



# **Life Spans, Health Spans, and Productive Aging**

## **Perspectives on the Global Aging Challenge**

**Richard Jackson  
President  
Global Aging Institute**

**Prudential  
February 11, 2015**

# **The First Imperative: Extending Work Lives**

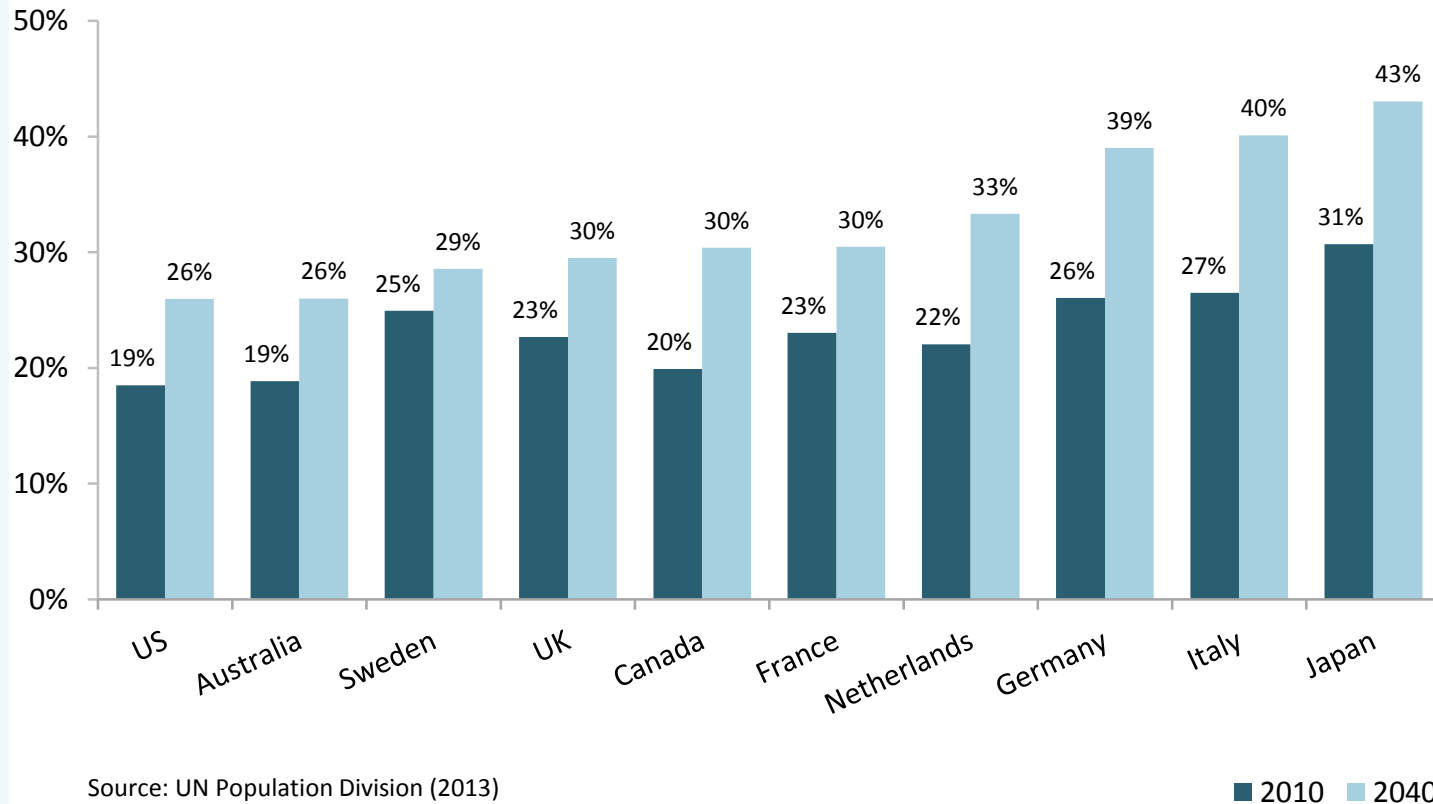
# Two Forces behind the Aging of the Population: Falling Fertility and Rising Longevity

	Total Fertility Rate			Life Expectancy at Birth		
	1960-65	1980-85	2005-10	1960-65	1980-85	2005-10
<b>Australia</b>	3.3	1.9	1.9	69.3	75.1	81.7
<b>Canada</b>	3.7	1.6	1.6	69.0	75.8	80.5
<b>France</b>	2.9	1.9	1.9	70.7	74.7	81.2
<b>Germany</b>	2.5	1.5	1.3	70.3	73.8	79.9
<b>Italy</b>	2.5	1.5	1.4	69.6	74.7	81.2
<b>Japan</b>	2.0	1.8	1.3	68.9	76.9	82.7
<b>Netherlands</b>	3.2	1.5	1.7	73.4	76.1	80.0
<b>Sweden</b>	2.3	1.6	1.9	73.5	76.3	80.9
<b>UK</b>	2.8	1.8	1.8	70.8	74.0	79.4
<b>US</b>	3.3	1.8	2.1	70.0	74.3	79.2

Source: UN Population Division (2013)

# The developed world is being overtaken by an unprecedented age wave.

Percent of the Population Aged 60 & Over in 2010 and 2040



# Along with rapidly aging populations, the developed countries will also have stagnant or contracting working-age populations.

**Average Annual Growth Rate in the Working-Age Population (Aged 20-64), by Decade**

	1980s	1990s	2000s	2010s	2020s	2030s	2040s
<b>Canada</b>	1.9%	1.2%	1.4%	-0.1%	-0.1%	0.4%	0.2%
<b>France</b>	1.1%	0.4%	0.8%	0.0%	0.0%	0.0%	0.3%
<b>Germany</b>	1.2%	0.2%	-0.3%	-0.3%	-1.1%	-1.1%	-0.9%
<b>Italy</b>	0.9%	0.2%	0.4%	-0.2%	-0.6%	-1.1%	-0.8%
<b>Japan</b>	0.8%	0.4%	-0.4%	-0.9%	-0.7%	-1.3%	-1.3%
<b>UK</b>	0.7%	0.4%	0.6%	0.2%	0.0%	0.1%	0.2%
<b>US</b>	1.4%	1.3%	1.1%	0.4%	0.1%	0.5%	0.5%

Source: UN Population Division (2013)

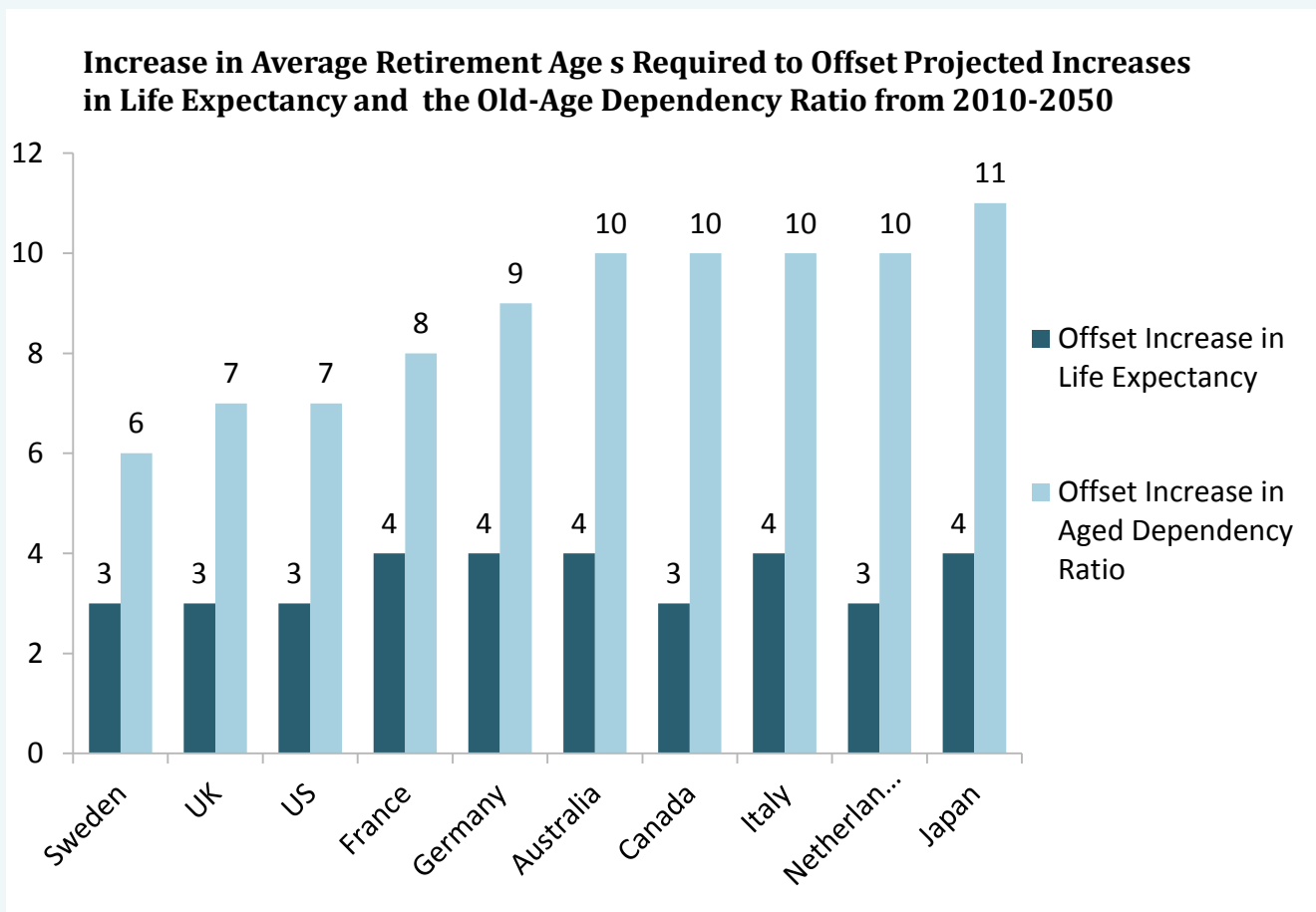
# In many developed countries, labor-force participation rates for older workers have begun to rise.

**Elderly Labor-Force Participation Rate by Age Group, 1990-2010**

	Aged 60-64			Aged 60-74		
	1990	2000	2010	1990	2000	2010
<b>Australia</b>	33%	34%	52%	22%*	25%*	40%*
<b>Canada</b>	37%	36%	51%	20%	19%	32%
<b>France</b>	14%	11%	19%	8%	5%	10%
<b>Germany</b>	21%	22%	44%	12%	11%	18%
<b>Italy</b>	22%	19%	21%	12%	10%	11%
<b>Japan</b>	56%	56%	61%	44%	41%	44%
<b>Netherlands</b>	15%	19%	39%	8%	10%	23%
<b>Sweden</b>	58%	53%	65%	25%	26%	34%
<b>UK</b>	38%	38%	46%	19%	19%	27%
<b>US</b>	45%	47%	55%	27%	30%	39%

\*Data refer to population aged 60-69.

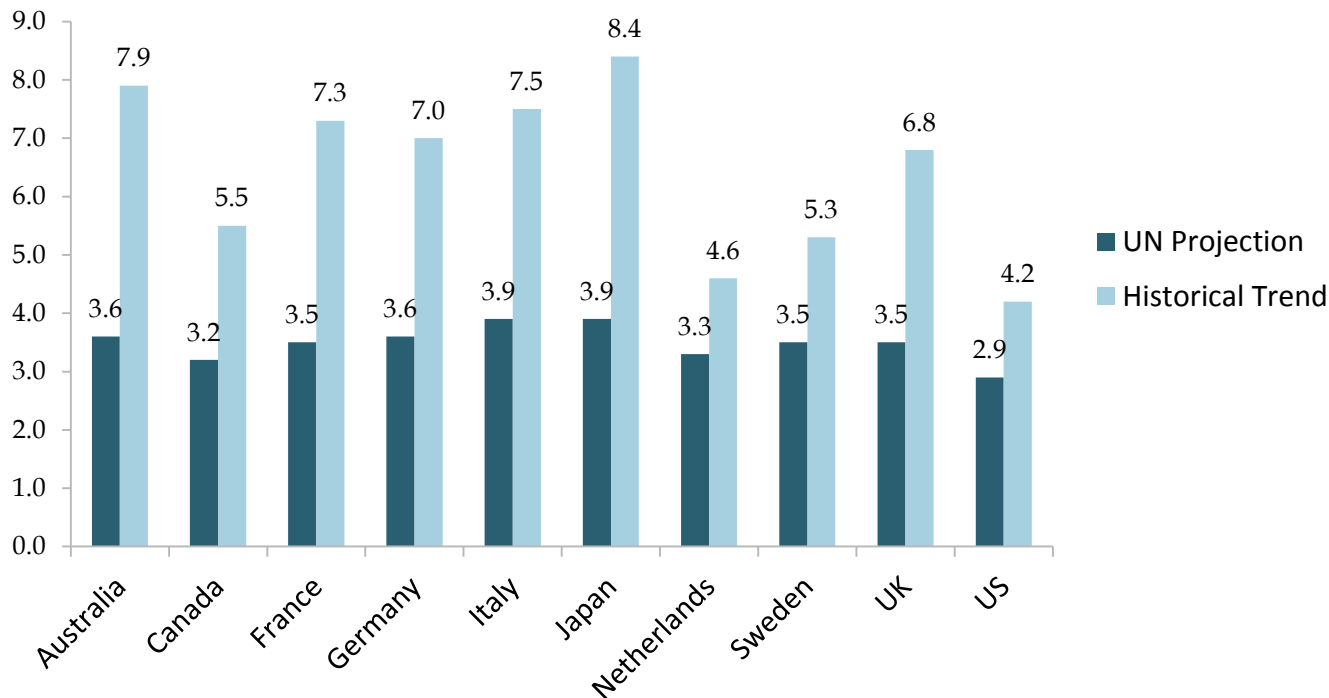
# Very large additional increases in average retirement ages would be required to offset the aging of the population.



Source: UN Population Division (2013) and author's calculations.

# Most official projections assume that increases in life expectancy will slow.

**Increase in Life Expectancy at Age 60 from 2010 to 2050: UN Projection versus Extrapolation of Historical Trend.**

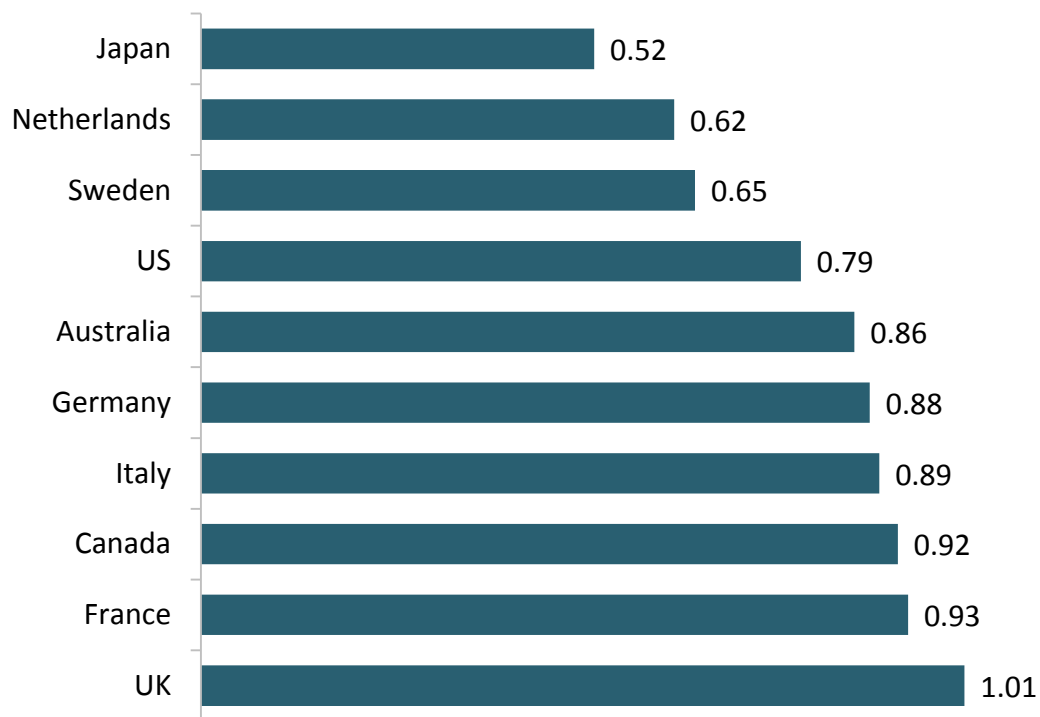


Source: UN Population Division (2013) and author's calculations.



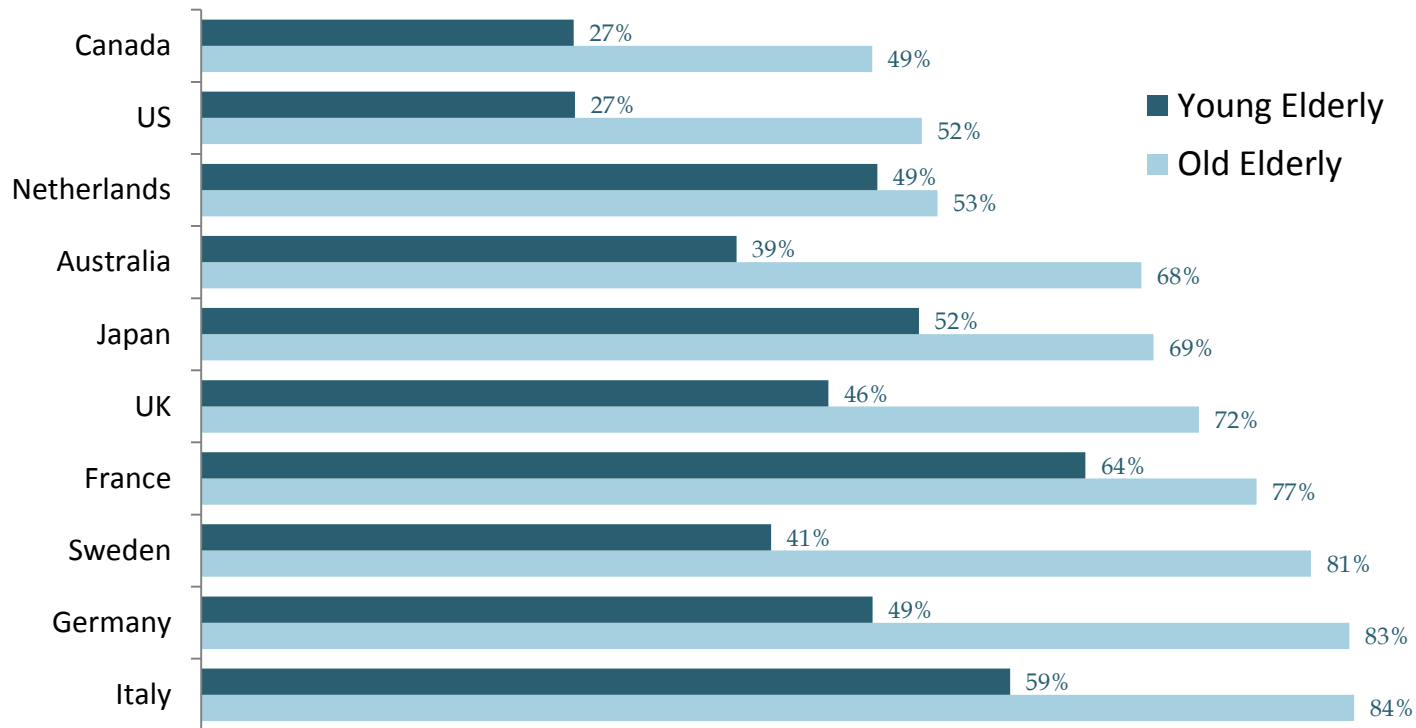
# In most developed countries, the “young elderly” have higher incomes than the “old elderly.”

**Per Capita Ratio of Average After-Tax “Old Elderly” (Aged 70 & Over) to “Young Elderly” (Aged 60-69) Cash Income in 2010**



# The “young elderly” are also far less dependent on public benefits than the “old elderly.”

**Public Benefits as a Percent of the Cash Income of the Median-Income Young Elderly (Aged 60-69) and Median-Income Old Elderly (70 & Over) in 2010\***



\* Data refer to the third quintile of the elderly income distribution.

# **The Second Imperative: Reducing Health-Care Cost Growth**

# The aging of the population will exert enormous pressure on health-care costs.

## Health Benefits to the Elderly (Aged 60 & Over), as a Percent of GDP, 2010-2040

	2010	2020	2030	2040
Australia	3.0%	3.9%	4.7%	5.5%
<b>Canada</b>	4.3%	5.5%	7.3%	9.0%
France	4.7%	6.2%	7.8%	9.0%
<b>Germany</b>	4.7%	5.6%	7.4%	8.9%
Italy	3.9%	4.9%	6.3%	7.9%
<b>Japan</b>	5.2%	6.8%	8.3%	9.8%
Netherlands	3.4%	4.8%	6.7%	8.3%
Sweden	5.2%	5.5%	6.6%	7.3%
UK	4.6%	5.9%	7.4%	8.7%
<b>US</b>	5.1%	7.2%	9.4%	11.0%

Source: GAP Index, 2<sup>nd</sup> Edition (CSIS, 2013)

## The Age Related Health-Care Multiplier

**The elderly consume much more health care per capita than the nonelderly.**

**Ratio of Per Capita Health-Care Spending on the Elderly to  
Spending on the Nonelderly in Most Recent Year Available\***

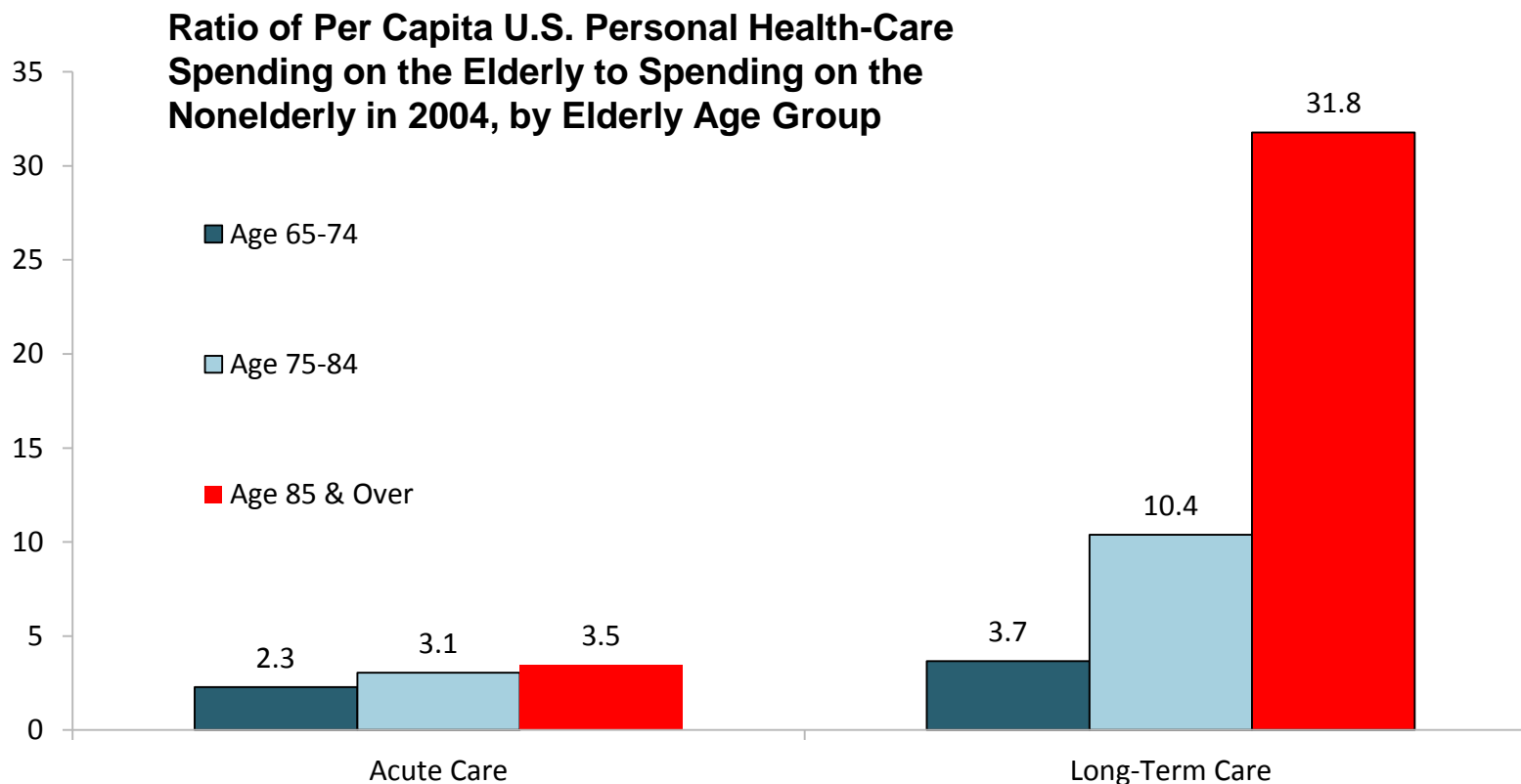
<b>Canada</b>	<b>4.9</b>
<b>France</b>	<b>3.0</b>
<b>Germany</b>	<b>2.7</b>
<b>Italy</b>	<b>3.2</b>
<b>Japan</b>	<b>4.9</b>
<b>Netherlands</b>	<b>3.9</b>
<b>Spain</b>	<b>3.2</b>
<b>Sweden</b>	<b>2.8</b>
<b>UK</b>	<b>3.4</b>
<b>US</b>	<b>3.7</b>

•Data refer to public health-care spending, except for the United States, where they refer to total personal health-care spending.

Source: OECD Health Data (various years); and Centers for Medicare & Medicaid Services (2007)

## The Age Related Health-Care Multiplier

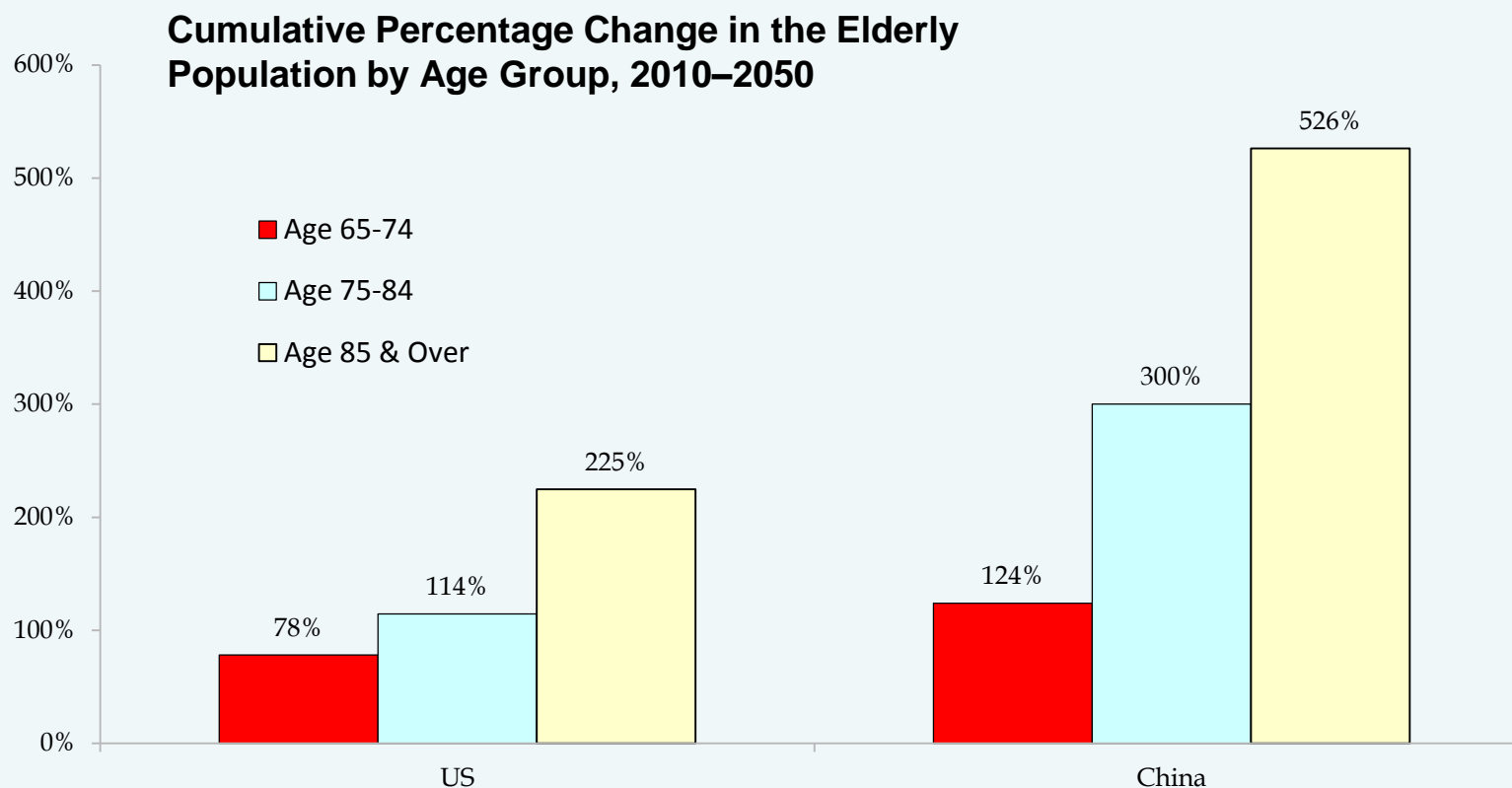
**The older the elderly are the more health care they consume.**



Source: Centers for Medicare & Medicaid Services (2007)

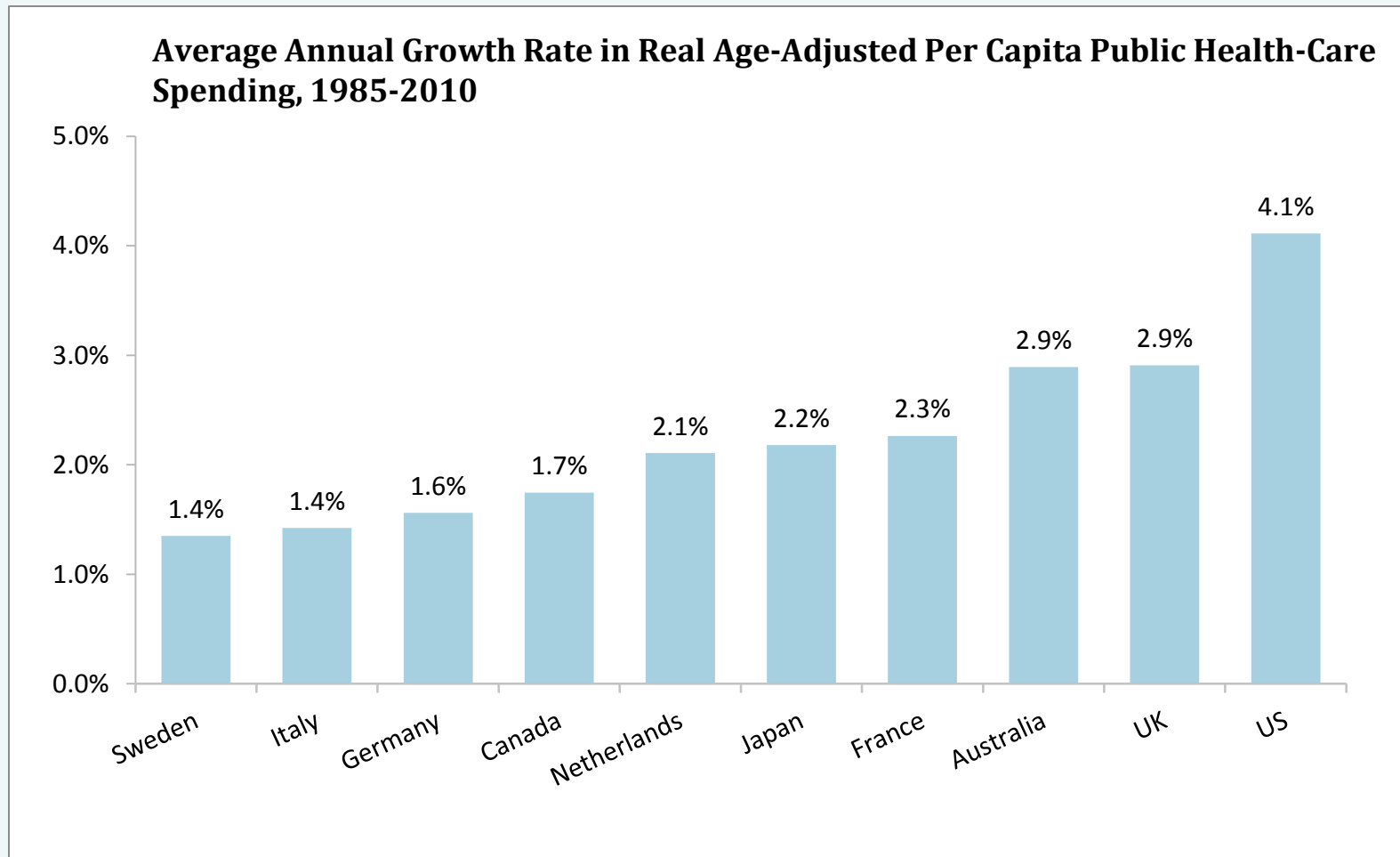
# The Age Related Health-Care Multiplier

**The oldest elderly age brackets will be the fastest growing of all.**



Source: UN (2011)

# Beyond the age-related health-care multiplier, real per capita costs are rising for everyone.





# Behind “Excess Cost Growth”

- ❑ New technologies continuously create new demand for medical services.
- ❑ “Good health” is a subjective standard that rises over time.
- ❑ Medicine is a probabalistic science in which no extra dollar, euro, or pound spent might not have some extra benefit.
- ❑ As people become more knowledgeable about treatment options, limits are harder to set.

# **Health Spans and Life Spans**

# Two Models of Aging and Health

- ❑ The “compression of morbidity” model predicts that health spans will rise along with life spans.
- ❑ The “failure of success” model predicts that rising life spans will mean a rising incidence of chronic morbidity among the elderly.

# The Good News:

## Rates of elderly disability are declining.

### Percent of U.S. Elderly with a Disability or in an Institution

With a Disability	1982	1989	1999	2005
Age 65-74	14.2	11.9	10.7	8.9
Age 75-85	30.7	29.9	23.4	21.9
Age 85+	62.1	61.4	55.6	49.7

In an Institution	1982	1989	1999	2005
Age 65-74	2.0	1.9	1.4	0.9
Age 75-85	8.1	7.0	4.3	4.1
Age 85+	27.2	26.1	19.5	15.6

# The Bad News:

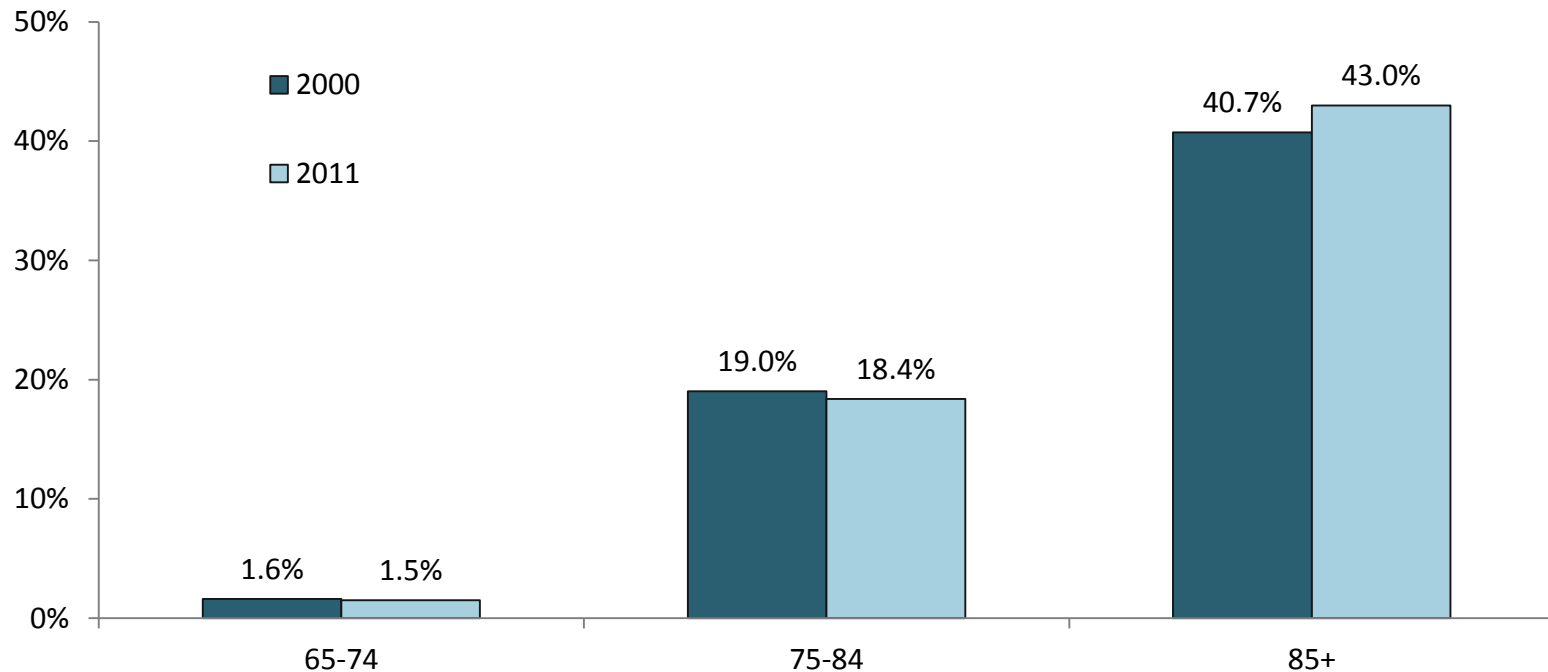
## Morbidity rates among the elderly are flat or rising.

### Percent of U.S. Elderly with Selected Medical Conditions

	1998-2000	2004-2006	2007-2009
<b>Heart Disease</b>			
Age 65-74	17.6	18.6	17.4
Age 75-84	22.2	24.8	24.6
Age 85+	24.0	28.6	27.2
<b>Stroke</b>			
Age 65-74	6.5	6.9	6.3
Age 75-84	10.1	11.0	11.2
Age 85+	10.4	15.1	13.8
<b>Cancer</b>			
Age 65-74	17.0	18.3	20.5
Age 75-84	21.8	25	25.9
Age 85+	21.4	25	27.7
<b>Diabetes</b>			
Age 65-74	14.5	18.4	19.9
Age 75-84	13.4	17.6	19.0
Age 85+	9.3	12.6	13.7

Most ominously, the incidence of Alzheimer's shows little sign of falling.

Percent of U.S. Elderly with Alzheimer's Disease



Source: Herbert et al. (2003) and Alzheimer's Association (2011)