

SOUTH OF THE BORDER DOWN MEXICO WAY: EXAMINING THE PURSUIT OF
SUCCESSFUL AGING AMONG OLDER RETIREES

by

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I was drawn to this research project because I was born and raised in the Lake Chapala Area. My father was a U.S. retiree who decided in the mid-1970s to retire in this region of Mexico. He then met and married my Mexican mother, and it is in this place where they shared their life together. From my early childhood, my life experiences have given me the opportunity to witness firsthand the coexistence between two cultures with a rich historical past. Without this childhood experience, I would not be here today. I am most grateful to my husband, David and my son Abraham, for their unconditional support. And those near and far. To my professors, Dr. Aday, Dr. Monteblanco, Dr. Wallace, and many more who have given me their endless guidance throughout this project. Of course, the wonderful participants, who open their hearts, and at times, their homes to share their experiences with me, without which, this project would not have materialized.

ABSTRACT

For the past several decades, Mexico has been welcoming thousands of foreigners seeking a retirement haven. Due to the proximity to the U. S., citizens have especially been attracted to places such as the Lake Chapala Area (LCA). As these migration patterns continue, it is important to learn more about the experiences of those who decide to leave their families and friends behind for a more affordable lifestyle. Relying on a sample of 20 older retirees with an average age of 72 years, who had resided in the LCA area for a minimum of two years, I explored whether this retirement destination has provided them a place where they can thrive in later life. Using a semi-structured interview guide, I explored topics such as arrival and transition challenges, healthcare experiences, family connections, and social activities. Using successful aging as a conceptual lens to interpret the qualitative data, I found that this group of U.S. retirees despite a lack of fluidity or mastery of the Spanish language exhibited high levels of social integration into the LCA community. Volunteerism especially provided a real purpose in life and an opportunity to connect to their new environment resulting in a strong sense of community amongst English-speaking individuals. Most U.S. retirees also value affordability and the quality of Mexican healthcare as well as the cost of living. The year-round mild climate offered by the LCA appears to enhance aging retirees' quality of life. Participants of this study have lived in this community an average of 10 years and although they maintain contact with family and friends in the U.S. through social media, most appear to be strongly attached to the LCA.

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INTRODUCTION

México has been home to thousands of foreign retirees, including U.S. citizens, for a number of decades now. Although the U.S. health policies and the lack of portability of Medicare across borders might deter many U.S. retirees from retiring abroad, this migration trend is expected to continue at a rapid pace in the coming decades (Haims & Dick, 2012; Laugesen & Vargas-Bustamante, 2010; Sloane et al., 2013). The current U.S. aging population of 52 million over the age of 65 is expected to peak at 95 million in 2060. Many of these baby boomers are lacking adequate wealth and are increasingly seeking amenity rich retirement destinations in Mexico and other Latin American countries. These places also offer a lower cost of living to retirees depending on a fixed income. With Americans already representing about 80 percent of the 1.2 million expats living in Mexico, it is worth noting that the growth in the Lake Chapala Area (LCA) has doubled from 7 to 14 thousand since the year 2000 (Universidad Autónoma de México [UNAM], 2015). This area, which is home to one of the oldest U.S. citizen retirement enclaves in Mexico, is projected to experience unparalleled growth in the coming decades (Blue, 2014; Truly, 2002).

This tremendous influx of retirees is causing some concern as the increased commercialization in these areas are perceived to be negatively impacting the overall quality of life both for locals and retirees alike (Dahl, 2019; Schafran & Monkkonen, 2011). In fact, gentrification and its effects have been noted by local community members and foreigners alike. Despite the recent growth and these changing environmental conditions, there are only a handful of studies that have examined the adjustment patterns of older adults who have transitioned to the Lake Chapala Area for

the purpose of retiring (Rojas et al., 2009; Sunil et al., 2007; Truly, 2002). To address these shortcomings, I explore the following research questions: 1) How and why are retired older adults making the decision to choose this area as a retirement destination? 2) What challenges do retirees face in the transition to this cultural environment and what factors assist in their social integration? 3) What type of health care experiences do U.S. retirees encounter while living in the Lake Chapala Area? 4) What burdens are placed on families as they balance the desire for an independent lifestyle living in a foreign country with maintaining important family ties hundreds or thousands of miles away? I also explored the participant's reflections about moving to the Lake Chapala Area and any advice they might provide to others from lessons learned.

LITERATURE REVIEW

In the last couple of decades scholars have become more curious about transnationalism and the adjustment patterns of retired Americans migrating to Mexico (Croucher, 2009; Lardies-Bosque et al., 2016). More specifically, a handful of researchers have explored the growing aging population residing in the Lake Chapala Area (Bates, 2007; Rojas et al., 2009; Sunil et al., 2007; Truly, 2002). For instance, Truly (2002) notes that thanks to economic agreements such as the North American Free Trade Agreement known as NAFTA, many aging migrants are "importing a lifestyle" that is highly popular in the local retiree community (Schafran & Monkkonen, 2011; Truly, 2002). Focusing his research on the Chapala area in the early 2000s, Truly (2002) describes the forming of a significant enclave of expats making their way to this popular area in Mexico. Moreover, with immediate access to Amazon, many expats frequently receive U.S. commodities dropped at their doorsteps in Mexico. While the area offers an

ideal climate that initially grabs the attention of vacationers, many foreigners choose to live in Mexico for other important reasons as well (Dahl, 2019). The lower cost of living, access to affordable medical services including cheaper medications, a sense of community, and a better quality of life have been mentioned as primary reasons for retiring in Mexico. (Goss, 2019; Schafran & Monkkonen, 2011; Sunil et al., 2007). Other researchers suggest some widely traveled retirees are simply looking for a new cultural experience, but on a more permanent basis (Dahl, 2019; Blue, 2014).

Further, researchers such as Sunil and colleagues (2007), as well as Schafran & Monkkonen (2011) have noted that contrary to popular belief, there is variation and heterogeneity to be found amongst those migrating to various parts of Latin America, including the Lake Chapala Area. It would be erroneous to assume that these communities are one single, homogenous community of aging retirees, when in fact, members of these communities have shown great diversity when it comes to their socio-economic backgrounds (Rojas et al., 2009). In truth, the reasons to migrate can vary between *amenity migration* or *assistance-seeking* (Rowles & Watkins, 1993). Similarly, late life migration can show patterns and characterizations such as those identified by Frey and colleagues (2000). For instance, retired migrants with more education and a higher socio-economic standing were more likely to seek amenity destinations. For their part, Sunil and colleagues working on a sample of 211 older migrants reported that the primary reason for moving to the Lake Chapala region was economic. In particular, affordable cost of living was mentioned by 88 percent of participants; while 47 percent of participants mentioned affordable and accessible quality of healthcare as key factors in their decision to choose LCA (Sunil et al., 2007).

Regardless of reasons for migrating, the personal experiences of expats vary widely (Goss, 2019). For example, there has been some research that focuses on the migrants themselves and their transition into the local culture (Lardiés-Bosque et al., 2016; Rojas et al., 2009; Schafran & Monkkonen, 2011; Sunil et al., 2007). These researchers have pointed out the ways many retirees living abroad find a sense of fulfilment and social integration by actively engaging in organizations and volunteering. As noted by Lardiés-Bosque et al. (2016), many of these organizations have created a “home-away-from-home” atmosphere, especially for those seeking to join with fellow participating members who speak English. Nonetheless, expats who speak fluent Spanish are able to make friends with locals and are more likely to integrate themselves into the Mexican culture. Nevertheless, others may resist the Mexican culture and decide not to engage or interact with their Mexican neighbors, instead they feel satisfied and fulfilled by the access to American goods the area offers as well as interaction with other U.S. (or Canadian) retirees (Truly, 2002). It is generally thought that most retirees choose not to identify exclusively with the host country, but rather maintain “individual and collective identities” in regard to their country of origin (Lardiés-Bosque et al., 2016). Nonetheless, it appears that many aging adults who decide to age abroad, do so with the pursuit of happiness in mind, and seeking a well-defined “quality of life” as noted by Sunil et al (2007).

Previous studies have also noted that despite their relocation to another country, most retirees remain in contact with family and friends via email, FaceTime, and other social media outlets (Lardiés-Bosque et al. 2016; Rojas, et al., 2014). Based on a large sample of 375 expats living in the San Miguel de Allende and Lake Chapala areas, Rojas

and colleagues (2014) found that over half of their respondents (53%) remained in contact with family and friends in the U.S. on a weekly basis. While the majority of retirees reported strong family ties in the U.S., about one-fourth indicated they had no such ties. Significantly stronger family ties were found in San Miguel de Allende than in the Lake Chapala Area. This might be a result of the fact that retirees living in LCA had relocated there much earlier resulting in a weakening of family ties across time. These researchers also found that almost 80 percent of expats in their sample visit the U.S. at least once a year, although income level can be a factor (Rojas et al., 2014). Further, Banks (2009) describes that initially, a major challenge faced by expats when relocating to Mexico, is the simultaneous adjustment to the stressors experienced when moving to a foreign country while managing long distance relationships with family and friends. More specifically, research on grandparenting has shown there is an explicit recognition of the constraints placed on relationships, especially as a result of grandparents' "voluntary" decision to relocate to another country (Banks, 2009).

Health care is a crucial topic, especially for older adults, when considering migrating abroad. Leaving a familiar medical system and personal doctors can make for a painstaking decision. The issue of health care is particularly challenging given the fact that neither public (Medicare) nor most private insurance policies can be transported to other countries (Laugesen & Vargas-Bustamante, 2010). Countries like Mexico have both public and private health care systems with most expats favoring the private system (Sloane et al., 2013). One option for U.S. retirees is to purchase a catastrophic-only coverage for Mexico and then return back to the U.S. to use Medicare should they have a major health concern (Burlingame, 2019). Making trips back to the States for regular

health checkups or even for more serious health issues is often determined by the travel expenses (Sloane et al., 2014). These are factors that often are carefully weighted when making the decision to migrate on a permanent basis (Dahl, 2019).

Of course, one major attraction for older retirees relocating to Mexico is the opportunity to receive quality health care at a much cheaper rate compared to the States. According to Blue (2014), doctor visits range from \$15-\$50 USD depending on a doctor's specialty. Most doctors in the LCA speak English, are well-trained professionals, and caring individuals who frequently make house calls (Blue, 2014; Sloane et al., 2013). However, Burlingame (2019) indicated that not all treatment is equal in nature. For example, in public hospitals nursing care is lacking and families generally need someone available to stay with the patient. If the illness is more acute, it may be necessary to return to the States or pay cash for treatment in a private facility (Blue, 2014). Most reports from expats reveal that the majority are pleased with the ease and cost associated with purchasing drugs in Mexico (Sloane et al., 2014; Burlingame, 2019). There is a general consensus that medical care in this region is excellent in the private system, especially in the Guadalajara area, but can vary greatly in less established areas (Amin, 2008; Dahl, 2019).

Theoretical Framework

Older people's preferences to remain active and independent in later life has increased interest in the promotion of aging "successfully" (Martin et al., 2015). As a result, and for some time now, the *successful aging* model has influenced both research and public dialogue pertaining to aging (Bulow & Soderqvist, 2014). Not without distinctive limitations, the initial theoretical approaches tied to successful aging and

social functioning include disengagement, activity, and continuity theories (Bowling, 2007). Whereas, disengagement theory was supported by research in a retirement community (Poorkaj, 1972), this framework has since been widely discredited in the field of gerontology. Activity theory, whilst holding promise for a positive aging approach, has also been identified as too limited in its support of a single lifestyle among a highly diverse group of older adults (Atchley, 1972). A more popular perspective has been continuity theory (Atchley, 1989) which shifted the emphasis away from the sheer volume of activities to the adjustment and adaptation of the day-to-day challenges of aging across the lifespan (Johnson & Mutchler, 2014).

A more specific framework defining what constitutes successful aging was introduced by Rowe and Kahn's (1997) study for the MacArthur Foundation. Their definition of successful aging incorporated social engagement, disease prevention and functional health, and high cognitive function as the three major components. Rowe and Kahn's view of successful aging is considered a groundbreaking model because it was one of the first models to expand across fields such as psychology, biomedicine, nursing, and sociology. Spirituality was later added to the Rowe and Kahn's model as a key element for successful aging. Additional research has found that older people have consistently included "social roles and activities, participation and activity, social contacts and exchanges and positive relationships with others" (Bowling, 2009, p. 267). Finally, Ryff's (1982) theoretical model of successful aging stresses a developmental approach and includes the following necessary components for meeting the challenges of growing older: "positive interactions with others, a sense of purpose, autonomy, self-acceptance, personal growth, and environment fit" (Bowling, 2009, p. 270).

As Ryff (1982) has noted, an important feature of the successful aging model is the environmental setting in which older adults age in place. In a report by the American Association of Retired Persons, also known as AARP (2015) a livable community is defined as “one that has affordable and appropriate housing, supportive community features and services, and adequate mobility options, which together facilitate personal independence and engagement of residents in civic and social life” (AARP, 2015, p. 4). The growth of such livable environments in the Latin America sphere have pinpointed the need to examine more closely the lived experiences of older expats who have made the decision to migrate to such communities. These retirement communities have done their best to create a sustainable environment that offers the opportunity for seniors to remain independent and fully socially engaged in later life by offering a cheaper lifestyle along with a high level of social and civic engagement opportunities. Therefore, examining the potential for successful aging within the context of retirement communities such as the Lake Chapala Area is an important exercise as an increasing number of older adults relocate to this area.

RESEARCH METHODS

Setting and Participants

Participants in this study resided in the Lake Chapala Area which is located approximately 45 minutes from Guadalajara. With an international airport, this city of roughly 6 million inhabitants is considered an important cultural center offering a variety of entertainment events for prospective expats. Once expedited approval was given by the Middle Tennessee State University Internal Review Board (Appendix E), I purposely sought and screened U.S. retirees, age 60 or older, living in the Lake Chapala Area

(LCA) for a minimum of two years. Participants were recruited with the help of key informants. I also visited two well-known public venues where retirees are known to converge. One was the Lake Chapala Society (LCS), a public setting situated in the city of Ajijic, Jalisco, where several services and information are offered to foreigners, including U.S. retirees. There is also a café on the premises open to the public where several interviews were held. In addition, the American Legion Post or *Legion* is located in the city of Chapala, Jalisco. This is another public place that offers services and information in and about the area. A restaurant and a bar are found on the grounds and both are open to the public. Several interviews were held here. At both of these locations, I was able to meet qualifying participants; at which time I explained the project and criteria. Utilizing the snowball method, numerous participants went on to recommend friends and acquaintances for me to reach out to.

Twenty-three individuals participated in this study. However, two were discarded for criteria purposes and one participant chose not to be recorded leaving a sample of 20. Six married couples comprised about half of my original sample. A total of eight women and twelve men were included in the study. Of the twelve men, two have been living in the area for over thirty years and are current business owners. Although, not retired, these individuals were included in the study due to their personal experiences and history with/in the area. Since they are U.S.-born individuals of 60 years or older, their opinion on the area's social environment was determined to be worth including in this study. The age of participants in this study ranged between 62 and 84 years with an average age of 72 years. The overall mean years for participants residing in LCA was a little over 13 years with a range stretching between 2 and 34 years. Written informed consent forms

were obtained by all participants. The interviews were conducted face-to-face in English, recorded with the use of a digital recorder and later transcribed and analyzed for major themes. All interviews were performed between June and July 2019. The interviews ranged from 45 to 90 minutes with the average interview lasting approximately one hour. Most interviews took place in the city of Ajijic, Jalisco and the city of Chapala, Jalisco. The Lake Chapala Area was ideal for this study's data collection, given the substantial number of foreigners, including U.S. retirees that call the area home as well as my personal history with the area.

Data Collection and Analysis

In addition to gathering basic demographic data (Appendix A and B), I relied on a semi-structured interview guide where participants were asked a series of open-ended questions (See Appendix D). The interview guide was informed by the literature and included broad topic areas such as: 1) *Migration decision and transition* – an exploration of the motives for which U.S. retirees decide to retire abroad, specifically in the LCA and process of making the transition to a foreign culture, 2) *Health* – focused on “all things medical” including healthcare cost and quality as well as the cost of medication and, the different ways U.S. retirees seek health care while retiring abroad, 3) *social Life* – information on different activities that LCA retirees participate in including leisure activities, networking and the different levels of volunteerism and sociocultural integration, 4) *Family* - explores the different levels of family attachment exhibited by U.S. retirees living in the area, and how family ties are maintained via advances in social media and texting, 5) *Challenges*- challenges the expats faced in adapting to the Mexican culture. Although the interview guide allowed for these major areas of focus, I provided a

friendly, flexible, and inviting environment encouraging participants to expand upon topics of natural interest to them.

One of the preferred qualitative methodologies when examining the lived experiences of a group of people is the phenomenological approach. This study's sample size is appropriate for an interpretative analysis study that requires intensive analysis of an individual's account of their lived experiences. This approach is pertinent when capturing the explicit meaning and essence of a personal situation occurring in everyday life (Christensen et al., 2010). Using this grounded approach, each interview was transcribed verbatim and then analyzed using the constant comparative method suggested by Carey (2012). I examined each respondent's words carefully going question by question in order to group by common themes together. This method is useful for identifying, analyzing stories and common coping strategies and behavioral patterns found in routine human interactions. In this process, I examined the data multiple times to ensure themes fit together in a meaningful fashion with identifiable distinctions between subthemes.

RESULTS

Given that this was a convenience sample, the race of the participants in this study was exclusively white (See Appendices A and B). Over half (16) in the sample reported over 14 years of education minimum, only four individuals did not share their educational background. Four individuals reported two years of college or an associate degree, six reported having a bachelor's degree; six individuals had a master's degree and one individual had a medical degree or M.D. When asked about income, most individuals earn between \$25,001 and \$70,000 and only two individuals reporting an income less

than \$25,000. Two others indicated their source of income was associated with their disability although no specific amount was reported. With one exception, it is worth mentioning that five couples in my sample expressed the fact that they owned the property where they currently reside. The opposite was true, however, with individual participants, where only one participant owned his/her property and the rest leased their place of residence. Although, of these, one mentioned owning property in the U.S. A fourth of the participants (5) chose not to answer the demographic survey which limited the overall profile of this small sample.

Migration Pull Factors

Similar to previous research (Rojas et al., 2009; Sunil et al., 2007; Truly, 2002), I found that most retired expats living in the Lake Chapala Area (LCA) chose to move there for a number of reasons: access to good medical resources, proximity to an international airport, large contingent of expats, and friendly host community with a diverse culture. The main reason named by expats was the ideal climate, especially for older people. The combination of a tropical latitude, high elevation, and the influence of a 50-mile long body of water provides the nearby towns one of the best climates in the world. What makes the climate so appealing for some is the suitable year-round temperatures and low humidity as a result of the 5,000 feet elevation found in the LCA. Several retirees mentioned how good they feel in this type of climate, especially those who suffer from severe arthritis. As a white, married, male retiree who has lived in the area for 2 years replied when asked the reasons for him to move to the area, “Probably the climate. I like being able to look out and see the mountains. I like the lake, a fifty-one-mile-long lake. The humidity is low, which is beneficial for [my wife’s health].”

Most participants also mentioned the affordable cost of living, including utilities and medical expenses when asked why they relocated to Mexico for their golden years (Dahl, 2019). One woman shared, “We were having a hard time making ends meet in United States. We’re both on disability income... and the cost of living was high. I told [my husband] we need to find a cheaper place to live.” Similarly, a gentleman who has been living in the LCA for 24 years stated, “I could afford to retire here, if I stayed in the States, I couldn’t afford to retire. I was retired at 55.” Another white, married, male of 75 years of age, retiree, mentioned, “My utilities there [in the U.S.] were seven, eight hundred dollars a month. Here it’s like a drop in the bucket.” Finally, a financially marginal couple mentioned that they “would be paupers in the U.S.” and preferred to live in a community with people of all ages rather than in elderly housing in the States.

With the cost of living much cheaper in Mexico, the retired expats in my sample found living in this environment much to their liking. With cheaper housing, utilities, and labor comes access to a lifestyle often reserved only for those in the upper income brackets back in the States. For example, one individual who lives solely on a fixed income consisting of Social Security and a small pension acknowledged that she is able to afford a house cleaner and a gardener. Similarly, another participant shared, “We have—besides a maid and a gardener periodically, most of us have like a guy, kind of like a general contractor. Every once in a while, we’ll have work and we just call him.” For sure, the ability to reduce daily physical chores such as cooking and cleaning, can render life more enjoyable and allow for more leisure time for pleasurable activities.

This lifestyle provides even those retirees who are living on a fixed income a certain social status that they could never achieve in their home country.

Most participants mentioned the weather or their retirement dollars going further as main motives for moving to the LCA, there are several factors that keep them there. For instance, and as noted by Truly (2002), the Lake Chapala Area has been a host to U.S. retirees since the early 1900s, resulting in a unique social and cultural landscape of the area. For example,

My husband always refers to Ajijic as a *bubble* because there's so many expats living here. It's not like you're really immersing yourself. You don't have to learn the language. You could live here for years without learning to speak Spanish. I don't understand why people wouldn't want to learn the language.

Numerous retirees also mentioned the wide variety of amenities available for those who choose to migrate to this part of the world including movie theatres, a Walmart, restaurants with a wide selection of international cuisines, world-class entertainment, multiple tennis/golf facilities, wellness gyms, hiking trails as well as over 100 organized activities (Blue, 2014). As one retiree proclaimed, "There are so many ways to entertain yourself here. Plus, you have the beauty of the land."

Another major attraction for retirees was the culture itself. Previous research has explored the concept of nostalgia, and the subjective way we choose to recall our past has played an important role in motivating expats to relocate to Mexico (Goss, 2019). It is true that the Mexican culture has been described as one that values family and community, as opposed to individualism which is the staple of the American way (Blue,

2014). In fact, several expats compared current life in Mexico to that of 1950s in the States. With a reference to the days gone by, one male described his nostalgic experience:

They treat older people with more respect here. Family is a lot more important. I think it's a lot like it used to be in the 40s or maybe even the 50s. It's more 'Leave it to Beaver' here. You know your neighbors. Up there [States] you don't really know your neighbors. You don't really talk to them.

The cultural sentiments I found were similar to the observations reported by Blue (2014), indicating that the Mexican culture today reminds some retirees of how life used to be in the 1950s. As one woman, in her twelfth-year reminiscing of what America was in the fifties stated, "We wanted to come down here and experience Mexico not change it into a little America. In Mexico family comes first...it really feels like home." A sense of mental comfort with the traditional way of life found in this region seems evident among older retirees and continues to be an important pull factor.

While I did not explore the racial motivations for moving to Mexico and distinctly how whiteness impacted their experiences, to say that race didn't play a factor in this conversation would be naïve at best. Lamenting the decline of traditional values can also join with concerns about the effect of growing racial diversity and its attack on the core of American values (Olson, 2008). For example, Goss (2019) in his small sample of 30 expats from Canada and the United States, found some evidence of an increased sense of racial victimization in their country of origin serving as a push factor to emigrate to a country offering an opportunity to reclaim their superior white social standing. For

example, Goss further reported that 87 percent of the expats in his study indicated that their whiteness permitted them the opportunity to “reclaim the privileges associated with whiteness.” (p. 547). Similar to Goss’s (2019) findings, the expats in my sample indicated they were well respected by the locals, especially due to the economic benefits expats provide to the local economy. However, more research is needed to examine how Mexican locals interpret the presence of these expats who permanently join their communities. This would provide for a greater understanding of how race influences immigration and expat enclaves.

Transitioning/Acculturation

For sure, the social landscape of LCA has become a welcoming feature to U.S. retirees. The number of U.S. expats living in LCA is extensive with villages scattered about with English advertising. Equally, the number of activities in the area meant for the English-speaking community are vast and can be found throughout a number of media sources including English newspapers. The American Legion in Chapala and the Lake Chapala Society are two places where English-speaking visitors and retirees go to for a wide array of resources. These places offer U.S. expats, not only a place to hang out and socialize, but also serve as a source of information for medical services and other social activities. Worth noting is that both of these establishments are managed by English-speaking volunteers, mostly expats living in the LCA. Similarly, the fact that once inside these establishments there is a sense of transporting yourself to an English-speaking country. This reflects the findings of previous researchers when referring to the creation of enclaves or social bubbles (Lardies-Bosque, et al. 2016; Truly, 2002).

In addition to the climate, the low-cost of living and medical needs, social activities are of great importance for retired individuals. The high levels of volunteerism shown by members of the U.S. expat community residing in the LCA cannot go unnoticed. It is well known that volunteering provides individuals a wide array of positive outcomes both physically and psychologically. For instance, older volunteers achieve a sense of fulfilment while showing lower rates of “functional disability and depression” (Hooyman & Kiyak, 2008, p. 516). Not to mention, volunteerism allows aging individuals a continuation of activities in the individual’s retiring stage. Members of this community participate in a wide array of volunteer activities, from animal care and shelters to helping local organizations such as schools and orphanages. As stated by a participant, “volunteering’s always been a part of my life. With volunteering you get out, you meet people, you get involved.” Likewise, another participant stated, “[volunteering] it’s in our DNA, it’s rewarding, it’s good interaction with other people.” In fact, all the participants of this study took part or have contributed as volunteers during their time in LCA in one type of charity or another. Those who were not actively engaged in any ongoing volunteer activity mentioned donating money to their employees in need or attending fund raisers.

The reasons for volunteering may vary from individual to individual, however, volunteerism amongst the U.S. expats of the area seems to offer a common bond shared by many of these retirees. Not only is there a sense of fulfilment achieved by individuals who volunteer, but a sense of community. As noted by Lardiés-Bosque et al. (2016), volunteering for aging individuals allows for a sense of social integration, although this integration might be layered. Of course, the social impact of expats’ volunteerism is

noted by the host community, however, there seems to be a constant re-creation of a subculture taking place in the LCA. For members of the U.S. expat community, volunteering is a way to interact and socialize with others like them, using their own language at a deeper level than many do with the local hosts.

While it is true that many participants showed the ability and willingness to interact with the Mexican community, for the most part, participants admitted interacting “mostly” with English-speaking individuals. Perhaps it is a language barrier that prevents U.S. expats from engaging with locals at a deeper level, or perhaps it is about differences in culture that become barriers to meaningful interactions. The LCA undergoes a cyclical change in the social landscape throughout the year. There is an influx of “snowbirds” in what is called the “high” season or winter, this is due to the large number of Canadians that reside there temporarily. Consequently, the social interaction of the English-speaking community of the area is disrupted. As a 71-year-old, married, female pointed out,

Things here are really more nebulous. A lot of the people who live here, you might not see them for six months like the Canadians. It's like weaving a tapestry and those threads get really, really loose. It's hard to have, what I'd say a real solid community. A lot of people are at the age...they call it 'God's little waiting room.' A lot of people are dying and some people get sick and go back, so, there's this constant adaptation you have to make.

Several individuals in my sample mentioned having to adjust to the Mexican way of doing things. Moving from a more structured cultural setting to one that is laid back

and more informal can produce a certain level of cultural shock which may require some time to adjust. For example, “I think a lot of people who’ve never been to Mexico say ‘oh that’s a beautiful place, let’s go there’—A lot of people adapt really quickly. I think it’s an individual thing.” Another retired couple explained that their most challenging aspect of moving to Mexico, was finding reliable craftsman, such as plumbers and gardeners and added,

The Mexican people don’t want to disappoint you so they’ll tell you whatever they think will make you happy. They’ll tell you ‘I’ll be back in an hour,’ even if they can’t do it for three days. That is something we have gotten used to.

It is worth keeping in mind that, most individuals, over the course of their lives, create patterned ways of doing things and develop coping strategies. Therefore, relocation to foreign areas where institutions function differently can heightened an individual’s stress levels. Here, resilience and the ability to adapt allow individuals to better adjust to their new environment. One respondent mentioned,

A particular challenge of adaptation, beyond emotional aspects, lies in the need to bring together and continually manage the interface of the financial, legal, bureaucratic, communication and social systems of two different cultures. So, I would strongly suggest that potential expats face this challenge and create an administrative and communication structure that will meet these demands before they leave their countries.

Several respondents mentioned that upon arrival to the LCA area, they were able to rely on individuals and organizations that assisted with their immediate transition. However, some recommended keeping up with changing laws and policies, especially for those expats that continue to negotiate different health care systems.

As for safety, most expats did not seem overly alarmed about crime in Mexico. In fact, most of my participants exhibited a sense of safety. Perhaps, this perception of safety is due to the creation of these sheltered enclaves. However, recent media coverage about crime and violence linked to the cartels was a topic which curiously seemed to be the “elephant in the room.” In truth, the State of Jalisco has recently seen a growth in violent crime associated with drug trafficking (Zapotosky, 2020). As one participant stated, “right now, the crime problem—I mean, they’re not killing Americans but—just the fact that one day I went down and there were three bodies right at the bottom of the road—that sorta [sic] has an impact on you.” Finding dead bodies on the street is definitely impactful and certainly something that stays with a person. Another participant shared, “the year 2011, they found all these bodies, the Federales came in and the army. It was a little disconcerting. They weren’t expats who were killed, they were Mexicans. Obviously, it was a cartel thing.” In spite of these unsettling experiences, participants appeared to be undeterred and felt comfortable living in Mexico, particularly in the Lake Chapala Area.

Further, crime associated to drug cartels is not the only factor pertaining to safety that retirees should consider. For example, some expressed concern with government corruption and legitimacy including security forces. As an established retired couple shared, “The police are a joke. I wouldn’t call the police if our house got broken

into... There's a fifty percent chance that they're involved. The bad guys have more power than the good guys." Particularly, those who have limited knowledge of the language can be at risk of being exploited. As a participant warned, "I tell my friends who've moved down. Beware of the blue-eyed discount." The fact that many retirees can engage in activities and purchase services that might be unaffordable to locals might give the impression of wealth and may result in exploitation by some locals. As indicated by a participant,

The one thing I've noticed is that Americans come here and they're like 'Oh, wow!' and somebody pops up and they speak very good English and *because* they speak English, the Americans have confidence in them. *Only* because they speak English. And then it goes downhill because the people are taking advantage of them. It happens. There are three things you have to be careful about: mechanics, doctors and lawyers... because there's a lot of them that are not qualified and they're crooks

Further, some participants described how the elderly who may be widowed, frail, or suffering from dementia are more vulnerable because they often have no family guardian to control their financial or legal affairs. In this case, some local lawyers come in and take advantage by gaining control of their home and other assets.

Access, Quality, and Cost of Health Care

Relocating to Mexico seemed to play an important role in enabling retirees to remain in good health and successfully cope with the process of aging. Several retirees were very positive about relocating to a climate conducive to a healthier lifestyle. In fact, many of the participants talked about how the culture offered opportunities for being active physically, socially, mentally, and creatively which are all important features of the successfully aging model. As a 71-year-old, married, female, participant living in Mexico since 2011, explained, “I definitely think it is easier to age better in Mexico because the climate allows you to be outside. That generally adds 10 years to most people’s lives.” Another married, female, retiree who has lived in the area for 10 years stated, “Retiring here, in this climate and culture has made aging so much more enjoyable than it could have been in the U.S.” Portraying her current life as amazing, another retiree agreed, “This is the place I need to be for my health, the climate is right, the pressure is off my shoulders.” Others ventured to say that as retirees, they were more likely to experience successful aging by eating a healthier diet due to the abundance of fresh produce. Like one older gentleman shared:

You’re more likely to eat healthy. I know a lot of people that after they moved here were able to get off a lot of their medications—like health medications for cholesterol...they stop them and the doctor says you don’t need them anymore.

Others testified that the Mexican culture and climate actually contributed to reversing their aging process. As illustrated by a retired couple’s statement,

Actually, coming to Mexico was the best thing we ever did for our health. At that time, I had been in a wheelchair for three years... I was having problems with all kinds of things... It took me less than 4 months to get out of a wheelchair and by six months I was out of a walker. Now, I just use a cane because of the cobblestones.

Another male retiree indicated that prior to relocating to Mexico he was depressed and taking medication in order to sleep at night. Now, he happily reported, “that was over like eleven and a half years ago. I now take nothing.”

Nonetheless, through my data analysis, I found that seeking health care in a foreign country is not without challenges and often depends upon one’s medical requirements, especially those that may surface with the passage of time. The literature has noted that the Mexican health care system, when compared to the U.S., is more affordable. However, the extent and access to healthcare experienced by individuals depends on the particular coverage packages (Laugesen & Vargas-Bustamante, 2010; Sloane et al., 2013). This was reflected throughout the stories shared by participants of this study. Some retirees living in the Lake Chapala Area were able to access and enjoy healthcare satisfactorily while others struggled to find adequate healthcare. A major issue for some is the fact that Medicare does not cover care for citizens living abroad. This policy results in many retirees having to travel back to their home country to take advantage of Medicare coverage, particularly, when seeking surgical procedures. For example, one older female shared:

I had to have heart surgery in 2015 [a defibrillator and a pacemaker]. I had that done in the States because I'd just turn 65 and Medicare paid for the whole thing, and then I had to have a hip replacement a year and a half ago, I went back to the States for that because, again, Medicare paid.

Some participants noted that traveling back to the U.S., to take advantage of their Medicare benefits does not necessarily translate into savings. Instead, they pointed out the cost of travel and other related expenses. In fact, a 74-year-old retiree asserted, "We've had lots of friends that have moved back because they couldn't afford their health insurance and they needed to go back for Medicare." A few retirees mentioned planning their trips to the U.S. where they simultaneously tended to medical issues while visiting family and/or loved ones.

Other participants mentioned relying on Tricare Medical Insurance, a viable option for retired veterans since this plan is recognized outside the U.S. However, as one retiree stated, "Most of us what we do is, we pay out-of-pocket, but *we* also got what you call catastrophic insurance." A British company called Bupa is a popular choice for some while others sign up for IMSS (Mexican Health Insurance). I also found that others rely on nontraditional plans offered by local doctors and/or clinics. These plans often include special rates for those paying yearly fees ahead of time. Such plans may include several home visits or special discounts for drugs and blood work. With some exceptions, these types of health insurance plans were viewed as affordable. It should be noted that older adults retiring to Mexico come from a variety of social class backgrounds. Even though

they are relocating to a beautiful country with an appealing climate, some are living on a very tight budget.

Even so, in spite of having to pay out-of-pocket for medical needs and services including medications, many retirees found these expenses more affordable than what it would cost them in the States. For instance, a retired veteran who has been living in the LCA for 12 years revealed the cost of healthcare in relation to a number of health issues including brain issues. He remarked, “I pay like 1,300 pesos for a brain scan down here. In [the U.S.] I would pay like \$1,500 USD for the same scan.” Similarly, another 72-year-old, male, participant shared:

They operated [on me] and took the spleen out. The total cost was 85,000 pesos, at that time it was about \$6,000 USD, something like that, it was so cheap. If I’d gone to the States for that it would’ve been \$100,000 USD maybe the Medicare [would’ve covered?] and I would’ve had to pay 20% or something like that. So, it was much better to have done it here.

Regardless of their health plans, it was evident that retirees had to negotiate extensively to ensure an acceptable level of coverage for both ordinary health issues as well as acute situations.

For retirees who are suffering from a variety of chronic and acute illnesses, access to medications is an important concern when you retire in another country. However, most participants seemed quite pleased with their ability to obtain the drugs they needed. As one male acknowledged, “I’m on four meds. They are all prescription drugs in the United States, but they’re over the counter here. They are not expensive.” Several people

mentioned that until five years ago all drugs were sold over the counter, including opiates and antibiotics. Although, a Doctor's prescription is now required for all controlled drugs, there appears to be some exceptions. For example, one woman revealed "I've gone to pharmacies where they just fill it." Another retiree shared a similar statement,

There's a little pharmacy and [the attendant] knows I take a prescription for high blood pressure. I walk in, and she says you take such and such, and goes in the back and takes a month worth of samples and gives them to me. She will not take any money. She's done that three different times and that's a great example of Mexico.

Finding competent access to all things medical is important for any aging individual, but it might be a particularly important factor for those deciding to age abroad. This point is illustrated by one gentleman who stated, "the only negative here, is the inferior health care and lack of being able to get necessary medications. This would be the only thing that would cause us to go back to the U.S." Whether this individual had not gotten the right information because he had only been in LCA for two years, or due to his lack of fluidity in the Spanish language, it is important to note that not everyone who decides to retire abroad will encounter a positive experience. A small number complained about their insurance provider's inconsistency regarding their payment procedures. One participant recalled, "I have insurance but sometimes they pay and sometimes they don't. They delay their payments to the Mexican hospitals and doctors. They make them jump through hoops they shouldn't have to in order to get their money."

Although rare, one individual reported having no insurance coverage at all. Though he could go to the States and apply for Medicare, he reasoned that,

The only thing that's been problematic is that I've had some health incidences and a couple of them have been expensive. I've had the cash to pay. It's really a function of—money, [health care] is not cheap here either.

In addition to the fact that most health care services could be purchased at a cheaper rate than in the U.S., the personalized and patient-focused quality of care was mentioned by most participants. As one person commented, “healthcare is very inexpensive and very good quality, with more emphasis on the word *care*. You don't get the feeling the doctor's gonna give you 10 minutes and then leave.” In fact, many participants described an approachability on behalf of the Mexican doctors that almost seems unreal, certainly unheard of in the States. For example, another person in sharing her experience stated, “The cardiologist gave me his number and said, don't email me, call me if you need anything. You don't have the cellphone number for your doctor in the States, do you?” This accessibility on behalf of the doctors was noted throughout this study. Participants implied that gestures such as offering to transport patients, providing them with personal contact information, and being available to patients at all times is representative of the Mexican culture. A culture that many referred to as friendly, loving, caring, and warm.

As a whole, the retirees in my sample were quite pleased with their overall access to health care and, in particular, the treatment they received from the health care system in the LCA. In making comparisons to health care delivery in the U.S., one participant

responded, “The doctors here are better, care is better, prices are better. Medication is definitely better and cheaper. You don’t have to wait months and months to see a doctor.” Another older male recalled an acute experience where his doctor in the U.S. “blew me off” and said, ‘don’t worry about it,’ in reference to headaches causing extreme pain. When returning to the LCA, the doctor said, “something is really wrong” and recommended swift medical treatment in Guadalajara. Diagnosed with bleeding on both sides of the brain the doctors said, “you had about four more days ‘till that thing blew up in your head.” He concluded, “whenever someone says that American care is better than Mexican care, it isn’t true.”

Another individual offering praise to her Doctor for the health care received in Mexico mentioned, “I’ve had a number of problems and I’ve had great service. He’s been my doctor for three years. He’s just been wonderful, and I always see him.” Others mentioned that in Mexico they discovered an entirely different medical system. For example, a male retiree compared the Mexican health care to that of the U.S. and indicated that services were, “One hundred percent better here... Comparatively speaking medical treatment is more personal and less mechanical. There, the doctor just gives you drugs. Here, much different. You don’t see a long line of people filling their monthly prescriptions.” Another health care recipient shared, “It is so much more patient-focused here. Doctors, even specialists will come to your house.” While one retiree mentioned that foreigners may pay a little more, he was very pleased to have his doctor’s cellphone number. He stated,

It's just amazing... I've heard of them coming to your home and taking care of you. I've heard of them picking up their patients and taking them to specialists. It's not perfect, nothing is perfect. They don't have as many nurses available in hospitals and they just check on you when they're supposed to.

Nevertheless, it is worth mentioning that, despite most participants having positive opinions about medical expenses, there were some people who did not find the Mexican healthcare system adequate. For example, a recent retiree stated she had heard many "negative stories" from Americans and Canadians about the doctors here. In fact, she had been hesitant about selecting a doctor. She had recently visited a female doctor that someone had highly recommended, but they failed to connect. As she recalled, "I didn't like her at all because I didn't feel she really did anything for me and she charged me 400 pesos...and my friend paid 300 pesos, so, that on top of it was like...wait a minute." These negative experiences can threaten the stay in the Lake Chapala Area. A 75-year-old man who has been living in the area with his wife for two years states,

[My wife] checked and said that the medical insurance you could get here was great. It turned out when we got here, it wasn't so great. We've gone to the best-recommended doctors, for both general practice and operation or surgeons, but they're nowhere close—even the best—are not close to what we get in [the U.S.] Nowhere close. Medical insurance—you can get and we have that. It's OK for emergencies but that's it. There're no specialists. They just bring you in and if you

die, you die. You know? That's it. In the United States, we may pay more, but it's going to be effective... quality.

Another man who had tripped over the root of a tree felt that he was misdiagnosed when the doctors missed his hemorrhaging from a large tumor. The hospital in Guadalajara had failed to do the proper bloodwork and this person who became critically ill voiced, “I’d almost call that malpractice.”

Family Connections

As mentioned by many participants, LCA’s geographical position and its closeness to the U.S., as well as the immediate access to an international airport, appears to be a pull factor influencing some retirees to choose or stay in this area. This proximity appears to be important for medical as well as for family reasons. Many participants travel at least once a year to the U.S., although it appears that over time, some decide to reduce the number of visits to the U.S. It also appears that U.S. retirees who decide to age in a foreign country have looser family ties and are more comfortable seeing their loved ones, occasionally. As illustrated by an interviewee,

We moved here April of 2011 to stay year-round and I’ve never wanted to move back. I don’t miss anything. The reasons for going back would be—there might be some situation where for health reasons you’d go back more often. It’s hard to tell, because for some people it could be family, but not quite so much for us, I don’t think. A lot of it has to do with how strong their family ties are, these

grandparents who think that their grandchildren—they don't realize that when they get older, they're not gonna be around as much.

For sure, living as an expat in a foreign country such as Mexico gives a new meaning to what the social construction of family is. Some participants remarked missing their family but as one said, "not enough to ever consider returning." Nonetheless, today's technology allows expats to remain connected to their loved ones, in spite of large geographical distances between one another. Many participants remarked on the importance of having access to online connectivity and being able to reach their family and loved ones via social media networks, such as Facebook and with the use of video chat services. As one individual stated, "Technology is very important to me. I talk with my children and grandchildren regularly on FaceTime." Another participant shared, "We FaceTime, we do email too, but with my grandkids I FaceTime. I've been doing that ever since they came out. [since they were born]" No doubt, our communication modes are evolving with technology and digital advances, concepts such as *social connectedness* and what we mean by *closeness* are also evolving into different forms. No longer is *distance* a disruption to relationships, as an example of this, many expats remain constantly, if only virtually, connected and linked to their love ones across border lines.

Further, it appears that many retirees living in the LCA are able to recreate their social interactions in order to achieve successful aging, at least those who participated in this study seem to do so. In fact, and curiously enough, many participants use the term "adopted family" when referring to relationships they have developed, since they have moved to the area, with Mexican or local individuals. For instance, one participant

illustrated, “I’m basically, totally alone. My landlady who lives in Guadalajara—like adopted me, because they know I’m by myself. They just opened their hearts to me. I really feel that. She said ‘if you need anything...’” In truth, the concept of *family* is ingrained in us all from early stages. We all have a socially constructed idea about what family is and what is not. However, meaningful relationships whether they are formed by those who are related to us by blood or kin, still manage to provide fulfilment and even anguish at times. As exemplified by, a couple who stated, “I met this young woman, we helped her finish her degree online. We call her our Mexican daughter. We worry about her.” Whether these type of relationships develop out of a paternalistic attitude acquired through status or grow out of a true, close, and intimate feelings developed by those involved remains to be explored. Moreover, these relationships might be attributed to the Mexican culture and its tendency to be warm and welcoming of others, as described by many. As illustrated by a participant who shared,

I got a grandson that got named after me [here, participant is referring to the close relationship she has with locals; they are not legally or biologically connected]. We have a Mexican family, one of the girls we call our Mexican daughter, we put through to college. She lived with us, vacation with us. A boy from down the street, he would call me *abuelita* [Spanish for grandma]. The love and support that I get from my neighbors.

Certainly, it might sound strange to some, to learn how strong relationships can grow amongst those who share what seems to be very little. However, these examples serve to

illustrate how deep and strong interracial relationships can develop even after moving to foreign lands at a later stage in life. Many retirees living in the Lake Chapala Area have managed to go beyond social constructions and stereotypes such as ageist and/or racist attitudes and established long lasting relationships, strong enough to consider them to be family-like bonds. Perhaps these newly created bonds achieved in foreign environments by expats manage to replace relationships lost or left behind. Indeed, it seems many of these relationships produce great joy and satisfaction to these retirees, ultimately, allowing successful aging to be attained.

Furthermore, many expats and/or retirees might be inclined to seek out new and strong relationships, such as the ones depicted above, with those around them once they have established themselves in their new environment (e.g. LCA) due to the lack of or deficient family relationships of their own. As stated by one participant. “Even when I lived in the States nobody visited... My family just ain’t like that...” another participant stated, “For me, going back once a year is enough and only for two or three weeks at the most...” Exemplifying how fluid and less rigid the meaning of the term *family* becomes once you have decided to retire in a foreign environment.

DISCUSSION

There appears to be no wall that can deter the flow of North American retirees from relocating to Mexico. With approximately 20,000 expats (Blue, 2014), the LCA has become a hot spot for those seeking an environment where the opportunity to age successfully seems very apparent. Whereas the successful aging term has often been limited to biopsychosocial determinants, Stowe and Cooney (2015), stressed the importance of attention to place and how cultural differences often determined what is

important in later life. When reviewing definitions of “healthy aging,” Hung and colleagues (2010) found that, for lay people, what people actually *do* is the most important factor for their life satisfaction. From this perspective, being involved in an active community like LCA is key to a successful aging experience. The participants mentioned the important role that amenities played in their overall quality of life. From my discussion with this group of retirees, it was evident that Mexico offered a unique retirement experience.

In particular, retirees acknowledged the importance of having an abundance of available social contacts which has enabled their social worlds to expand. As an important component of successful aging, continuing to be socially engaged in meaningful activities in later life is considered vital as social networks have been known to foster a sense of community, promote independence, and reduce mortality (Fiori et al., 2006). Consistent with this study, research has shown that engaging in social activities is linked with improved physical function (Adams et al., 2011). Therefore, active community involvement is an important element of successful aging. Pursuing various volunteer opportunities and other civic responsibilities provides expats with an important purpose while, at the same time, developing a genuine attachment to the Lake Chapala community (Lardies-Bosque, et al. 2016; Truly, 2002). With community engagement a distinct characteristic of a livable community, the varied experiences my sample shared further contributes to our understanding of what constitutes successful aging outcomes (AARP, 2005).

An important attribute of residing in a livable community is the economic feasibility for its residents. Unquestionably, as this and other studies have demonstrated,

the lower cost of living which added to the further-reaching purchasing power of retirees, allowed for some participants to retire earlier with a greater sense of financial security in their later years (Blue, 2014). However, I found in my discussions with expats that affordability was relative to the education and prior career experiences. Similar to other studies, some chose the LCA because it allowed them to experience a particular lifestyle unmatched in the U.S. Indeed, others were more likely to possess substantial retirement funds beyond their Social Security monthly allowance. Despite this economic diversity, the LCA provided an environment where aging individuals can maintain a sense of self and purpose. While adaptability is required in the migration process, it appears that access to an affordable and pleasant lifestyle is manageable by nearly everyone, regardless of income level. Moreover, the high level of activities that many of these individuals participate in, also illustrates that aging successfully, in foreign environments, is achievable.

Researchers in gerontology frequently use the term *successful aging* to mean without disease or disability. Yet, when looking at individuals with late-life disabilities, it was found that community-based elders often perceive themselves to be aging successfully regardless (Cernin et al., 2011; Romo et al., 2013). Although a person's health and disability status are clearly linked with social engagement activities, several participants in this sample with impaired health and limited social mobility also held positive views of their own aging. For example, many often reframed their personal situation with discussions about outliving medical predictions, having a healthier diet, and an ideal climate all contributed to fewer dependencies. Others accepted age-related disability as a natural part of aging by adapting to their current circumstances such as

negotiating the cobble streets as best they can. These findings suggest that successful aging is often subjective in nature.

For example, the Selective Optimization with Compensation is a model that allows aging individuals to manage the changes in their life including their sense of self (Hoyer & Roodin, 2009, p.107-108). By learning how to balance their ability to select the most favorable and realistic goals, optimize their immediate resources, and compensate losses, aging individuals ultimately maintain a functioning level. It is no surprise that aging individuals are able to adapt and adjust to circumstances that might seem stressful. In this study, I suggest that the challenges offered by foreign environments to aging retirees are aspects that, while stressful, those living in the LCA have managed to selectively and successfully overcome. This might be through their ability to positively compensate for what might be seen as losses. In this case, cost and quality of healthcare has managed to compensate for the loss of the more predictable and familiar English-speaking environments found in the U.S. For the most part, their personal health conditions improved, as several gave accounts of their impairment symptoms being minimized after relocating to the LCA. As this study shows, most of the participants interpreted their experience in this community as one of aging successfully, even those with substantial limitations.

Undeniably, the social landscape of Lake Chapala Area has evolved due to the strong presence of U.S. retirees, and perhaps most of these retirees start as amenity seeking migrants; however, the fact that they are deciding to age in place is a decision that with repercussions across a wide field. At a personal level, not only will a relocation affect their immediate family and loved ones but also their personal budgets. Similarly,

the receiving localities will be affected in various ways. As illustrated by the characteristics of gentrification as a result of the notorious growth that the Lake Chapala Area has seen in recent years. With such growth it is not surprising that a push for services will increase, particularly services pertaining to health and caregiving. Currently, the service sector is reported as the main source for economic income for the municipality of Chapala, second by resources attributed to commerce, referring to business including food and lodging, various type of entrepreneurship, and various goods offered to the public (Instituto de Información Estadística y Geográfica [IIEG], 2019).

Certainly, as a result of NAFTA and modern-day resources such as Amazon many foreigners are able to find familiar brands and franchises which might make life in a foreign land more comfortable. However, research has not determined whether familiar products allow for an easier transition into their new environment or if it detracts retirees from fully integrating. Future research should continue to explore the many impacts that foreign communities have on these receiving localities. Needs such as health care, caregivers, health insurance, adequate infrastructure, and many more, can only be addressed by creating awareness. It is important for government for both U.S and Mexican officials to consider all aspects of the community affected by an increase in the population, not only the positive economic impacts. Nevertheless, in order to maintain a reciprocal relationship between foreigners and locals, there must be a balanced coexistence. The area has become one whole, diverse, multicultural, and heterogeneous society that can serve as an example to others. Today, more than ever, as divisiveness and efforts for inclusion roam the media, it is promising to learn that coexistence is achievable, as illustrated by the Lake Chapala Area.

Doubtless, many who decide to retire to the LCA do so out of personal choices such as seeking an affordable and pleasant place in the sun to spend their golden years. However, this transition often brings a sense of privilege and preferred social status unattainable in their home country and a heightened experience not shared by many global migrants. Contrary to those relocating from Mexico to the U.S. who are seeking economic opportunities and a better place to work and to raise their families, one must acknowledge that in reality there are greater social factors at play that should be addressed. For example, when a significant number of baby boomers acknowledge that they cannot afford to retire in their own homeland, it reminds us of the social inequalities that exist on both sides of the border. It calls attention to the flaws in our health care system and the need for cheaper prescription drugs. With the looming economic pressures on American's baby boom generation brought on by a lack of personal savings, rising healthcare costs, and the loss of personal wealth due to the current economic recession and even global concerns such as the recent Coronavirus pandemic, a growing number of Americans will continue find Mexico as a popular retirement destination.

CONCLUSION

While this study allowed for a greater awareness to the varied experiences of older retirees when transitioning to the LCA, it is not without some shortcomings. One obvious limitation is the fact that due to its small purposive sample the ability to generalize its findings to a larger population of retirees in LCA is impossible. Additionally, given the qualitative aspect of this study, many participants, even when probed on a particular topic would not give a full description of their experiences, resulting in gaps in the information gathered. Likewise, several participants chose not to

fill out the demographic survey, limiting my ability to acquire a more comprehensive descriptive profile for health and income. Due to the limits of the sample, the study did not address and racial, gender, or class differences in retirement experiences.

Despite these limitations, this study has shown that older adults in the Lake Chapala Area have been able to successfully age in place. Actively engaging in a new and different cultural environment seemed to play a central role in their perceived high quality of life. Doubtless, there are particular challenges when retiring to another country, whether it be the inability to transfer Medicare entitlements, language barriers, family separation, or the different infrastructure. Of course, with the passage of time, some are facing health challenges that will need additional attention. In fact, one of the participants who was battling illness has since died. However, I can conclude that the individuals in my sample remained highly positive about their overall retirement experiences. It seems that each individual found a way to make life special in Mexico and they would do it all over again.

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APPENDICES

APPENDIX A

Table 1. Couples' Demographic Description.

Couple	Sex	Age	Marital Status	Education	Income in USD	20+Time Living LCA
1	F	74	Married	Master's	Prefer not to answer	20 years
	M	75	Married	Master's	Prefer not to answer	20 years
2	F	62	Married	Prefer not to answer	Disability	12 years
	M	64	Married	Prefer not to answer	Veteran's Disability	12 years
3	F	68	Married	Master's	\$50,001-\$75,000	12 years
	M	70	Married	Bachelor's	\$50,001-\$75,000	12 years
4	F	73	Married	Bachelor's	\$25,001-\$50,000	10 years
	M	80	Married	Bachelor's	\$25,001-\$50,000	10 years
5	F	71	Married	Bachelor's	\$50,001-\$75,000	9 years
	M	70	Married	M.D.	\$50,001-\$75,000	9 years
6	F	74	Married	Master's	Prefer not to answer	14 years
	M	70	Married	Bachelor's	≤\$25,000	14 years

APPENDIX B

Table 2. Individual's Demographic Description.

Individual Participant Case	Sex	Age	Marital Status	Education	Income in USD	Time Living LCA
Case 1	Male	65	Married	Associate's/ 2yrs. College	\$25,001-\$50,000	14
Case 2	Female	84	Divorced	Associate's/ 2yrs. College	≤\$25,000	3
Case 3	Female	82	Widow	Master's	\$25,001-\$50,000	3
Case 4	Male	65	Married	Associate's/ 2yrs. College	\$25,001-\$50,000	4
Case 5	Male	75	Married	Prefer not to answer	Prefer not to answer	2
Case 6	Male	80	Widower	Prefer not to answer	Prefer not to answer	24
Case 7	Male	79	Divorced	Bachelor's	≥\$75,001	32
Case 8	Male	72	Married	Associate's/ 2yrs. College	\$50,000-\$75,000	34

APPENDIX C
Aging in Place:
An Exploratory Study of Older U. S. Citizens Who Have Retired in Mexico



Health and Demographics Survey

This survey asks about opinions and methods of adjusting to a foreign environment. It is intended for individuals 60 years of age and up, who have lived in the Chapala Lake area for over two years and who are originally from the U. S.

Please take your time answering the following survey. This survey is **completely confidential**, and your responses will not be linked to you personally. The survey contains several sections, each section is equally important. Please feel free to add any comments or suggestions you feel would enhance this study or you would like others to know about. You can do this by using the blank space at the end/back of the survey.

1. How many individuals live in your household (including yourself)?

2. Do you consider yourself (mark/check one)?

- Male
- Female
- Other

3. Mark the box that best describes you (mark/check one):

- Never Married
- Single
- Married or living with a couple
- Widow/ widower
- Divorced

4. Are you currently employed?

- Yes
- No

5. Do you currently receive a Social Security Check?

- Yes
- No

6. Do you receive any money from any of the following (mark all that apply)?

- Interest
- Dividends
- Net rental
- Income from state
- Trusts

7. What is your total yearly income?

- Zero to \$25,000 USD
- \$25,001 to \$50,000 USD
- \$50,001 to \$75,000 USD
- Above \$75,001 USD
- Prefer not to answer

8. What is your highest degree of education?

- Elementary School diploma
- High School or equivalent (GED) diploma
- Two years of college (Associate's degree)
- Bachelor's degree
- Master's degree

9. What is your religious preference?

- Protestant
- Catholic
- Jewish
- Muslim
- Other (Please specify)
- None

10. How often do you attend religious services?

- Never
- Once a year
- Twice a year
- Three or four times a year
- Once a month
- Once a week
- Several times a week

11. What is your racial background?

- Black
- White
- Other (Please specify) _____

12. Presently, do you have any of the following health problems or illnesses?

Alzheimer's _____ Angina _____ Arthritis _____ Asthma _____
 Blood Disorders _____ Cancer _____ Circulatory disorders _____
 Cirrhosis/Liver disease _____ Digestive Disorders (i.e. ulcers) _____
 Diabetes _____ Emphysema or chronic bronchitis _____ Glaucoma _____
 Heart Condition _____ Hypertension (high blood pressure) _____
 Infectious Diseases _____ Kidney Disease _____
 Nervous system disorders _____ Parkinson's disease _____
 Pulmonary Disease (M_COPD) _____ Seizures _____ Stroke _____
 Skin diseases/sores/ulcers _____ Respiratory system disorders _____
 Tuberculosis _____ Urinary tract infections/problems _____
 Other: _____

Thank you for taking the time to fill out this survey, by doing so you will be helping others understand why many adults (like yourself) decide to age in a different country, other than their native country. In addition, you will also help illustrate the different ways someone adjusts to new and foreign environments.

For any questions or concerns you might have, feel free to contact me at:

sam2av@mtmail.mtsu.edu.

APPENDIX D
Interview Guide

1. Where were you born and raised?
 2. How long have you lived here (in Mexico)?
 3. Where did you live previously prior to making Mexico your home?
 4. Do you speak Spanish?
 5. Describe the process that brought you here? How did you learn about this retirement community?
- Push factors:
6. Why did you leave the United States?
- Pull factors:
7. What made you decide to spend your “golden”/ retirement years here?
 8. What does it feel like to be a foreigner? i.e., How do the Mexican locals treat you here?
 9. As an older retiree, do you feel more respected or less respected here in Mexico compared to the U.S.? Give examples if you can.
 10. What are some of the best things about living here?
 11. What are some of the worst or more challenging things about living in Mexico?
 12. Where do you consider “home” to be?
 - 12.1 If you consider this area “home,” about when did this occur? Right when you arrived or did it take some time to get attached? Can you describe your feelings of attachment to this retirement place?
 13. How have you adapted to living here (in a new environment, a different country, different culture)?
 14. What were your thoughts about the Mexican culture before you moved here?
 - 14.1 Prompt: how do you view this culture today?
 15. How would you compare living in this culture with the U. S. culture?
 16. What do you miss the most and least about the U.S?
 17. Did you have a specific strategy or plan in place when you moved here? (i.e., did you plan on associating with other retirees or becoming more integrated into the local community?
 18. Are you satisfied how this turned out?
 19. Have you ever regretted moving here to retire?
 20. As you grow older, have you considered moving back to your country of origin?
 - 20.1 Prompt: Or Is this your forever home? Please explain your decision.
 21. What advice would you give others who are considering retiring here?
 22. Do you fear that there are too many foreigners moving here which will spoil your Experience?

APPENDIX E – INSTITUTIONAL REVIEW BOARD APPROVAL

IRB**INSTITUTIONAL REVIEW BOARD**

Office of Research Compliance,
010A Sam Ingram Building,
2269 Middle Tennessee Blvd
Murfreesboro, TN 37129

**IRBF016: INFORMED CONSENT**

(Use this consent template when recruiting adult participants not considered as “vulnerable”)

**A. INFORMATION AND DISCLOSURE SECTION
(Participant Copy)**

Primary Investigator(s)	Sherrí Márquez	Student
Contact information	sam2av@mtmail.mtsu.edu sherrimburns@yahoo.com 615- 594-9116	
Department Institution	Department of Graduate Studies MTSU	
Faculty Advisor	Dr. Ronald H Aday Department Sociology and Anthropology	
Study Title	Aging in Place: An Exploratory Study of Older U.S. Citizens Who have Retired in Mexico.	
IRB ID	19-2254	Expiration: 06/30/2022 Approval: 06/05/2019

The following information is provided to inform you about the research project and your participation in it. Please read this disclosure carefully and feel free to ask any questions you may have about this study and the information given below. You must be given an opportunity to ask questions, and your questions must be answered. Also, you must receive a signed copy of this disclosure.

Your participation in this research study is voluntary. You are also free to withdraw from this study at any time. In the event new information becomes available that may affect the risks or benefits associated with this research study or your willingness to participate in it, you will be notified so that you can make an informed decision whether or not to continue your participation in this study.

For additional information about giving consent or your rights as a participant in this study, please feel free to contact the Middle Tennessee State University (MTSU) Office of Compliance (Tel 615-494-8918 or send your emails to irb_information@mtsu.edu). Please visit www.mtsu.edu/irb for general information on MTSU's research participant protection policies.

Please read this section and sign Section B if you wish to enroll in this study. The researcher will provide you with a copy of this disclosure form for you to keep for your future reference.

6. What are your expected costs to you, your effort and your time commitment?

I anticipate collecting data during the summer months of 2019. More specifically, I anticipate being in Chapala, anywhere between three to four weeks, from the middle of June to the middle of July 2019. The main costs faced by this study involve transportation, given that a round plane ticket to Guadalajara, Jalisco, Mexico (the nearest international airport from Chapala, where the study will take place) fluctuates between \$500.00 and \$700.00 USD). Other than that, I am in a privilege position, where I am able to enjoy free lodging with family and perhaps even meals.

7. What are the potential discomforts, inconveniences, and/or possible risks that can be reasonably expected as a result of participation in this study?

Participants should not experience any major discomforts since the research topics focus on identifying the experiences associated with successful aging. The major inconvenience will involve the participant's time and attention in resounding to the questions.

8. How will you be compensated for your participation? There is no compensation for participating in this study.

9. What are the anticipated benefits from this study?

Participants will have an opportunity to tell their story. Depending on the reasons that participants give as to why they decide to migrate to Mexico, policy makers, of both their countries of origin, as well as the receiving localities will be able to better address the needs of the aging populations and become more aware of these communities. In addition, the study will add to the presently, limited literature on the topic of aging migration. In fact, the researcher encourages further in-depth, multidisciplinary research on the topic of aging migration.

10. Are there any alternatives to this study such that you could receive the same benefits? Given that this study is of a qualitative nature, there are no alternatives that will substitute getting the stories/data collected directly from the participants. In addition, there is limited research done pertaining to the topic of aging migration.

11. Will you be compensated for any study-related injuries?

There is no compensation for participating in this study, there are no risks anticipated for any of the participants. Neither the researcher, nor MTSU will compensate for any study-related injuries.

12. Circumstances under which the researcher may withdraw you from this study: I might withdraw from the study only if or when an extreme emergency should arise. For instance, a health or life-threatening circumstance to me or my family.

13. What happens if you choose to withdraw your participation? No repercussions will be suffered by any of the participants who wish to withdraw from the study. Any information given by participants who might decide to withdraw will be either be deleted, such as the digital files; and/or shredded, such as the written notes taken by me.

14. Can you stop the participation any time after initially agreeing to give consent/assent? Participation is completely voluntary, and, any reason given by participants will be considered sufficient to stop the interview, with absolutely no repercussions for any of the participants.

15. Contact Information. If you should have any questions about this research study or possibly injury, please feel free to contact Sherri Márquez by telephone 615- 594-9116 or by email sam2av@mtmail.mtsu.edu or sherrimburns@yahoo.com OR my faculty advisor, Dr. Ronald H Aday, at Ronald.Aday@mtsu.edu or Phone number: 1 615-898-2125.

16. Confidentiality. All efforts, within reason, will be made to keep the personal information in your child's research record private but total privacy cannot be promised. Your information may be shared with MTSU or the government, such as the Middle Tennessee State University Institutional Review Board, Federal Government Office for Human Research Protections, *if* you or someone else is in danger or if we are required to do so by law.

You do not have to do anything if you decide not to participate. If you wish to enroll, then follow the direction next to the checked box below:

Enter your name and age in the attached Section B document and sign in the space provided.

Anonymous: Just your age and give consent by signing in the bottom of the space provided. Verbal Consent: Give consent verbally; this is done to protect your identity.

Consent obtained by:

Researcher's Signature

Name and Title

Date

IRBF016 –Informed Consent for Adult Participants

Page 3 of 4

 Original [06/05/2019] Amended [Date of Amendment]**IRB****INSTITUTIONAL REVIEW BOARD**

Office of Research Compliance,
010A Sam Ingram Building,
2269 Middle Tennessee Blvd
Murfreesboro, TN 37129

**B. Signature Section
(Researchers' Copy)**

Primary Investigator(s) Sherri Márquez **Student**

Contact information EMAIL: sam2av@mtmail.mtsu.edu;
sherrimburns@yahoo.com 615- 594-9116

Department Institution Department of Graduate Studies MTSU

Faculty Advisor Dr. Ronald H Aday Department Sociology and Anthropology

Study Title Aging in Place: An Exploratory Study of Older U.S. Citizens Who have Retired in Mexico.

IRB ID

19-2254

Expiration: 06/30/2022 Approval: 06/05/2019**PARTICIPANT SECTION****(To be filled by the participant and return to the researcher)**

Participant Name or ID	(print)	Age:
------------------------	---------	------

No Yes I have read this informed consent document pertaining to the above identified research

No Yes The research procedures to be conducted have been explained to me verbally

No Yes I understand each part of the interventions and all my questions have been answered

No Yes I am aware of the potential risks of the study

No **Yes I am understand that my responses for the interview will be audio recorded**

By signing below, I affirm that I freely and voluntarily choose to participate in this study. I understand I can withdraw from this study at any time without facing any

consequences.

Follow the signage instruction next to the box checked below:

Enter your name and age above and sign below to enroll in the study
 Anonymous: Just enter your age above and sign below; DO NOT ENTER YOUR NAME
 Verbal Consent: The participant will give consent verbally to protect the participant's identity.

Date

Signature of the Participant

RESEARCHER SECTION
(To be filled by the researchers)

Informed Consent obtained
 by: _____

Date

Signature

Print Name & Title

Faculty Verification if the PI is a
 student: _____

Date

Faculty Signature

Print Name &

Title

IRBF016

Version 1.0

01.24.2018