



## Mexican Health and Aging Study (MHAS)

www.MHASweb.org

www.ENASEM.org

## Population Aging in Mexico

- 'Premature': 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
- Unique: aging in Mexico closely tied to U.S.



## Prospective National Longitudinal Study of Aging in Mexico

- Follow adults aged 50+ until death
- Exit interview upon death
- Couples are followed
- Over-sample of former migrants to the US
- Comparable to U.S. Health and Retirement Study



## Multiple Themes to Study Aging

MHAS Covers:	
Sociodemographic characteristics	Economic data; health insurance, pensions
<ul> <li>Health – multiple dimensions</li> <li>Cognitive assessment</li> <li>ADL and IADL limitations</li> </ul>	Work history and current employment
<ul> <li>Family and social networks</li> </ul>	Dwelling characteristics
<ul> <li>Childhood SES and health; migration experiences</li> </ul>	Attitudes about health, economic status
Help given/received	<ul> <li>Widowhood and last year of life</li> </ul>
Psychosocial: Personality, Ioneliness, Iocus of control, life satisfaction	Time use; sleep, smoking, drinking
Environmental exposures	<ul> <li>Biomarkers (blood, saliva, hair), performance, anthropometrics</li> </ul>



## Study Evolved as the Field Evolved

Biomarkers for chronic diseases and genetics

- Intravenous blood, performance, hair, saliva

Psychosocial: Personality, life satisfaction, control

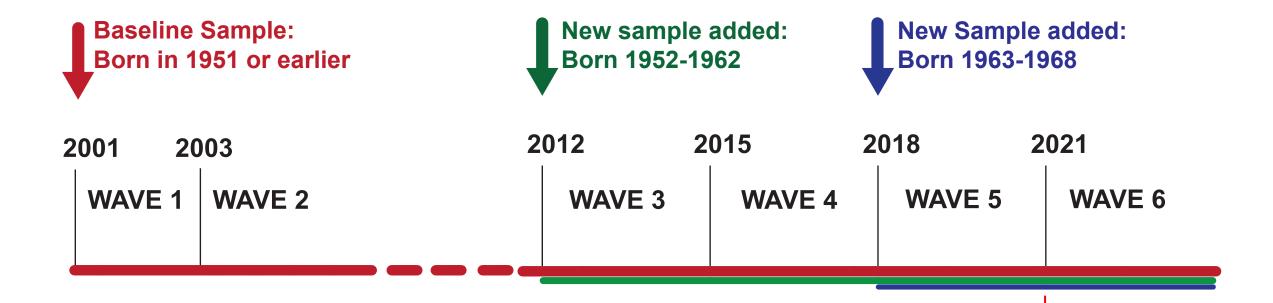
Cognition, time-use, sleep; last year of life

Increasing data linkages to examine historical context

Impact of COVID-19



## **Timeline of Longitudinal Waves**

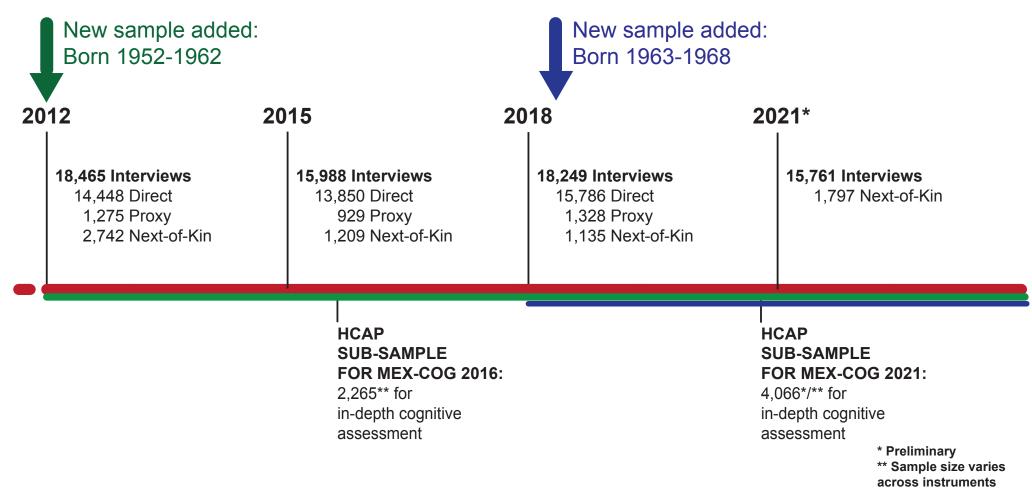


n~15,000 interviews each wave

Accumulated deceased ≈7,429

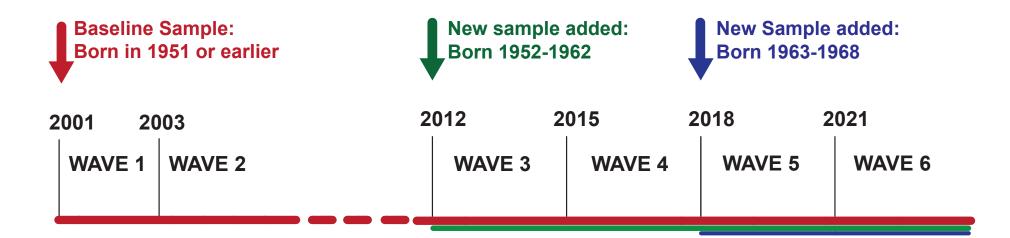


### MHAS Ancillary Study on Cognitive Aging (Mex-Cog)



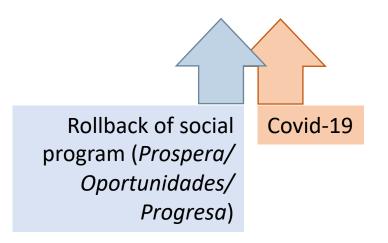


## Structural Shocks through the MHAS Panel





Structural reforms (health, pensions),
Recession, US
Migration contraction





#### Valuable about the Data

- National representation, relatively large urban/rural sample
- Longitudinal; high response rate, low attrition/loss
- Mortality as an outcome in the panel
- Linked to external sources (mortality rates, air pollution, social programs enrollment, etc.)
- Well positioned to study the impact of shocks and changes in policies or programs
- Comparable to other studies: cross-national comparisons

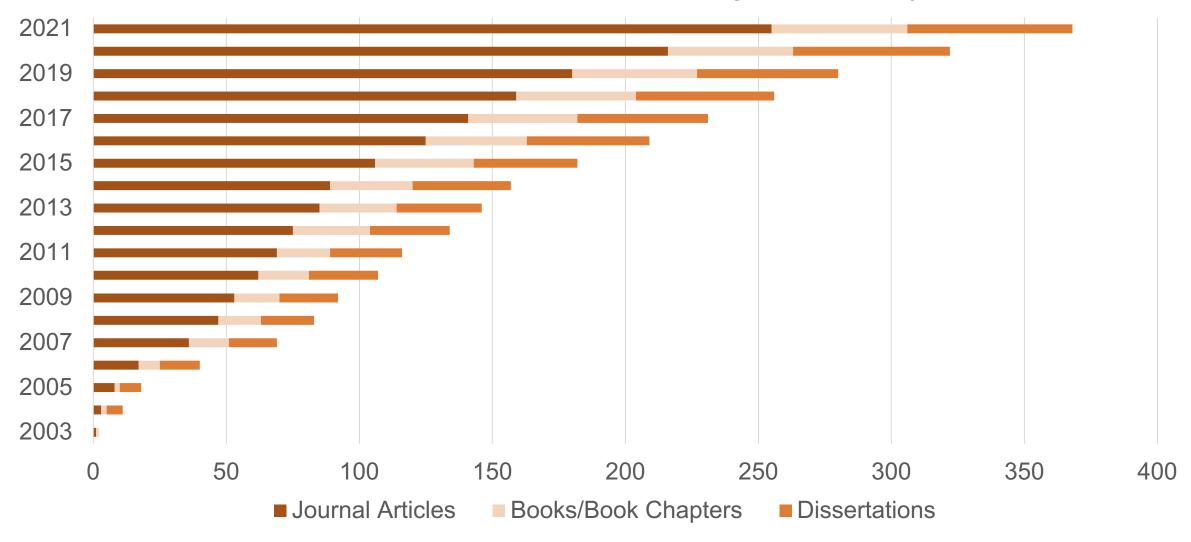


## **Priority to Use and Share Data**

- Bilingual website
  - New re-designed website launched June 2022
  - Dynamic data repository with free access
    - Databases and codebooks
    - Documentation in both languages
    - Search engine for publications using MHAS data
    - Q&A Repository
    - Constructed data
      - Imputations for non-response of selected variables
      - Created variables
    - Harmonized data and documentation



#### Cumulative Number of Publications Using the MHAS by Year





## **Publications using MHAS Data**

- Users' Accomplishments (to Dec. 2022)
  - 265 peer reviewed journal publications
  - 49 book chapters
  - 63 thesis, dissertations
  - Other research projects using the data
- Since the first release of the Harmonized MHAS data
  - Number of publications with cross-national comparisons increased from 13% in 2015 to about 20% in 2022.

## Selected most recent publications

- Briceño EM, Arce Rentería M, Gross AL, Jones RN, Gonzalez C, Wong R, Weir DR, Langa KM, Manly JJ. A cultural neuropsychological approach to harmonization of **cognitive data** across culturally and linguistically diverse older adult populations. Neuropsychology. 2022 Apr 28. [Epub ahead of print]. PMID: 35482625.
- Lu W, Stefler D, Sanchez-Niubo A, Haro J, Marmot M, Bobak M. The associations of **physical incapacity and wealth** with remaining in paid employment after age 60 in five middle-income and high-income countries. Ageing and Society. 11 March 2022;1-24. doi: https://doi.org/10.1017/S0144686X22000265. In Process at NIHMS. NIHMS ID 1812304.
- McEniry M. **Early Life Conditions and Older Adult Health** in Low and Middle Income Countries: A Review. Journal of the Developmental Origins of Health and Disease. 2013 Feb;4(1):10-29. PMID: 23316272; PMCID: PMC3540412.
- Lu P, Shelley M. Retirement, Pensions and Depressive Symptoms among Older Adults in China, England, Mexico, and the US. Int J Aging Hum Dev. 2021 Jan;92(1):40-64. doi: 10.1177/0091415019868227. [Epub 2019 Aug 13]. PMID: 31409091; PMCID: PMC9187976.
- Matus-Lopez M, Chaverri-Carvajal A. Population with **Long-Term Care Needs** in Six Latin American Countries: Estimation of Older Adults Who Need Help Performing ADLs. Int J Environ Res Public Health. 2021 Jul 27;18(15):7935. PMID: 34360226; PMCID: PMC8345476.



#### **Current Main Collaborators for MHAS**













#### Acknowledgments:

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Center for Economic and Social Research

Program on Global Aging, Health, and Policy



# Harmonized MHAS Example Analysis



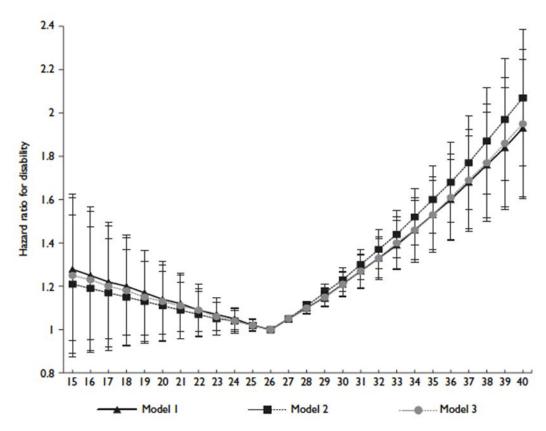
#### **Research question:**

How does obesity affect the development of disability in Mexican older adults?

Do we see the same pattern in other countries?

## Risk of Disability by BMI – 11 year follow-up

Source: Kumar et al. (2015) using MHAS 2001, 2003, 2012 data



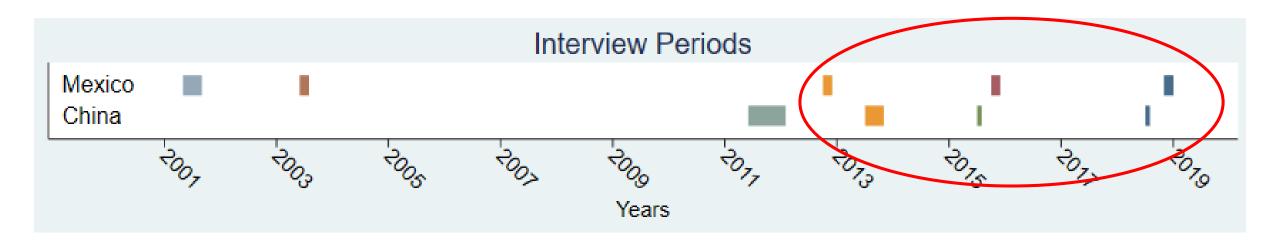
Data was collected in Mexico in year 2001, 2003, and 2012 ADL=Activities of daily living BMI=body mass index

FIGURE I. HAZARD RATIOS PREDICTING ADL DISABILITY DURING I I - YEAR OF FOLLOW-UP AS A FUNCTION OF BMI AMONG NON-DISABLED MEXICANS OLDER ADULTS AT BASELINE. MODEL I WAS ADJUSTED FOR SOCIO-DEMOGRAPHIC CHARACTERISTICS AND BASELINE COMORBIDITIES. MODEL 2 WAS NOT ADJUSTED FOR BASELINE COMORBIDITIES. MODEL 3 EXCLUDED CURRENT SMOKERS AND THOSE WHO DIED DURING THE FIRST 5 YEARS OF FOLLOW-UP, AND WAS ADJUSTED FOR BASELINE COMORBIDITIES. VALUES ARE HAZARD RATIOS (95% CONFIDENCE INTERVAL)





#### **MHAS and CHARLS**





#### **Steps:**

- 1. Download Harmonized MHAS dataset
- 2. Download the Harmonized CHARLS dataset
- 3. Identify relevant variables
- 4. Create a pooled dataset
- 5. Adjust for different wave numbers in variable names
- 6. Reshape data from wide to long
- 7. Create additional variables
- 8. Analyze impact of obesity on disability onset by country





#### **Download the Harmonized MHAS dataset**

Home > Harmonized Data

#### Harmonized Data

From MHAS website: mhasweb.org

The Harmonized MHAS data is produced in collaboration with the Gateway to Global Aging Data project. The Gateway to Global Aging Data (www.g2aging.org) is a web-based resource for accessing multidisciplinary panel data on aging, health, and retirement from the international family of Health and Retirement surveys.

The Harmonized MHAS data file incorporates data from the core interview data, the master follow-up file, household roster data, and next-of-kin data. Also available is the Harmonized MHAS End of Life file focusing on the next-of-kin interview and a Harmonized Mex-Cog file focusing on the MHAS Cognitive Ancillary Study. For more information about these data files please refer to the following links.

Harmonized MHAS File (H MHAS) (Latest release: Version C)

H MHAS Data File

STATA Creation Code

H MHAS Codebook

**MHAS Cognitive Aging Ancillary Study Imputations** 

† Coming soon

Harmonized MHAS End of Life (Latest release: Version B)

H MHAS EOL Data file

H MHAS EOL Codebook

STATA Creation Code

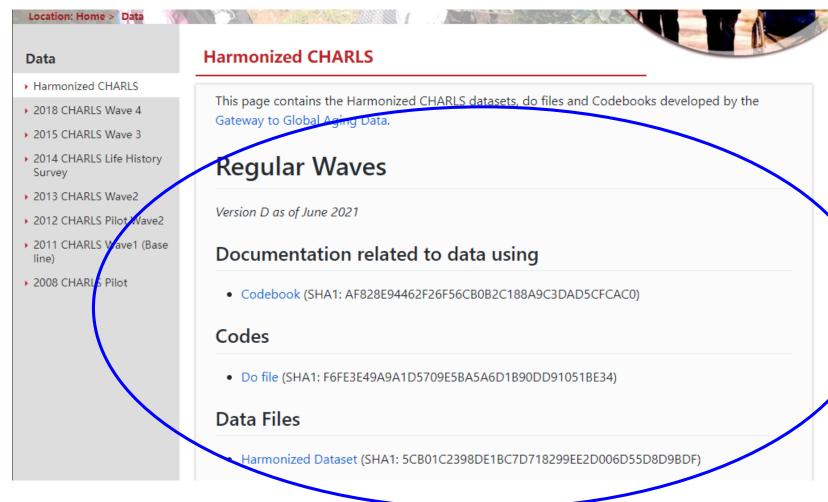
Harmonized (Mex-Cog)

† Coming soon



#### **Download the Harmonized CHARLS dataset**

From CHARLS website: charls.pku.edu.cn/en







#### **Identify relevant variables in Harmonized MHAS**

Waves of interest: MHAS Wave 3 (2012), 4 (2015), 5 (2018)

- MHAS unique individual identifier: unhhidnp
- Indicators of participation at each wave: inw3, inw4, inw5
- 2012 person-level analysis weight: r3wtresp
- Gender: ragender
- Birth year: rabyear
- 2012 BMI: r3bmi, r3mbmi
- Age at each wave: r3agey, r4agey, r5agey
- ADL count at each wave: r3adlfive, r4adlfive, r5adlfive





#### **Identify relevant variables in Harmonized CHARLS**

Waves of interest: CHARLS Wave 2 (2013), 3 (2015), 4 (2018)

- CHARLS unique individual identifier: ID
- Indicators of participation at each wave: inw2, inw3, inw4
- 2012 person-level analysis weight: r2wtresp
- Gender: ragender
- Birth year: rabyear
- 2012 BMI: r2mbmi
- Age at each wave: r2agey, r3agey, r4agey
- ADL count at each wave: r2adlfive, r3adlfive, r4adlfive

#### **Create pooled dataset**



```
*Read in Harmonized MHAS observations and variables use unhhidnp inw3 inw4 inw5 r3wtresp ragender rabyear r3bmi r3mbmi /// r3agey r4agey r5agey r3adlfive r4adlfive r5adlfive using H_MHAS_c.dta
```

```
*Read in Harmonized CHARLS observations and variables append using H_CHARLS_d.dta, keep(ID inw2 inw3 inw4 r2wtresp /// ragender rabyear r2mbmi /// r2agey r3agey r4agey /// r2adlfive r3adlfive r4adlfive) /// gen(append)
```

#### **Create pooled dataset**

```
*Create indicator of country recode append (0=1 "Mexico") (1=2 "China"), gen(country) drop append
```

\*Create cross-study person identifier egen pid = group(country unhhidnp ID), missing







```
gen r2012pweight=.
replace r2012pweight = r3wtresp if country == 1
replace r2012pweight = r2wtresp if country == 2

gen r2012bmi=.
replace r2012bmi = r3bmi if country == 1
replace r2012bmi = r3mbmi if country == 1 & !mi(r3mbmi)
replace r2012bmi = r2mbmi if country == 2
```



### GLOBAL AGING DATA

```
gen r2012adlfive = .
replace r2012adlfive = r3adlfive if country == 1
replace r2012adlfive = r2adlfive if country == 2
gen r2015adlfive = .
replace r2015adlfive = r4adlfive if country == 1
replace r2015adlfive = r3adlfive if country == 2
gen r2018adlfive = .
replace r2018adlfive = r5adlfive if country == 1
replace r2018adlfive = r4adlfive if country == 2
drop r?adlfive
```





```
gen r2012aqey = .
replace r2012aqey = r3aqey if country == 1
replace r2012agey = r2agey if country == 2
gen r2015agey = .
replace r2015aqey = r4aqey if country == 1
replace r2015agey = r3agey if country == 2
gen r2018agey = .
replace r2018aqey = r5aqey if country == 1
replace r2018agey = r4agey if country == 2
drop r?agey
```





```
gen inw2012 = .
replace inw2012 = inw3 if country == 1
replace inw2012 = inw2 if country == 2
gen inw2015 = .
replace inw2015 = inw4 if country == 1
replace inw2015 = inw3 if country == 2
gen inw2018 = .
replace inw2018 = inw5 if country == 1
replace inw2018 = inw4 if country == 2
drop inw?
```

#### Reshape data from wide to long

reshape long r@adlfive inw@ r@agey h@rural, i(pid) j(year) label variable year ""

\*Keep only waves with a response keep if inw == 1



#### **Create additional variables**

```
*Create indicator of any ADL difficulty egen ranyadl = cut(radlfive), at(0,1,6) icode
```

```
*Create indicator of any ADL difficulty in 2012
gen r2012anyadl = ranyadl if year == 2012
bysort pid (year): replace r2012anyadl = r2012anyadl[1]
```

\*Create indicator of birth cohorts egen rabyearcohort = cut(rabyear), at(1940,1950,1960,1970)



#### Create additional variables

```
GATEWAY TO
GLOBAL
AGING
DATA
```

```
egen r2012obese = cut(r2012bmi), at(0,30,100) icode
label define obese 0 "not obese" 1 "obese"
label values r2012obese obese
*Count number of waves participated in
bysort unhhidnp ID: gen wavecount = sum(inw)
bysort unhhidnp ID: replace wavecount = wavecount[ N]
*Create flag for analysis sample
gen sample = 0
replace sample = 1 if inlist(rabyearcohort, 1940, 1950, 1960) & wavecount ==
 3 \& r2012anvad1 == 0 \& !mi(r2012obese)
```





```
*Check sample descriptives

tab r2012obese country if sample & year == 2012, m col

tab ranyadl country if sample & year == 2012, m col

tab ranyadl country if sample & year == 2015, m col

tab ranyadl country if sample & year == 2018, m col
```





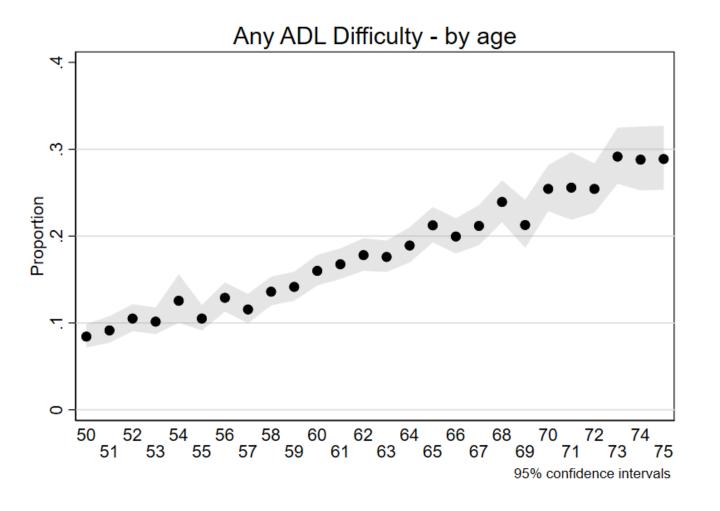
```
*Generate weights for pooled data
gen r2012pweight p = ...
foreach country in 1 2 {
 qui sum r2012pweight if country == `country' & r2012pweight > 0 ///
                          & vear == 2012
 replace r2012pweight p = r2012pweight * `r(N)'/`r(sum)' ///
                           if country == `country' & r2012pweight > 0
*Adjust for multiple country sampling and apply weights
svyset [pw=r2012pweight p], strata(country)
svydes
```





```
*Analyze disability prevalence across ages svy, subpop(if inrange(ragey, 50, 75)): proportion ranyadl, over(ragey)
```





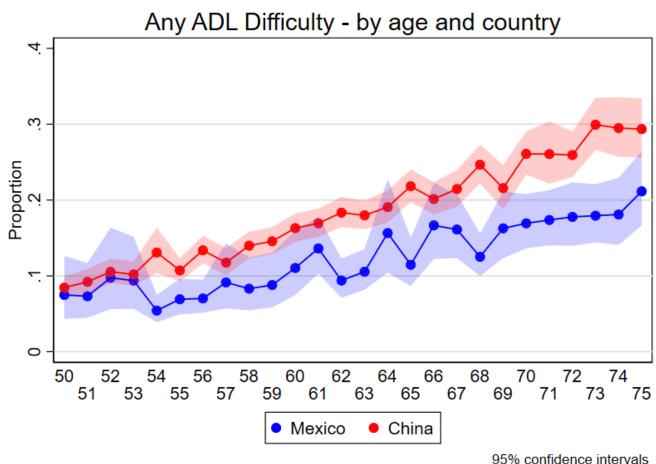






\*Analyze disability prevalence across ages by country svy, subpop(if inrange(ragey, 50, 75)): proportion ranyadl, over(ragey country)

#### **GATEWAY TO** GLOBAL AGING DATA





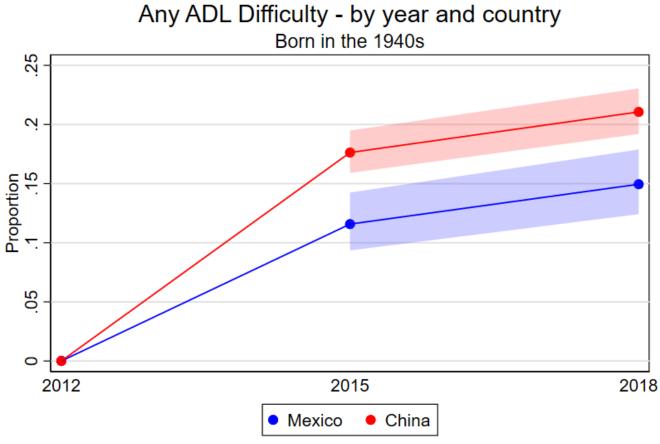


\*Analyze disability prevalence across time by country for sample born in 1940s

svy, subpop(if sample & rabyearcohort == 1940): proportion ranyadl,
 over(year country)



## GATEWAY TO GLOBAL AGING DATA







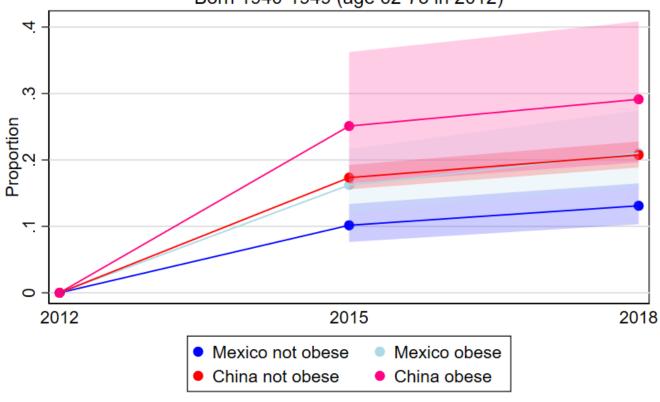
\*Analyze disability prevalence across time by obesity and country for sample born in 1940s

svy, subpop(if sample & rabyearcohort == 1940): proportion ranyadl,
 over(year country r2012obese)

## GATEWAY TO GLOBAL AGING DATA

#### Analyze impact of obesity on disability onset by country

Any ADL Difficulty - by country & whether obese in 2012
Born 1940-1949 (age 62-73 in 2012)







```
*Set up as panel data xtset pid year
```

\*Examine variables as panel data bysort country: xtsum ragey if sample

bysort country: xttab ranyadl if sample

bysort country: xttrans ranyadl if sample, freq





\*Estimate the odds ratio of developing an ADL difficulty with a population-averaged logit model

xtlogit ranyadl r2012obese##country i.rabyearcohort i.ragender if sample
[pweight=r2012pweight p], pa or baselevels

### **Questions and Comments**



Visit the MHAS site us at mhasweb.org

Email MHAS team: info@MHASWeb.org

Visit the Gateway at g2aging.org

Email the Gateway team: <a href="mailto:help@g2aging.org">help@g2aging.org</a>

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