

## The Impact of Dementia on Living Arrangements among Older Mexican and Mexican American Adults

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More people are living to older ages in much of the world, including in North and South America. Rising numbers of older people also means more people are living with dementia. In the Americas, the number of people living with dementia is expected to nearly double in the coming decades, increasing from 15 million in 2030 to over 27 million by 2050. Dementia is one of the most common causes of disability and dependence in the world and is a primary reason that older people need supportive living situations.

This brief reports on a study [1] that focused on changes in living arrangements among two groups of older adults living with dementia: Mexicans and Mexican American people living in the Southwestern United States. These two groups share similar vulnerabilities, including low education, inadequate income, and few assets. In Mexico and low-resource communities in the U.S., an older person's family members provide the majority of care and support for older adults. This is due to a general lack of formal long-term institutional care, particularly in Mexico, as well as limited financial supports for home-based care (also known as community care), and individuals' or communities' limited fiscal resources to fund older adult care.

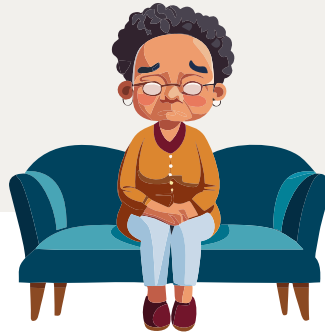
Despite the existence of a long-term care system in the United States, Mexican Americans (also referred to as Latinos) use institutional and community care at low rates. Older Latinos tend to remain in their communities, often relying heavily on family for assistance after losing their autonomy, or the ability to care for themselves. However, families' capacity to provide care for persons living with dementia has become limited because of relatively smaller families, the migration of children away from their parent's place of residence, and the need for adult daughters to work. As a result, Latino families will become increasingly forced to turn to formal sources of care.

### KEY FINDINGS

- ▶ As dementia progresses, it shapes late-life transitions in household living arrangements depending on family household resources and structure. For **both Mexicans and Mexican Americans, dementia was clearly associated with living with others.** Nevertheless, a significant portion of the oldest Mexicans and Mexican Americans with dementia continued to **live alone** (see figure).
- ▶ While the probability of **transitioning from living with a spouse to living alone increased throughout late life for Mexican American women, the opposite pattern occurred for older Mexican American men**, who were more likely to remain with a spouse until death. Widowed women were particularly at risk of facing the precarity of living alone with serious cognitive impairment.
- ▶ For **Mexican American men with dementia**, on the other hand, the probability of remaining alone was lower than for Mexican American men without dementia.
- ▶ These **gender differences among Mexican Americans** could reflect gendered expectations in the need to provide care for and support to Mexican American women as well as the early mortality of men (which may lead women who were living with a spouse to live with others).
- ▶ For **Mexican men with dementia**, the probability of remaining alone is higher than for Mexican men without dementia. One possible explanation may be that some Mexican families may abandon men with dementia because of poor family relationships and broken family ties.

Given this reality of rapidly aging populations in both countries, it is vital to better understand the impact of older people's increasing dependency on families, governments, and society as a whole. To do so, this study explored the impact that dementia in older Mexican and Mexican American adults had on living arrangements using comparable longitudinal surveys from each country.

Dementia was associated with **living with others** for many Mexicans and Mexican Americans in the Southwest.



And yet, a significant portion of the oldest Mexicans and Mexican Americans with dementia **live alone**.

## POLICY IMPLICATIONS

Whether older adults with dementia live alone or with others has important implications for families, communities, and the support systems available to those in need of dementia care. When an individual loses the ability to care for themselves, those who live alone may nevertheless continue to do so. In the U.S., older adults may receive support to through Medicaid long-term care to continue to live alone. In Mexico, on the other hand, older adults who live alone are an especially precarious population because they do not have access to a comparable social care system. And while older Mexicans have access to medical care, they also incur high out-of-pocket expenses for basic health care. These differences point to the need to investigate what dementia care is possible within the fiscal constraints of low-income nations and low-resource communities in the U.S. This information can, in turn, inform efforts to support age-friendly dementia infrastructures.

## DATA AND METHODS

The authors analyzed two comparable longitudinal surveys of older adults in the two countries: the Mexican Health and Aging Study (MHAS), which followed Mexican adults aged 50 and older over time and the Hispanic Established Population for the Epidemiologic Study of the Elderly (HEPESE), which followed Mexican Americans aged 65 and older living in Arizona, California, Colorado, New Mexico, and Texas. For this study, the authors focused on older adults who were between 80 and 90 years old in 2010, which translated to 1,623 Mexican and 744 Mexican American participants.

The authors used complementary measures from the two studies to define probable dementia. In the MHAS, they used a modified Cross-Cultural Cognitive Examination test to assess cognitive impairment in combination with a measure of difficulties in an older person's ability to function at work or to perform the usual activities of daily living (ADL; for example, bathing, dressing, eating). In the HEPESE, they used the Mini-Mental Status Exam (MMSE) to assess cognitive impairment in combination with information about their instrumental activities of daily living (IADL; for example managing finances, meal preparation, medications).

## REFERENCE

[1] Angel, J.L., López-Ortega, M., Chiu, C-T, Rote, S.M, Cantu, P., Antequera, F., & Chen, C-A. (2024). Loss of autonomy: Likely dementia and living arrangement transitions among Mexicans and Mexican Americans. *The Gerontologist* 64:1-10. <https://doi.org/10.1093/geront/gnad083>

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