (R01AG018016), and by the National Institute of Statistics and Geography in Mexico
		Anthropometric measures and biomarkers for a subsample Comparable to the Health and Retirement Study (HRS) family of studies	PI: Wong, R.
World Health Organization's Study on Aging and Adult Health (SAGE)	Longitudinal study collecting data on a nationally representative sample of adults aged 50 years and older, plus a smaller comparison sample of adults aged 18–49 years	Covers health and its determinants, disability, work history, risk factors, chronic conditions, caregiving, subjective well-being, health care utilization and health systems responsiveness and health care utilization	Data publicly available upon registration at: http://www.who.int/healthinfo/sage/en/
Three waves: 2002–2004, 2007–2010, 2014–2015 and forthcoming in 2017		Includes a verbal autopsy questionnaire for cause of death for deaths in the household in the 24 months prior to interview or between interview waves	SAGE (and substudies) supported by the National Institute on Aging, US National Institutes of Health (NIA BSR), through Interagency Agreements (OGHA 04034785; YA1323-08-CN-0020; Y1-AG-1005-01) with WHO, and Research Project Grants R01AG034479 and R21AG034263
		A biomarker component includes performance tests and the collection of dried blood spots in Wave 1 Comparable to the studies in the rest of participating countries: China, Ghana, India, the Russian Federation and South Africa	Some governments have also contributed financial and/or in-kind support to the implementation of SAGE in their respective countries
10/66 Dementia Research Group	Collective of researchers that conduct population-based research on dementia, noncommunicable diseases and aging in low and middle-income countries	The protocol includes assessment of sociodemographics, disability, physical and mental health, and dementia diagnosis with (more restrictive) DSM-IV and (less restrictive) 10/66 dementia criteria	Data publicly available upon registration and authorization at: https://www.alz.co.uk/1066/
		Another priority was the description of care arrangements for people with dementia	List of relevant publications also available
		Directly comparable data on over 20,000 older adults from three continents	Funding information for specific country studies in the documentation for each study
			PI for the Mexican study: Sosa, A. L.

Table 1. *Continued*

Study	Design	Contents and comparability	Observations
National Health and Nutrition Survey (ENSANUT) 2012	Nationally representative sample that included for the first time in 2012 a specific sample of adults 60 years and older	Investigates sociodemographic characteristics, health conditions, functional ability, depression, cognition, health insurance, use of preventive and curative services, hospitalizations, and nutrition status. Includes biomarkers, anthropometric and performance measures for the full sample.	As required by federally funded studies, all data and documentation for ENSANUT is publicly available at: http://ensanut.insp.mx/ Federal funding mainly through the Ministry of Health

immigrants who are now older adults, has decreased compared with earlier migrants, a trend that could increase financial strain on these family support systems (Gomes & Montes de Oca, 2004).

Remittances to elders are both common and sizeable between Mexico and the United States. Remittances to elders do not follow the same patterns as those found in previous studies of undifferentiated remittances (Flippen, 2015). Although remittances to family still living in Mexico already exist, some evidence demonstrates that the dynamics of transnational families are changing and giving rise to declining remittances as Mexicans focus on their U.S. home and family reunification (Cohn, Gonzalez-Barrera, & Cuddington, 2013). It is also common for some older adults to have resided and worked in the United States for many years and upon return become eligible for health care in the United States from public and private programs. As life spans increase, a greater number of parents will spend more years at risk of economic dependency, and consequently may need to work longer if they are able to do so (Aguila & Zissimopoulos, 2013).

Unlike labor income though, there may or may not be an explicit agreement between older parents and adult children about how often a parent will receive transfer income and how much it will be, making this a riskier income source (Gilbert & Ward, 2009). For transnational families, remittances to Mexico clearly increase family welfare and are often used to pay for health care, but their long-term effects on intergenerational financial relationships are not known (Aguila et al., 2011).

The issues surrounding portability of social security and health benefits have become increasingly important due to increased labor and retirement mobility between Mexico and the United States. Certain return Mexican migrants may receive Mexico social security benefits, depending on their work histories in Mexico. An even smaller proportion may be eligible to receive U.S. social security benefits (Aguila & Zissimopoulos, 2013). However, there is no social security or health insurance agreements between the United States and Mexico for migrants, so contributions between the United States and Mexico cannot be shared (Aguila & Godges, 2013). Individuals with truncated labor histories must satisfy requirements in each system separately in order to qualify for benefits. The result is that Mexican workers are less likely to have any eligibility for health care insurance in either nation and more likely to work at older ages to pay for these services (Aguila & Zissimopoulos, 2013).

To be certain, in Mexico, health insurance is an important factor in determining health care use (Wong, Díaz, & Espinoza, 2006). Although in theory, it is government policy that all Mexicans have a right to health care, the Mexican Health System is segmented and therefore access to, as well as the quality of care received, depends upon individual health insurance status.

In 2012, 17% of men and 14% of women 50 years and older reported not being registered in any health insurance scheme, compared with 2001 (MHAS Wave 1) where 49% of men and 45% of women had no health insurance (Wong et al., 2015). Although the Mexican Social Institute covers the highest percentage of insured older adults, it is estimated that a large fraction of the increase in health insurance is due to the creation of the Seguro Popular de Salud (Health Coverage for All) in 2004 (The World Bank, 2005). This is a health insurance mechanism offered to those not previously insured via social security institutions (Knaul, Arreola-Ornelas, Mendez-Carniado, & Torres, 2007), mainly the poor, those in the informal labor market and the self-employed. The program has achieved important advances toward *universal coverage* (The World Bank, 2005), but results are yet to be documented regarding population penetration in affording universal access and health care provision. Recent evidence from the Mexican Health and Nutrition Survey suggests an unequal access to preventive medical services among the poor (Rivera-Hernandez & Galarraga, 2015).

A significant challenge that Mexico confronts is the dual-burden of disease—the combination of preventing and treating both acute and chronic illness. In addition, the health consequences of the social and economic disadvantage through the life cycle can be observed in high prevalence rates of obesity (body mass index ≥ 30), and chronic conditions such as hypertension, diabetes, and arthritis. [AU: Please check the sentence "According to MHAS . . ." for clarity.]According to MHAS 2012, 19% of men 60 years and older reported hypertension and 19% diabetes. For women, the prevalence rate of these chronic conditions were 26% and 25%, respectively, with other limiting conditions

such as arthritis showing a similar high percentage 21.2% (Table 2). Depression was also a highly prevalent condition with 37% of participants in the 2012 wave reporting depressive symptoms (Aguilar-Navarro, Amieva, Gutiérrez-Robledo, & Avila-Funes, 2015). Although these data reveal a large fraction of the population suffers from at least one chronic illness, there may remain significant underreporting among older Mexicans given inadequate access to screening, prevention, and medical care (Angel, Angel, & Hill, 2008).

Formal long-term care policies and systems for the older adults are lacking in Mexico, and consequently most long-term care to all population groups is provided within the household. Currently, the few services that are available are divided among the different institutions that provide them. Few federal and state-level programs target older adults, and the only public social care services available, such as day care and institutionalization, are through the National Institute for Older Adults (Instituto Nacional para las Personas Adultas Mayores, INAPAM) and the National System for Integral Family Development (Sistema Nacional para el Desarrollo Integral de la Familia, DIF). At the local level, the government of Mexico City, with support from the Economic Commission for Latin America and the Caribbean, launched a caregiving program in 2015 that trains health care professionals to supervise and support caregivers and family members who care for older adults (Amieva-Gálvez, 2015).

In spite of an increase in the role on nongovernmental organizations (Rodríguez Dorantes, 2015), most only offer basic day care recreation services and only a few offer long-term care residence. On the other hand, the private for-profit sector offering long-term care has grown only slightly, mainly due to the fact that the high fees they charge are only accessible to a very small percentage of Mexican older adults who are wealthy enough or receive a substantial pension (López-Ortega & Jiménez Bolón, 2014). Regarding older adults living in institutional settings, the lack of a national, state and local compulsory registration system for long-term care institutions implies that there is disaggregated data from various sources and precise figures of number of people institutionalized, their health and wellbeing, the conditions and quality of care are unknown, both regarding the conditions of the older adults and the institutions (López-Ortega & Jiménez Bolón, 2014).

As life spans increase, families are becoming smaller and more women are entering the work force, thereby decreasing their availability for caregiving. In the future, traditional eldercare arrangements may give way to the role of government and nongovernmental actors, including faith-based organizations. The redistribution of time and financial resources allocated by the middle and younger generations when frailty emerges in the older generation has serious consequences for the capacity to afford family elder caregiving (Abramson, 2015). But what is less known, and must be considered in future research, is whether and how a frail older adult parent's demands impact differently on adult children's resources and life chances for them and their dependent children, especially for women, and how economic inequalities shape longevity and quality of life for an older adult's later years (Saraceno, 2010).

Table 2. Descriptive Characteristics of Mexicans 60 Years and Older

Characteristic	Percentage	
	Males (%)	Females (%)
Demographics		
Age		
60–69	56.9	56.2
70–79	28.7	29.4
80 and older	14.4	14.4
Marital status		
Married, in union	79.0	50.3
Single, divorced, separated	8.2	15.5
Widowed	12.8	34.2
Education		
No formal education	16.5	17.2
1–5 years	25.9	25.7
6 or more years	57.5	57.2
Health insurance		
Insured	84.6	86.0
Employment		
Currently works	52.3	16.4
Is looking for a job	1.5	0.3
Household work	1.6	61.1
Doesn't work	44.5	22.3
Ever migrant to the United States	15.0	3.9
Health and disability		
Self-rated health		
Fair or poor	63.3	70.9
Health risk factors		
Current smoker	19.0	4.5
Body mass index		
Underweight	1.8	2.6
Normal	36.6	33.8
Overweight	43.8	38.4
Obese	17.8	25.2
1 or more ADL disabilities	15.0	23.3
1 or more IADL disabilities	19.4	18.3
Chronic diseases		
Arthritis	10.1	21.2
Diabetes	18.9	24.6
Hypertension	18.8	26.0
Heart attack	5.1	3.1
Stroke	3.3	2.0
Cancer	1.7	2.0
Total observations	4,665	5,530

Source: Adapted from Wong and colleagues (2015).

Key Emerging Issues on Aging

The ways in which Mexico will address the problem of rapid aging remain unclear and require intensive investigation to inform this process. For sure, health and social

care as well as economic wellbeing are pressing issues, and the differences between urban and rural areas pose greater challenges. The main pressing issues are:

- Growing demand for elder care may force difficult choices in competing social investments, threatening development of educational and employment opportunities for younger generations, and fomenting political instability.
- Current changing patterns of immigration to the United States, and increasing forced return migration to Mexico, means many Mexican nationals will age in the United States as others return after decades of living in the United States. Both groups have no or inadequate social security coverage and access to health services.
- For individuals with truncated labor histories between the United States and Mexico, achieving higher coverage of social security benefits and portability, to assure maintaining and transferring acquired social security rights between systems in the two countries, is crucial. To preserve social protection for Mexican working migrants, Mexico needs to craft policies that encourage individuals to save for retirement during their working lives and support a safety net for those in poverty. For example, a bilateral agreement is seemingly the current best practice to ensure portability for pension benefits for legal migrants. All of these elements will promote economic growth and will provide income security for generations to come.
- The emergence of income support strategies, such as the first noncontributory pension in 2001 in Mexico City for adults 65 years (still operating) leading to the universal program by the federal government in 2015, have achieved some results in terms of older adult economic wellbeing. However, long-term inequalities and high rates of poverty among this age group merit more comprehensive strategies in order to improve overall health and wellbeing in later life.
- As the Mexican economy slowly grows, households are facing increasing rates of diseases of greater affluence, including obesity, depression, and smoking. The obesity epidemic threatens the vitality of the nation. Increased spending on non-native and unhealthy (fast) food and beverage products has been identified as the major causes of rising obesity rates. Soft drinks have been linked to type 2 diabetes, heart disease, obesity, gout, and poor oral health. Increasing taxes on sugared beverages is a first step of desired policies to revert these tendencies alongside adequate preventive and primary care for the population.
- The period for investment in infrastructure to assist Mexican society is imminent because social infrastructures such as financial markets, human resources to provide health care, and investments in the young, which are presumed to translate into well-being of the future older adults of the region, take two or three decades to formulate or reach maturity.

Conclusion

Population aging is accelerating in Mexico. The population will be of working age over the next 30 years and this segment will begin retiring in 2040. The future of aging in Mexico will resemble the pattern of aging in the United States and Canada. Mexico, like other nations, has attempted to incrementally provide an adequate measure of retirement supports. Yet, the social and economic disparities faced by growing numbers of older persons continue to test the ability of the public and private sectors to provide a comprehensive safety net. In sum, given the awareness of the coming demographic shift, Mexico faces major challenges in improving income security among its older adult populations and thereby, enhancing their health and wellbeing.

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