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Introduction to Special Issue

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This special issue of *Research on Aging* features a sub-set of papers presented at the 2014 International Conference on Aging in the Americas (ICAA). This was the seventh installment of the NIH-funded Conference Series (R-13 5R13 AG029767), aimed at fostering interdisciplinary collaboration in research on critical issues regarding aging of the Hispanic population from a multi-national perspective (Angel 2015).¹ This special issue reflects the focus of the 2014 ICAA, which was the social and economic demography of aging and health among Hispanic populations in the United States and in Latin America.

The first paper, by Noreen Goldman, reflects on the present and likely future of the Hispanic Health Paradox (HHP), a central topic in Hispanic aging and health. Hispanics in the United States exhibit longer survival than expected given their relatively low socioeconomic standing (SES). Notwithstanding the established existence of this low mortality pattern (Markides and Eschbach 2005), Goldman argues several trends call for an examination of whether this advantage will endure. Despite continued favorable features in Latino health profiles, particularly low levels of smoking, Goldman concludes that several counteracting trends in lifestyles and practices, such as the rising prevalence of diabetes and the obesity ‘epidemic’ affecting Hispanics in the U.S. and Latin America, will likely help erode the HHP. If these predictions hold, they will impact health care and social security systems meaningfully in decades to come.

Accelerated aging is taking place across Latin America, due to the rapid rate at which the region experienced the mortality and fertility transitions (Palloni et al. 2002). In addition, high inequality in Latin American societies merit an examination of socioeconomic differentials in older adult wellbeing. Three papers in this special issue follow this approach by studying the links between schooling levels and health. The first, by Cassio Turra, Elisenda Renteria, and Raquel Guimarães explores the role of education gains in the rise of Brazilian life expectancy. The improvements in survival over the last half century were closely associated with a dramatic gain in education across generations. Future survival

¹See <http://lbjschool.austin.utexas.edu/caa/> for the scholarship presented at the first ICAA in 2001 and subsequent meetings in 2005, 2009, 2010, 2012, 2013, 2014, and 2015.

gains are speculated to be lower than in the past, which is a theme touched by other papers in this issue.

Like in Brazil, population aging and educational achievement have risen rapidly in Mexico, especially among rural residents and women. Joseph Saenz and Rebeca Wong focus on the role that educational achievement plays on the onset of physical limitations among Mexican older adults. This is critical because fast aging implies that older adults may be survivors of infectious diseases more than contemporary older adults in developed countries. Thus, the manifestation of physical disability in old age may be vastly different in these societies. Saenz and Wong explore if a new physical disability has educational gradients among older adults in Mexico, and whether this association is operating through health behaviors and chronic health conditions, or via socioeconomic pathways expressed through wealth or access to health insurance. Their findings indicate clear education gradients in the onset of physical disability, with some effect working through health conditions and behaviors.

Intergenerational social mobility –particularly the human capital of children– can greatly contribute to the wellbeing of older adults for whom income smoothing across the life course via savings is unlikely. Jenjira Yahirun, Connor Sheehan, and Mark Hayward tackle this issue by examining the association between children’s educational attainment and their aging parents’ physical functional health in Mexico. Net of parental SES, children’s education is closely associated with parental reports of physical limitations, and the authors speculate whether this inter-generational association will continue in the future, as the elderly will be more educated and with fewer children.

Indeed, social support from family and broader networks is key for wellbeing in old age. While migration is facilitated by social capital embedded in these networks, mobility also shifts the composition of local support safety nets. Stipica Mudrazija, Mariana Lopez-Ortega, William Vega, Luis Miguel Gutiérrez-Robledo, and William Sribney address this issue among older migrants returning to Mexico from the United States. The findings indicate that returnees –especially those with long stays in the United States– live in households with fewer co-residents and thus potentially have weaker family and care networks than nonmigrants. Because having co-residents in addition to a spouse is associated with better health in older adulthood, return migrants may face more unfavorable health trajectories that may not be offset by the higher socioeconomic status they may have attained through migration (Wong et al. 2007).

Also looking at social support, but in the United States, Terrence Hill, Bert Uchino, Jessica Eckhardt, and Jacqueline Angel examine changes in social support networks of Mexican American elderly women and men over time, and how they impact on quality and length of life. While the study’s focus on gender is novel relative to prior efforts, Hill et al.’s findings support previous literature in that most Hispanic elderly have large family networks and perceive high levels of social support, in turn related to low mortality risk. However, they do show relationships are stronger among men than women, calling for further theoretical and empirical work to unpack these patterns.

Finally, Juanita Chinn studies the prevalence of functional limitations, providing a rare but valuable examination of Hispanics by race. Using repeated cross-sections of a national survey, Chinn specifically analyzes how early-life conditions determine old-age health and functionality, testing the weathering hypothesis, namely, whether health begins to deteriorate in early adulthood as a physical consequence of cumulative socioeconomic disadvantage. The hypothesis is proposed as a possible explanation for the variation in functional limitations across groups. However, Chinn finds no support for the weathering hypothesis.

The papers in this issue motivate and identify existing gaps in the literature on the causes and consequences of health dynamics among individuals of Mexican origin in different social contexts. We hope that more interdisciplinary research is motivated by this work, and by future installments of the ICAA.

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