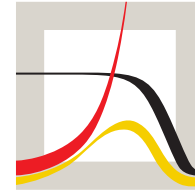




MAX-PLANCK-INSTITUT
FÜR DEMOGRAFISCHE
FORSCHUNG

MAX PLANCK INSTITUTE
FOR DEMOGRAPHIC
RESEARCH





MAX-PLANCK-INSTITUT
FÜR DEMOGRAFISCHE
FORSCHUNG

MAX PLANCK INSTITUTE
FOR DEMOGRAPHIC
RESEARCH

Healthy Life Expectancy, Mortality, and Age Prevalence of Morbidity

Tim Riffe, Alyson van Raalte



Morbidity

Is variation in health over the lifespan better characterized by chronological age or time-to-death?



Expected life years with disability (DLY): Sullivan Method

$$DLY = \frac{1}{l_0} \sum_{x=0}^{\omega} \pi_x L_x$$



But what is π_x exactly?

- Disability prevalence at each age
- Stock variable: slow to react to abrupt health innovations since it depends on past cohort experiences with sickness (Barendregt et al. 1994)
- Can also depend on future mortality if disability is patterned by time-to-death
- Since π_x changes across mortality regimes, attributing between-population differences in DLY to mortality and morbidity is problematic.



But what is π_x exactly?

- Disability prevalence at each age
- Stock variable: slow to react to abrupt health innovations since it depends on past cohort experiences with sickness (Barendregt et al. 1994)
- Can also depend on future mortality if disability is patterned by time-to-death
- Since π_x changes across mortality regimes, attributing between-population differences in DLY to mortality and morbidity is problematic.



But what is π_x exactly?

- Disability prevalence at each age
- Stock variable: slow to react to abrupt health innovations since it depends on past cohort experiences with sickness (Barendregt et al. 1994)
- Can also depend on future mortality if disability is patterned by time-to-death
- Since π_x changes across mortality regimes, attributing between-population differences in DLY to mortality and morbidity is problematic.

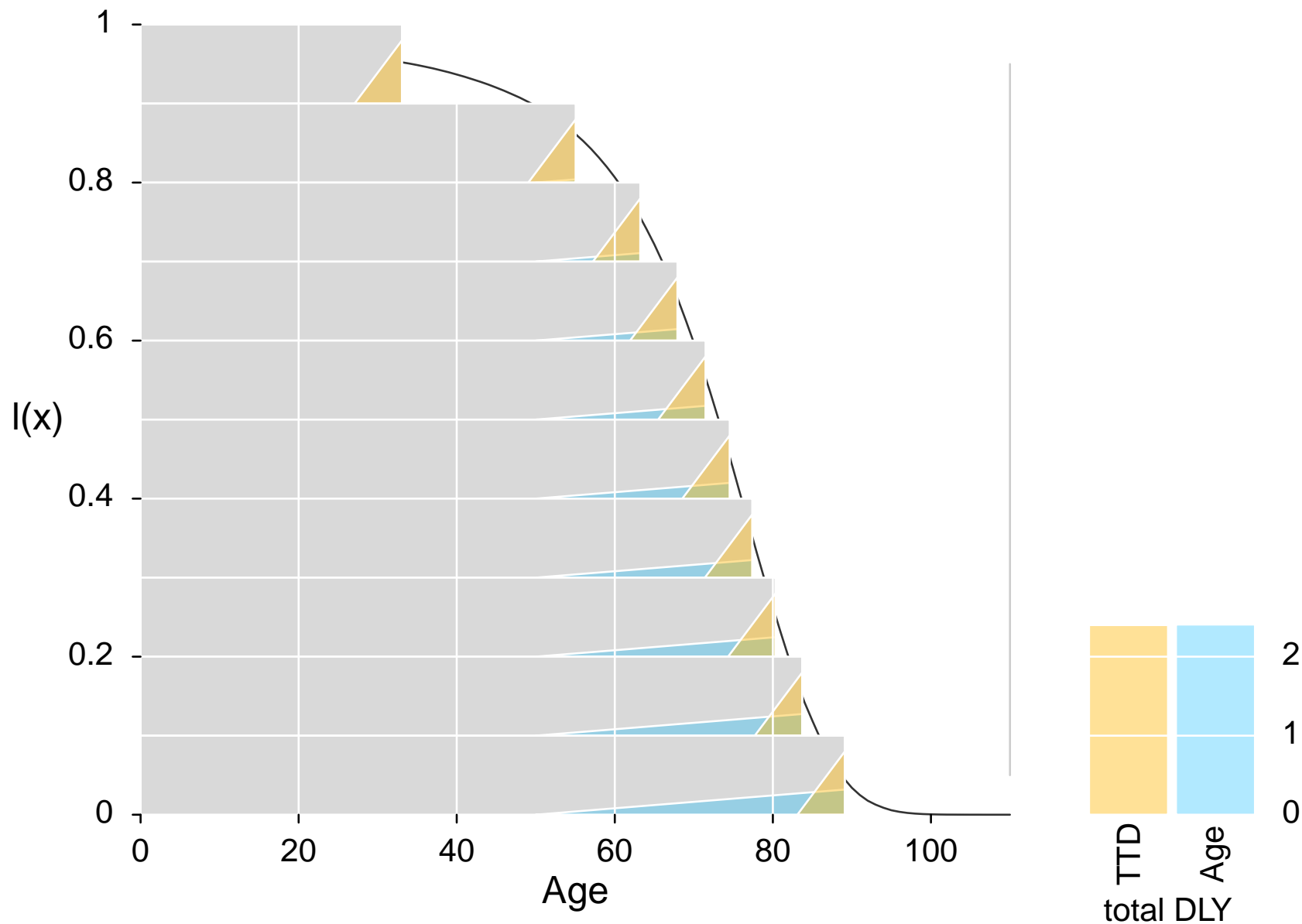


But what is π_x exactly?

- Disability prevalence at each age
- Stock variable: slow to react to abrupt health innovations since it depends on past cohort experiences with sickness (Barendregt et al. 1994)
- Can also depend on future mortality if disability is patterned by time-to-death
- Since π_x changes across mortality regimes, attributing between-population differences in DLY to mortality and morbidity is problematic.

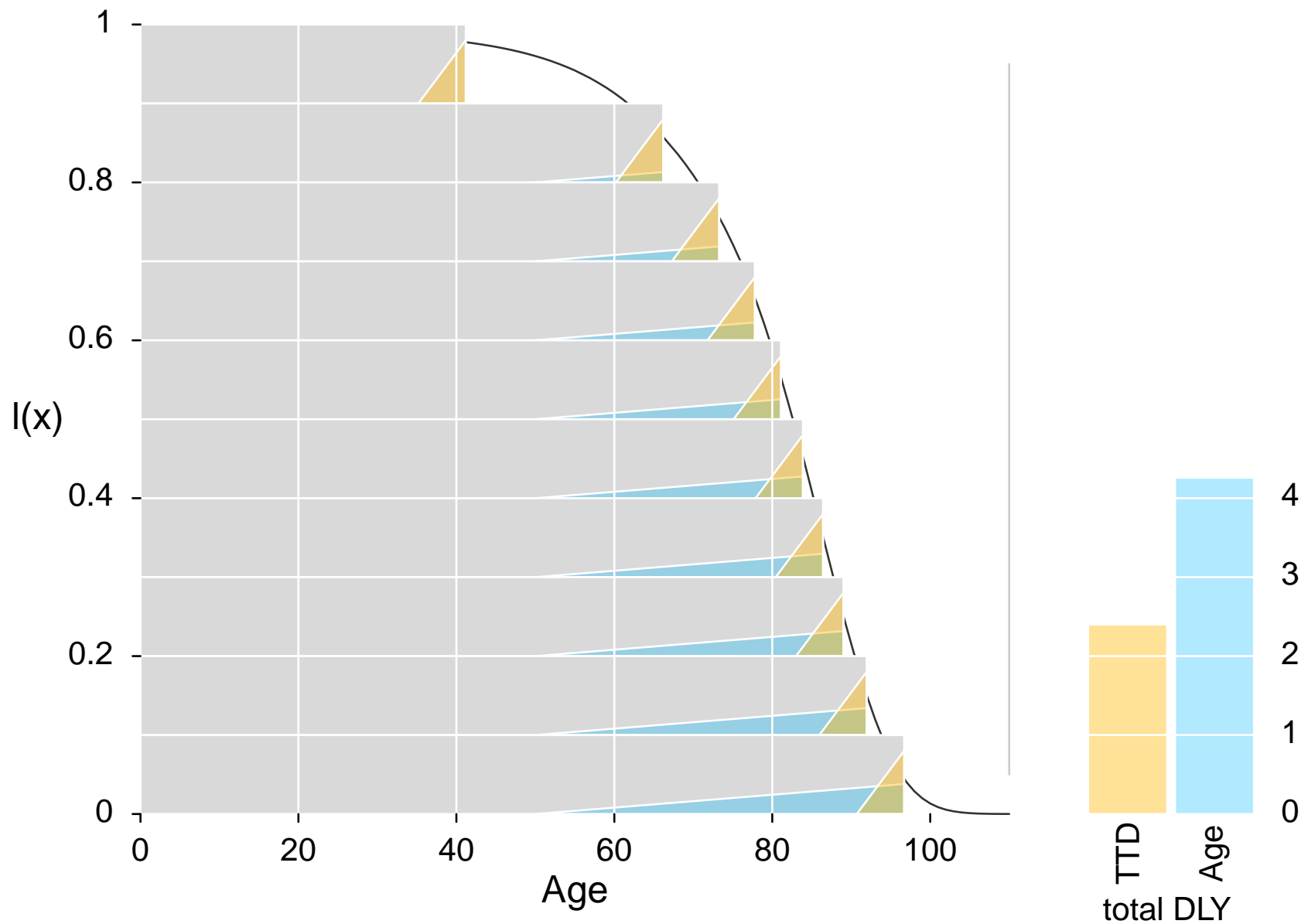


A simple illustration



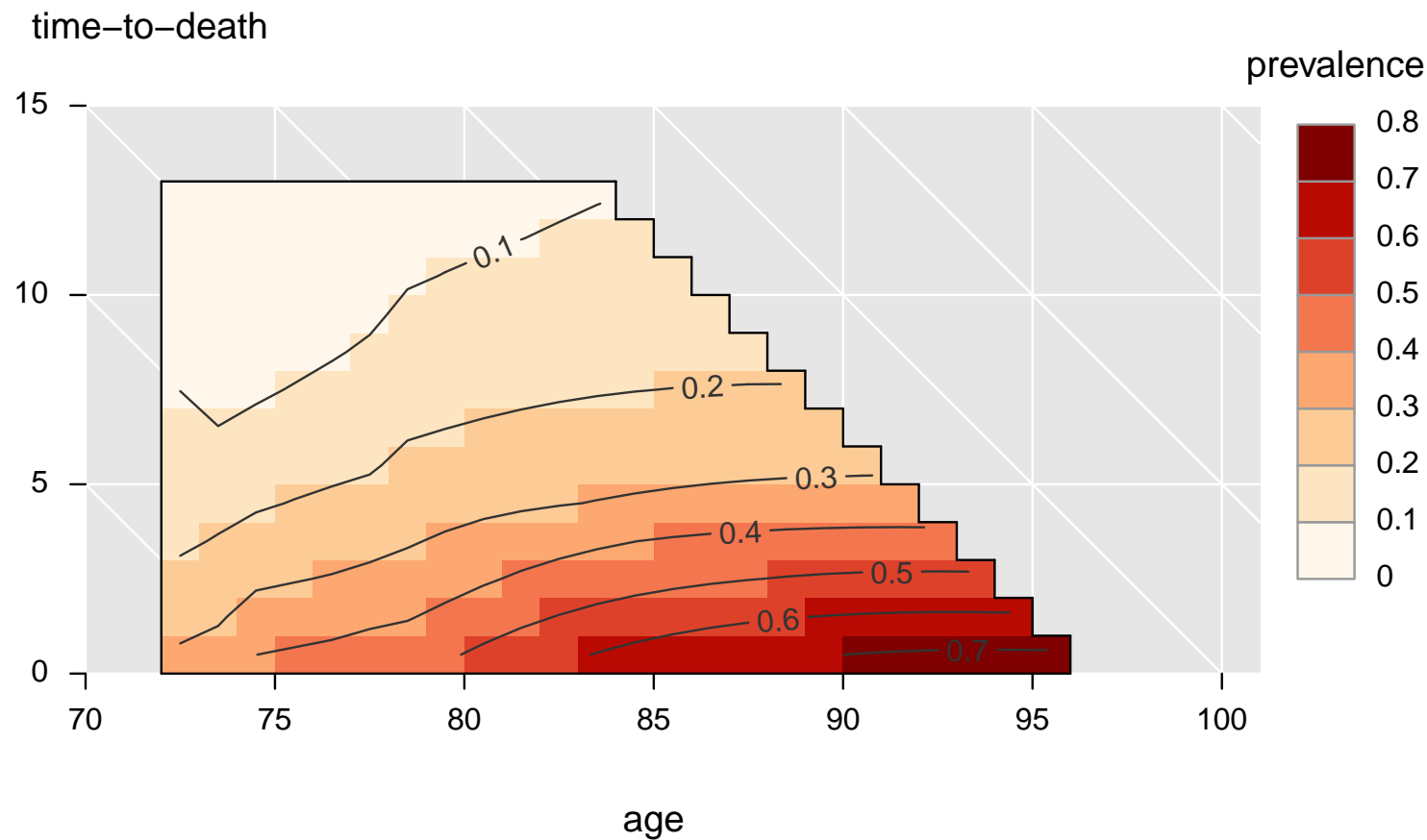


A simple illustration





Disability broken down by age and time to death

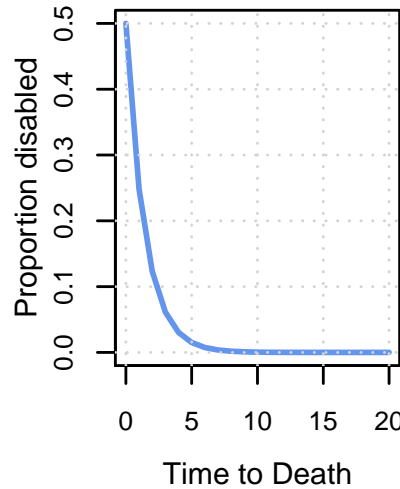


Proportion of USA males from the 1915-1919 cohort with at least 1 of 5 IADLs

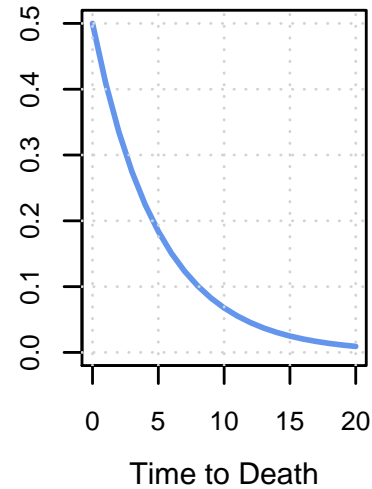


Proportion disabled by TTD and mortality level

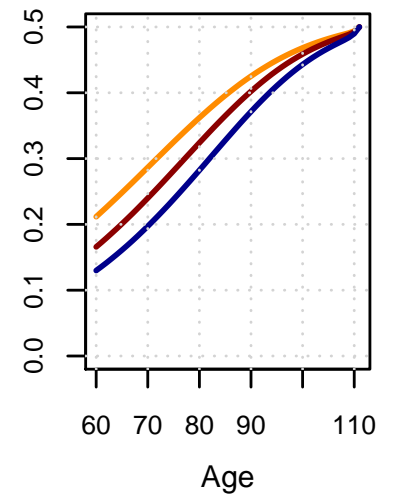
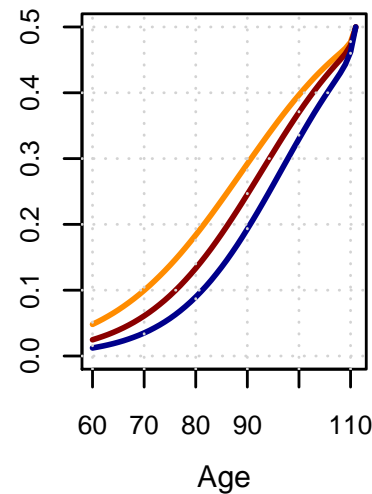
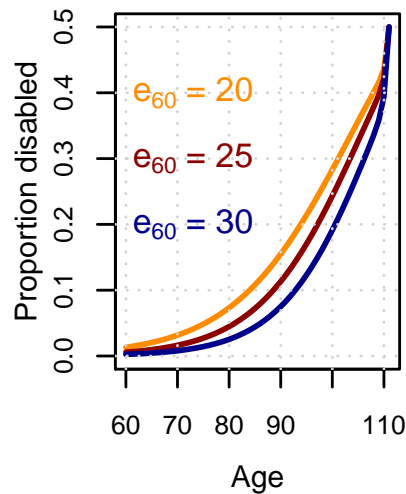
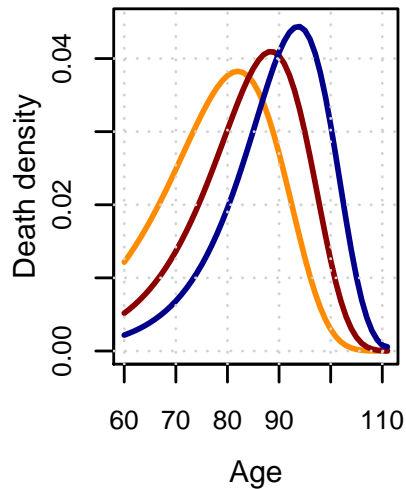
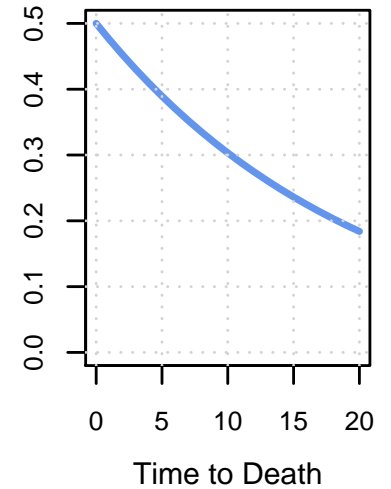
Steep TTD Disability



Med TTD Disability



Gentle TTD Disability





Decomposing DLY

- Are differences in DLY from mortality or morbidity?
- Decomposition methods isolate the effects of changes in L_x and changes in π_x
- These are considered as *mortality* and *morbidity* effects (Nusselder and Looman 2004, Andreev et al. 2002)
- Interpretation problem: mortality can change π_x all by itself if disability is patterned by time-to-death



Decomposing DLY

- Are differences in DLY from mortality or morbidity?
- Decomposition methods isolate the effects of changes in L_x and changes in π_x
- These are considered as *mortality* and *morbidity* effects (Nusselder and Looman 2004, Andreev et al. 2002)
- Interpretation problem: mortality can change π_x all by itself if disability is patterned by time-to-death



Decomposing DLY

- Are differences in DLY from mortality or morbidity?
- Decomposition methods isolate the effects of changes in L_x and changes in π_x
- These are considered as *mortality* and *morbidity* effects (Nusselder and Looman 2004, Andreev et al. 2002)
- Interpretation problem: mortality can change π_x all by itself if disability is patterned by time-to-death



Decomposing DLY

- Are differences in DLY from mortality or morbidity?
- Decomposition methods isolate the effects of changes in L_x and changes in π_x
- These are considered as *mortality* and *morbidity* effects (Nusselder and Looman 2004, Andreev et al. 2002)
- Interpretation problem: mortality can change π_x all by itself if disability is patterned by time-to-death



Estimating the upper magnitude of bias of morbidity differences from mortality decline

- Estimated average TTD profile for different disability types, based on USA HRS data, quinquennial cohorts 1905-1930
- Calculated apparent period age prevalence of morbidity for HMD countries had they experienced the US TTD morbidity
- Assumed all populations were stationary
- Decomposed differences between all population pairs in 1980, 1990, 2000 into apparent mortality and morbidity components
- Same for within-population changes over 10-year periods, 1950-2010



Estimating the upper magnitude of bias of morbidity differences from mortality decline

- Estimated average TTD profile for different disability types, based on USA HRS data, quinquennial cohorts 1905-1930
- Calculated apparent period age prevalence of morbidity for HMD countries had they experienced the US TTD morbidity
- Assumed all populations were stationary
- Decomposed differences between all population pairs in 1980, 1990, 2000 into apparent mortality and morbidity components
- Same for within-population changes over 10-year periods, 1950-2010



Estimating the upper magnitude of bias of morbidity differences from mortality decline

- Estimated average TTD profile for different disability types, based on USA HRS data, quinquennial cohorts 1905-1930
- Calculated apparent period age prevalence of morbidity for HMD countries had they experienced the US TTD morbidity
- Assumed all populations were stationary
- Decomposed differences between all population pairs in 1980, 1990, 2000 into apparent mortality and morbidity components
- Same for within-population changes over 10-year periods, 1950-2010



Estimating the upper magnitude of bias of morbidity differences from mortality decline

- Estimated average TTD profile for different disability types, based on USA HRS data, quinquennial cohorts 1905-1930
- Calculated apparent period age prevalence of morbidity for HMD countries had they experienced the US TTD morbidity
- Assumed all populations were stationary
- Decomposed differences between all population pairs in 1980, 1990, 2000 into apparent mortality and morbidity components
- Same for within-population changes over 10-year periods, 1950-2010

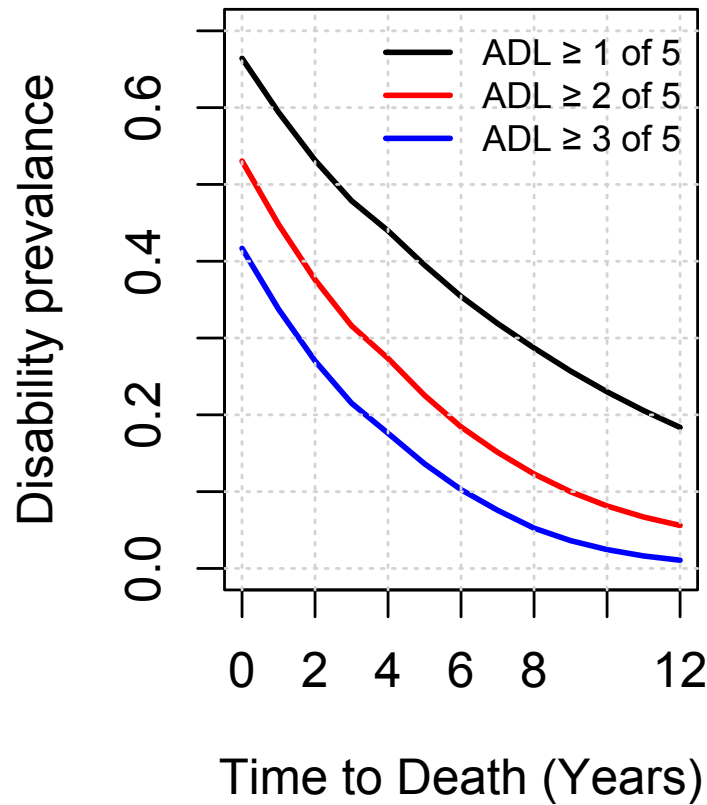


Estimating the upper magnitude of bias of morbidity differences from mortality decline

- Estimated average TTD profile for different disability types, based on USA HRS data, quinquennial cohorts 1905-1930
- Calculated apparent period age prevalence of morbidity for HMD countries had they experienced the US TTD morbidity
- Assumed all populations were stationary
- Decomposed differences between all population pairs in 1980, 1990, 2000 into apparent mortality and morbidity components
- Same for within-population changes over 10-year periods, 1950-2010

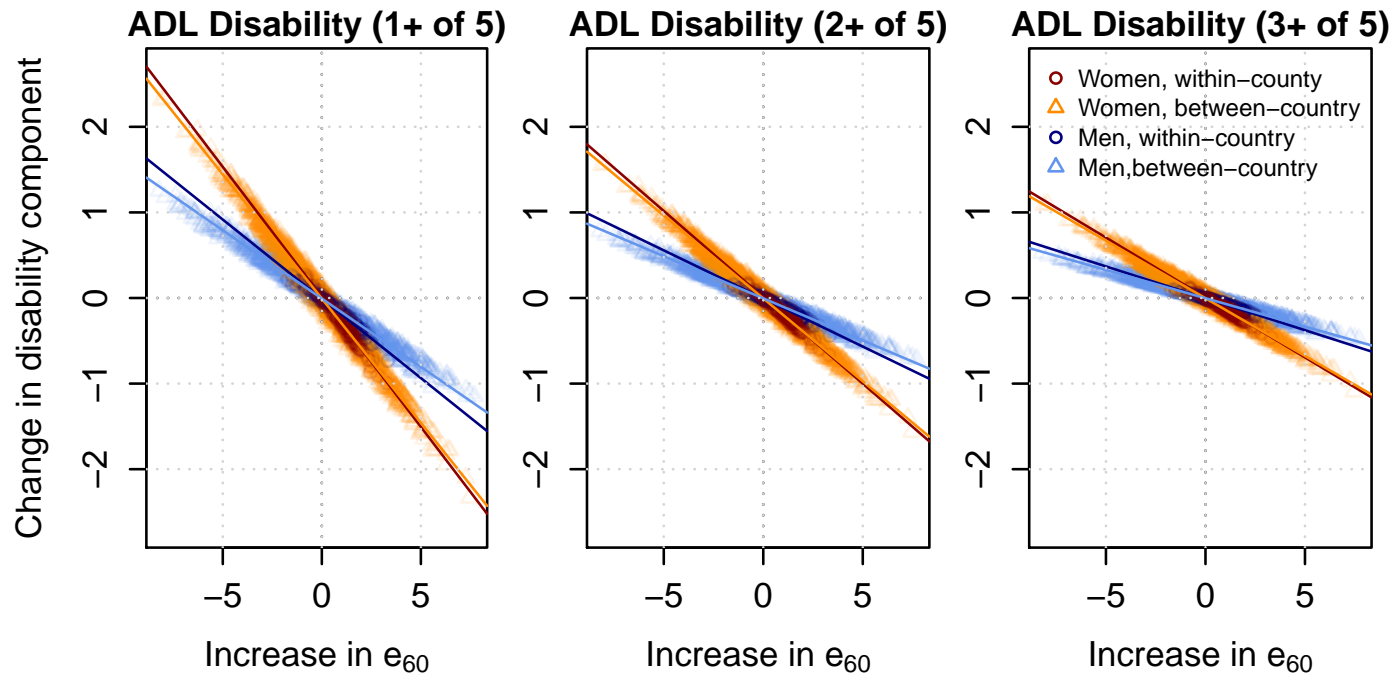


TTD disability prevalence for different disability types





Decomposition: Change in disability component





Interpreting decomposition results

- True value of the change in disability component is zero by design
- Deviation is result of differences in mortality
- Departure from upper bound depends on patterns of π_x , how well US pattern applies, departure from stationarity.
- Different slopes partly from differences in final π_x between disability types and the sexes



Interpreting decomposition results

- True value of the change in disability component is zero by design
- Deviation is result of differences in mortality
- Departure from upper bound depends on patterns of π_x , how well US pattern applies, departure from stationarity.
- Different slopes partly from differences in final π_x between disability types and the sexes



Interpreting decomposition results

- True value of the change in disability component is zero by design
- Deviation is result of differences in mortality
- Departure from upper bound depends on patterns of π_x , how well US pattern applies, departure from stationarity.
- Different slopes partly from differences in final π_x between disability types and the sexes



Interpreting decomposition results

- True value of the change in disability component is zero by design
- Deviation is result of differences in mortality
- Departure from upper bound depends on patterns of π_x , how well US pattern applies, departure from stationarity.
- Different slopes partly from differences in final π_x between disability types and the sexes



Considerations

- Considering morbidity prevalence as a function of time to death does not imply that morbidity incidence is a time to death
- Modeling prevalence as TTD requires no specification of process
- In reality morbidity varies over both chronological age and time-to-death



Considerations

- Considering morbidity prevalence as a function of time to death does not imply that morbidity incidence is a time to death
- **Modeling prevalence as TTD requires no specification of process**
- In reality morbidity varies over both chronological age and time-to-death



Considerations

- Considering morbidity prevalence as a function of time to death does not imply that morbidity incidence is a time to death
- Modeling prevalence as TTD requires no specification of process
- In reality morbidity varies over both chronological age and time-to-death



Summary

- HLE or DLY provide an important snapshot of expected life years lived in good or poor health
- Difficulty in interpreting period differences in these quantities between populations
- Chronological age pattern of disability can change solely as a function of mortality change even when the underlying morbidity function is held constant
- Could partly explain why mortality levels and disability prevalence are related (Van Oyen et al. 2013, Luy and Minagawa 2014)



Summary

- HLE or DLY provide an important snapshot of expected life years lived in good or poor health
- **Difficulty in interpreting period differences in these quantities between populations**
- Chronological age pattern of disability can change solely as a function of mortality change even when the underlying morbidity function is held constant
- Could partly explain why mortality levels and disability prevalence are related (Van Oyen et al. 2013, Luy and Minagawa 2014)



Summary

- HLE or DLY provide an important snapshot of expected life years lived in good or poor health
- Difficulty in interpreting period differences in these quantities between populations
- Chronological age pattern of disability can change solely as a function of mortality change even when the underlying morbidity function is held constant
- Could partly explain why mortality levels and disability prevalence are related (Van Oyen et al. 2013, Luy and Minagawa 2014)



Summary

- HLE or DLY provide an important snapshot of expected life years lived in good or poor health
- Difficulty in interpreting period differences in these quantities between populations
- Chronological age pattern of disability can change solely as a function of mortality change even when the underlying morbidity function is held constant
- Could partly explain why mortality levels and disability prevalence are related (Van Oyen et al. 2013, Luy and Minagawa 2014)



Thanks!

