Introduction

The fall of mortality among the elderly is thought to lead to a postponement in the age of death and a succession of phases of population morbidity, alternating between phases of expansion and compression of morbidity (Robine and Michel 2004). A clear definition of healthy aging is required to assess change over time and empirical support is needed for the proposed path of change. Empirical information would include chronological series on health and disability, as well as indicators of healthy life expectancy. The first six chapters of this book deal with such topics.

The first chapter asks why we should measure healthy life expectancy and study disability trends? There are at least three major reasons offered by Carol Jagger. The first is to answer whether compression or expansion of morbidity is occurring as life expectancy increases. The second is to uncover sociodemographic and behavioral factors that determine healthy aging and might be amenable to intervention. The third is to compare the prevalence of older people who can be considered to be “aging well” in different countries in order to identify macrolevel factors that affect the aging process. The chapter concludes with a discussion of the necessity to undertake actions at all levels to make healthy aging a reality in the future. According to Jagger, actions should be undertaken in both early and later stages of the life course, especially in the developing countries now facing accelerated aging of their populations. She underscores the idea that in this process we must seriously consider the views of older people themselves on the important components of healthy aging.

In the second chapter, Ming-Cheng Chang and Zachary Zimmer describe disability trends in Taiwan from 1989 to 1999 and compute disability-free life expectancy at multiple points during this time. Taiwan is an interesting example of conditions where the fall of mortality among the elderly may result in an expansion of morbidity. Among the explanations for this expansion proposed by the authors is the recent implementation of a universal health insurance program which may have increased disabilities by providing greater access to medical care and more saved lives. The third chapter, by Yongyi Li and his co-authors, describes disability trends among elderly nursing home residents in the US from 1973 to 1997. The authors show that the nursing home population became more disabled over time.
due to the fact that severely disabled and demented persons became an increasingly larger group in nursing homes. Li et al. also find that functionally independent elderly are less likely to be in nursing homes in the most recent period. This decline in the rate of nursing home use has been observed in several countries and is often considered an indicator of population health improvement without consideration of the characteristics of residents of nursing homes. This chapter helps to qualify such conclusions.

In the fourth chapter Zeng Yi and his co-authors propose technical improvements to the calculation of the disability life expectancy using a multi-state life table approach. They claim that life expectancy with disability is significantly underestimated when the conventional multi-state life table method is applied, because it assumes that no functional status changes occur between the age at the last observations of functional status and the age of death. They propose a method to correct this underestimation and apply it to data from the Chinese Longitudinal Healthy Longevity Survey. Their combined information on ADL disabilities and length of confinement to bed before dying adds to our understanding of the extent of morbidity at the last stage of life as well as gender differentials among the oldest-old. These findings have implications for further evaluation of the compression of morbidity hypothesis.

In the fifth chapter James Laditka and Sarah Laditka investigate differences in life expectancy and in the number of years spent after age 70 with and without disability for individuals with and without diabetes in the United States. They used longitudinal data and compute multi-state life tables with Markov Chain Monte Carlo techniques. They show that people with diabetes live notably shorter, more disabled lives, highlighting this health burden of diabetes for elderly persons. Given the emerging global epidemic of diabetes, these findings have important implications for the development of policies promoting lifestyle changes to postpone and control this disease.

In Chapter 6, Russell Luepker describes the American cardiovascular disease experience during the 20th century and draws conclusions for the future. During the 20th century, cardiovascular disease, specifically coronary heart disease and stroke, became the leading causes of mortality and morbidity as acute infectious diseases declined. Luepker shows how the healthcare system responded to the new epidemiological regime, developing prevention strategies and approaches to care for these chronic conditions. The result was a decline in adult mortality and morbidity and an increase in life expectancy, but cardiovascular diseases were not eliminated but rather postponed to older ages where they remain the leading causes of death. This has led to an expectation that medical technology will provide a long and active life which will result in the healthcare system continuing to develop costly methods to prolong life. Luepker concludes that more emphasis on prevention strategies, which are both low cost and effective, is likely to provide greater benefit to society as a whole.

Reference