

Mexico is a country in the middle of a rapid demographic transition, but still far from reaching the benefits of full development. This situation confronts a fast aging process of the population with other unresolved basic socio-economic problems such as education, employment and health. The imminence and importance of demographic aging are partially recognized. Its public and media awareness is limited practically just to the problem of pensions. Pensions is a topic now accepted and widely discussed because of its evident and already present financial problems, which has allowed to believe in actuarial calculations and projections of payments. In a different situation, nevertheless aging and the epidemiological changes are undergoing processes with clear future outcomes, the consequences on health and disabilities have not yet transcend into major crisis. The lack of information and persuasive indicators erodes the aspects of health and disabilities as a subject for government, media and public concerns.

For planning purposes in the field of aging, health and disabilities it is helpful to bear in mind that the meanings and implications of life and health expectancies are quite straight-forward and easy to understand. As such they are valuable indicators in the dealing with policy makers and decision takers. Estimates of these parameters help in planning, budgeting, adapting of health systems, focusing interventions, and for designing programs on prevention and long-term care.

The availability of the Mexican Health and Aging Survey is now offering the opportunity to have an updated, statistically sound and detailed description of life and health expectancies that is associated to the demographic aging process. A first and general notion comes with active life expectancies estimated by the ability to carry out AVD and AIVD. A second insight comes when differences by sex and education are considered. Schooling is used as a proxy for socio-economic status. Also, by means of the same survey mental health and cognitive status expectancies are considered. Starting with these general frameworks the prevalence of diabetes, hypertension, cancer, cerebral stroke, heart diseases, respiratory diseases and arthritis are measured in their impact on health expectancies and disabilities. These ailments are risk factors that can be weighted through differentials in health and disability expectancies.

The population aged 50 and over, divided by sex, age and schooling is categorized in active and healthy population, population with chronic illnesses but in activity, and population with disabilities.

In the last two categories the effects of disabling ailments represented by respiratory diseases, cerebral strokes, heart diseases and arthritis are weighted and analyzed. Data from the survey allows measurement of direct interference of these disorders in the disabling process.

In the case of Mexico the demography of disabilities is strongly permeated by socio-economic conditions conveyed by the access and use of medical services.