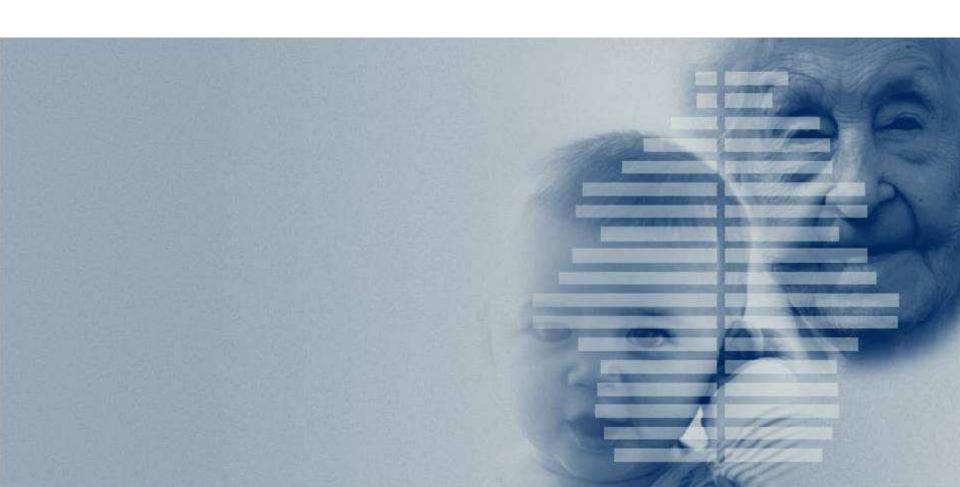


MAX-PLANCK-INSTITUT FÜR DEMOGRAFISCHE FORSCHUNG

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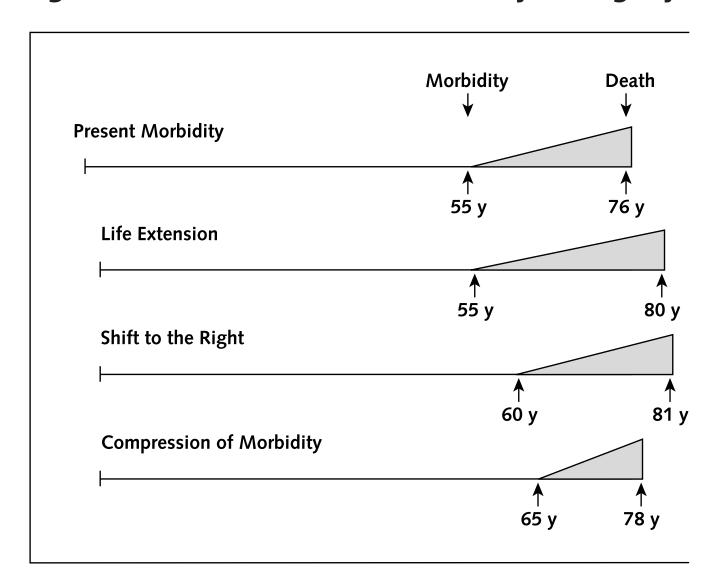
Morbidity concentration and dispersion

Tim Riffe, Aïda Solé Auro, Maarten J. Bijlsma



Fries' diagrams are a nice prop

Figure 1. Possible scenarios for future morbidity and longevity.





Pattern indifference within lifespan





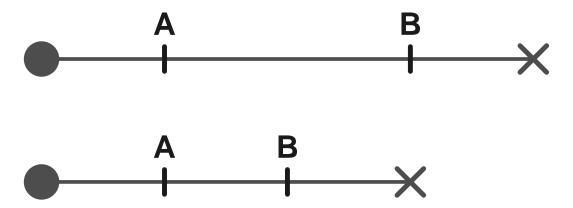
Pattern indifference within lifespan



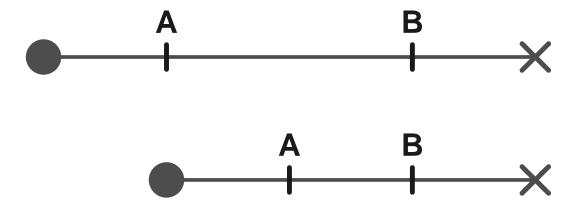




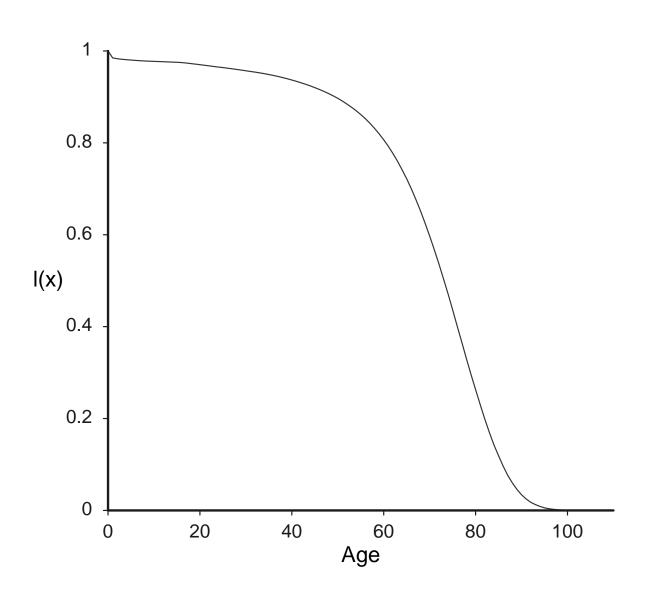




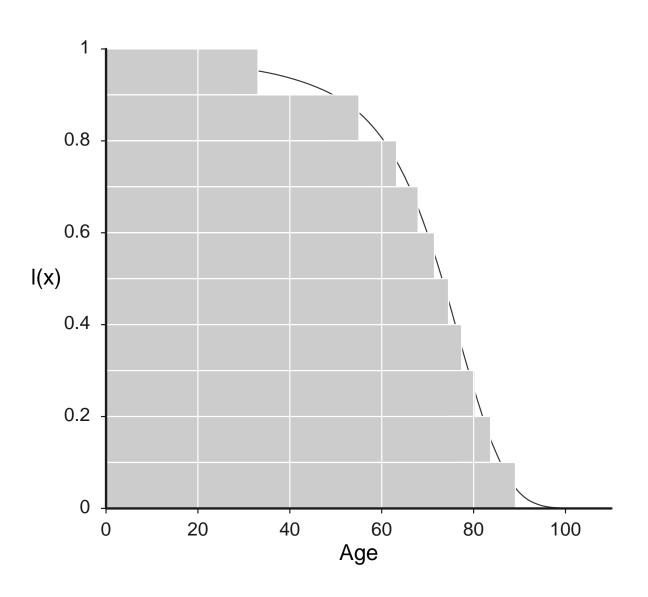




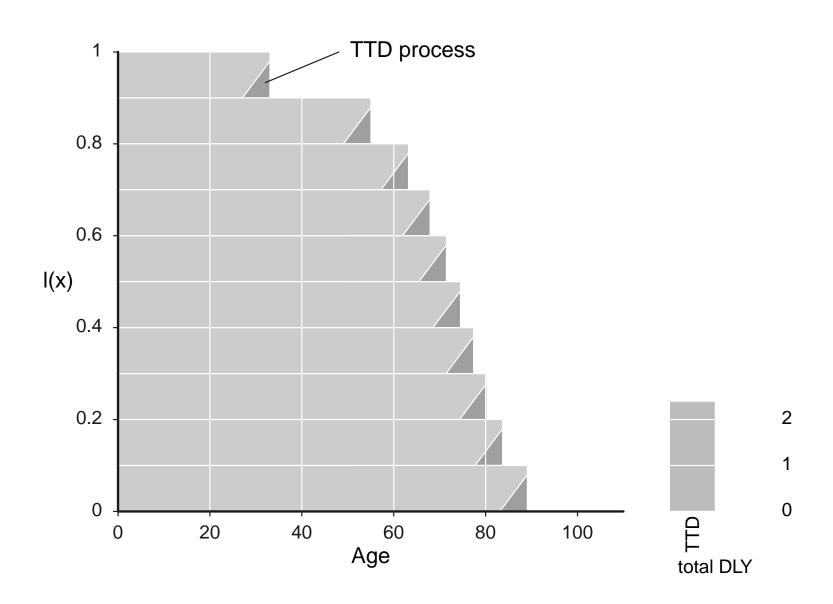




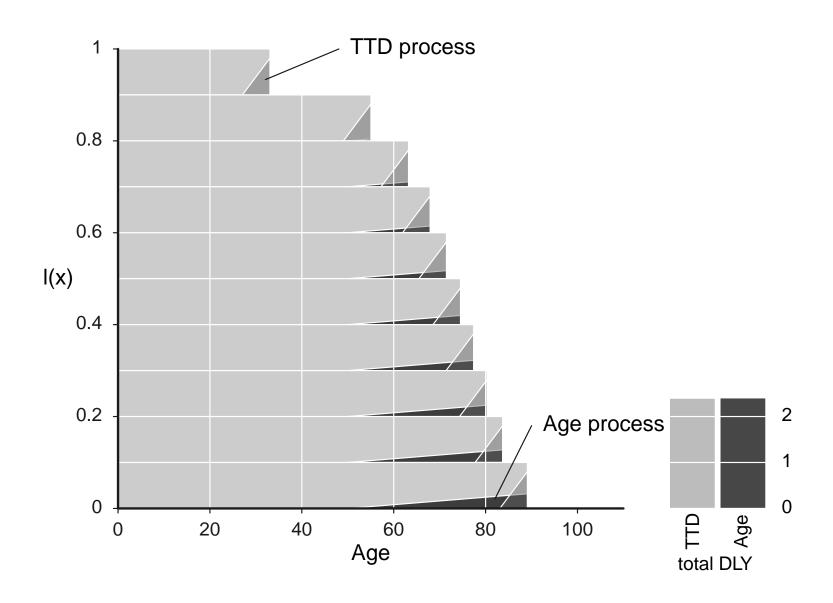




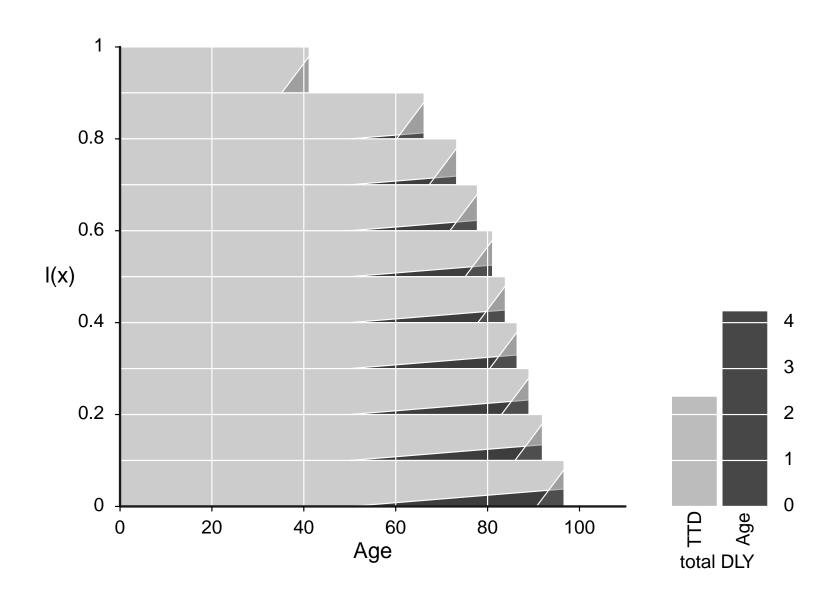














Compression definition

The level of morbidity compression is the average proportion of life in good health, $\mathbb{C} = \frac{HLE}{IF}$.

Objective:

Separate morbidity levels and morbidity dispersion.

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Dispersion definition

Morbidity dispersion, \mathbb{D} , is the average time-to-death of late-life morbidity prevalence.

Formal definition

$$\mathbb{D} = \frac{\int_0^\omega y \pi^*(y) \, \mathrm{d}y}{\int_0^\omega \pi^*(y) \, \mathrm{d}y} \tag{1}$$

where a is age, y is time until death, and $\pi^*(y)$ is morbidity prevalance by time to death.

Or one might rather weight a lifespan-varying $\pi(y, l)$, by the length-of-life distribution.

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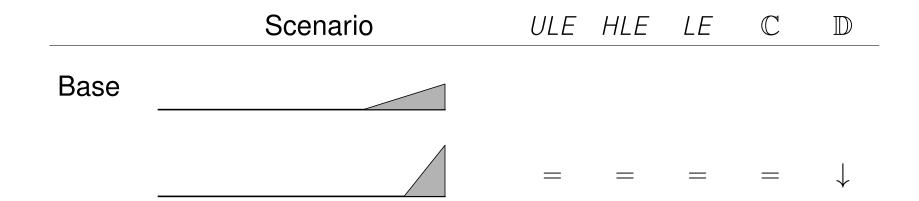
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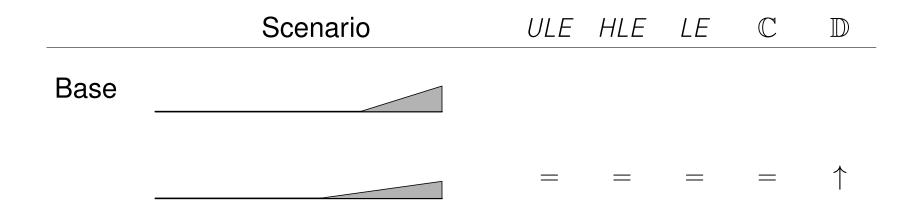
Scenario U	JLE	HLE	LE	\mathbb{C}	\mathbb{D}
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Base

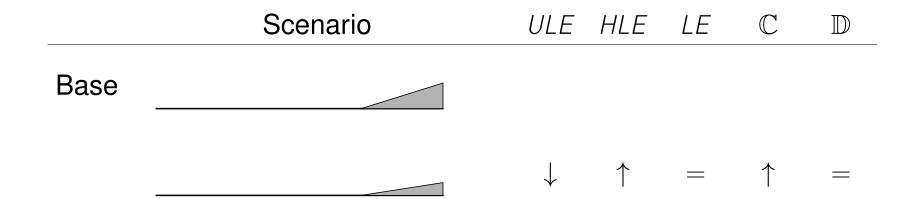




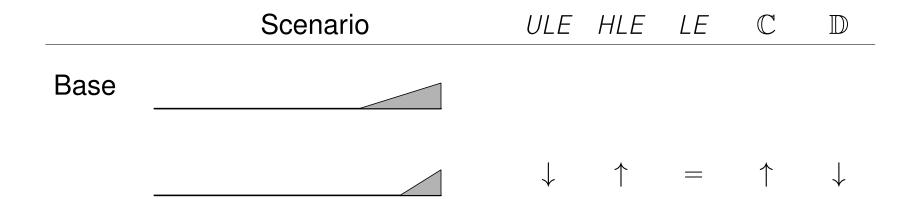




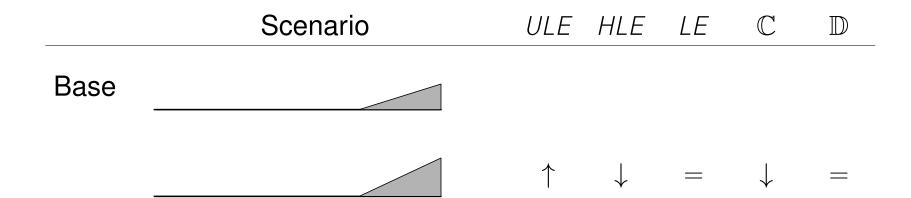




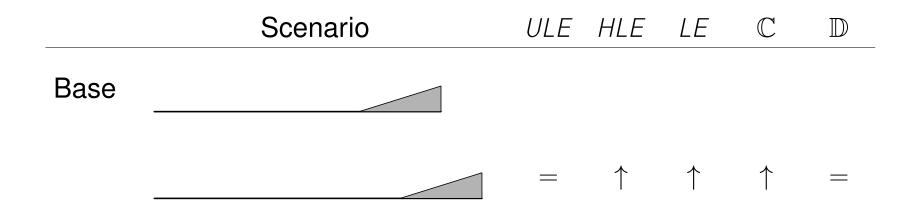




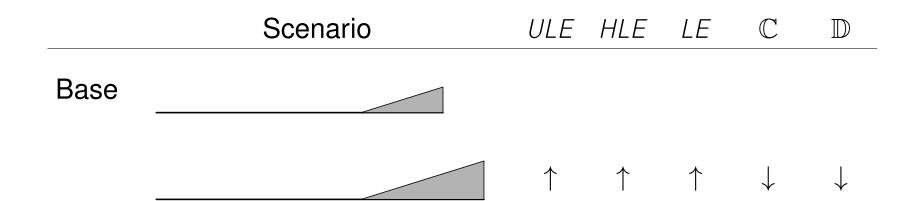




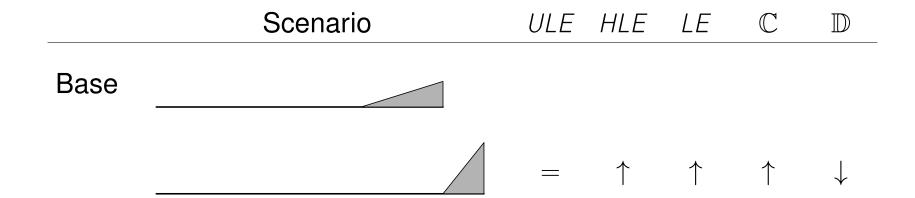




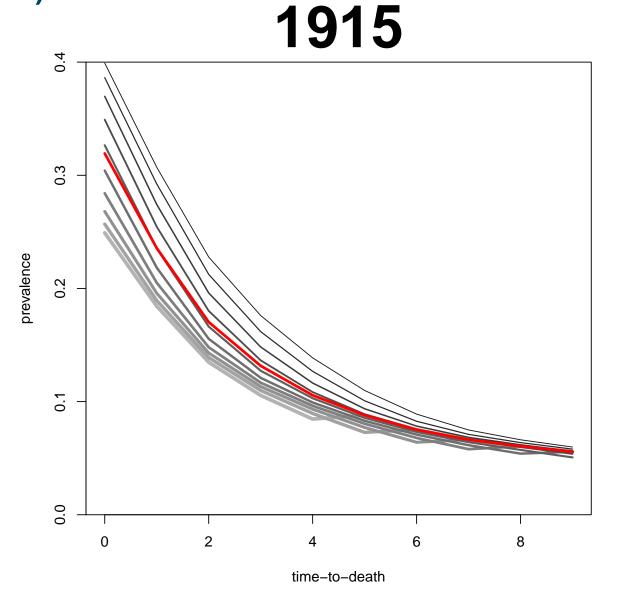




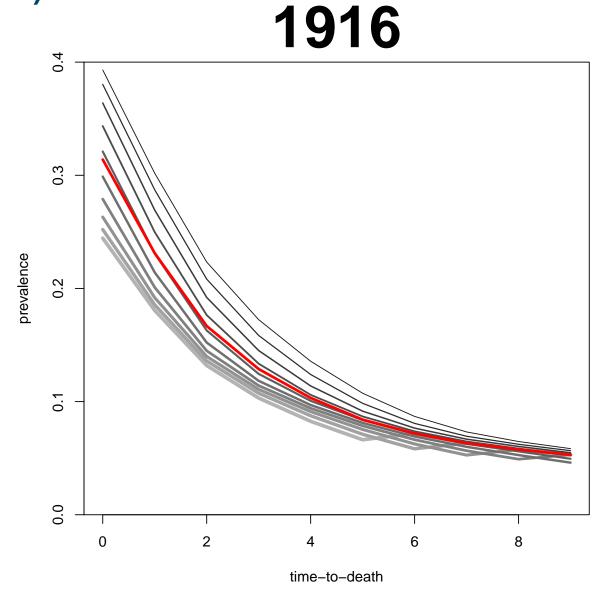




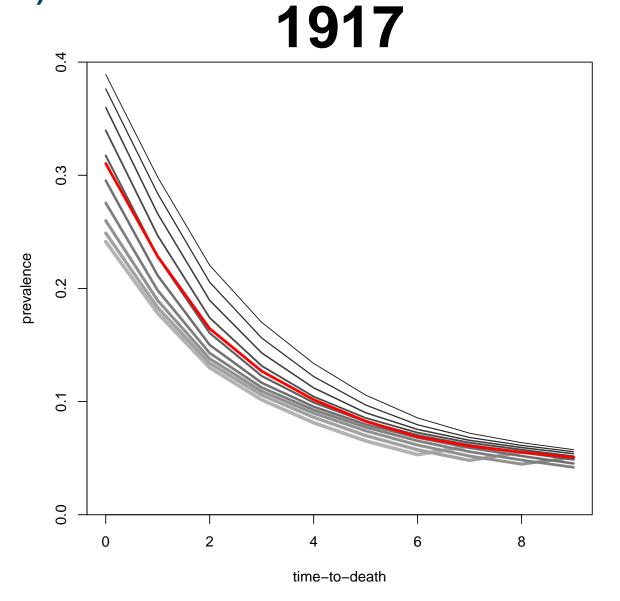




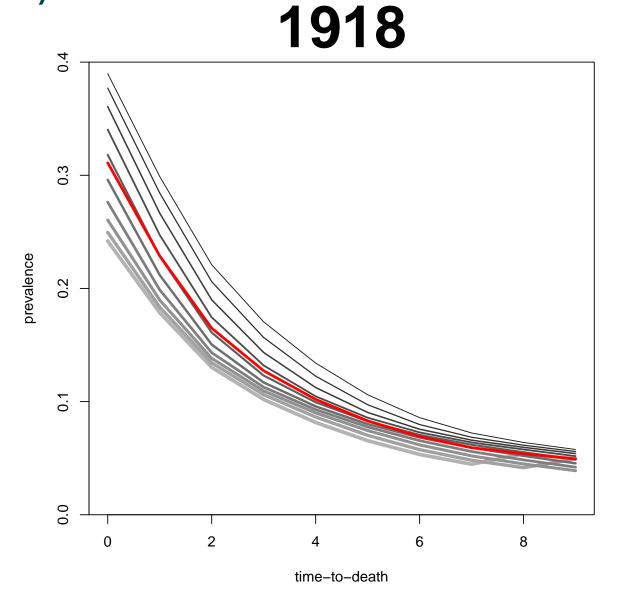




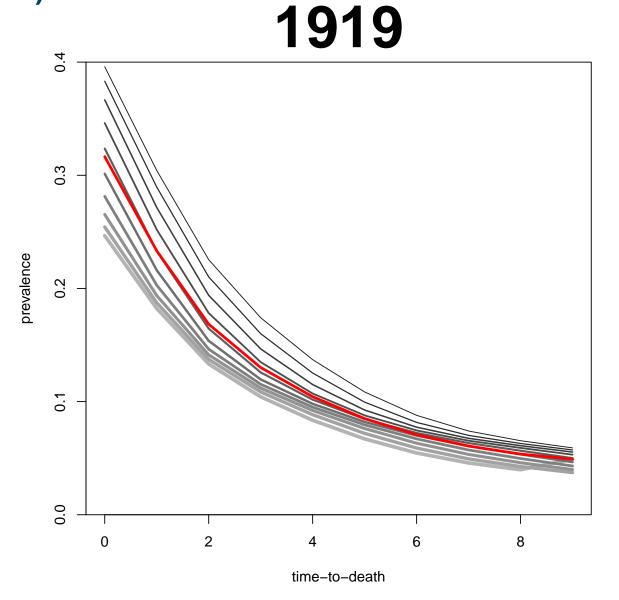




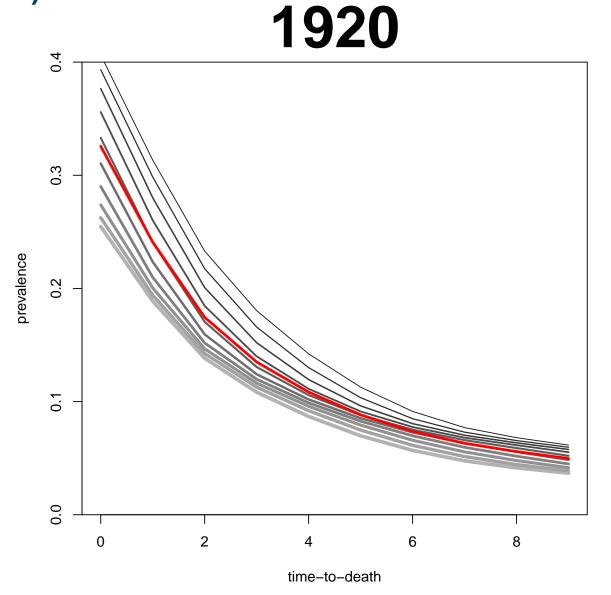




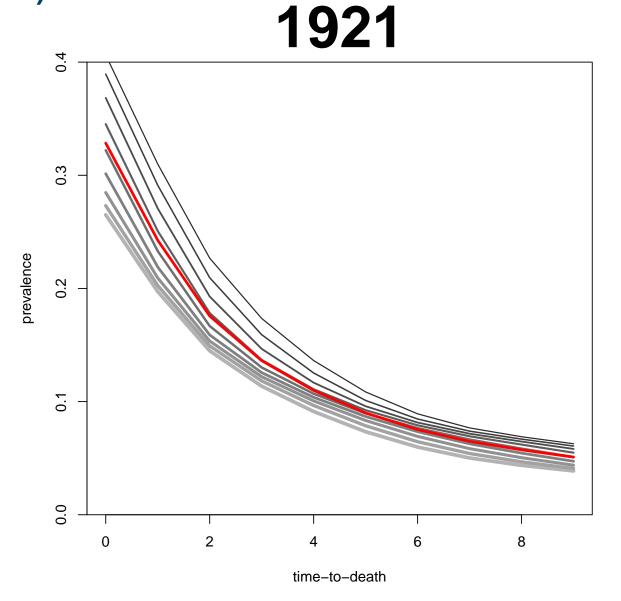




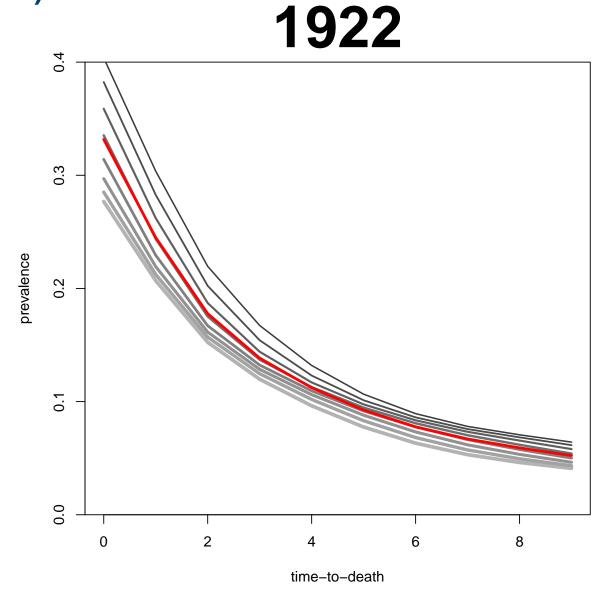




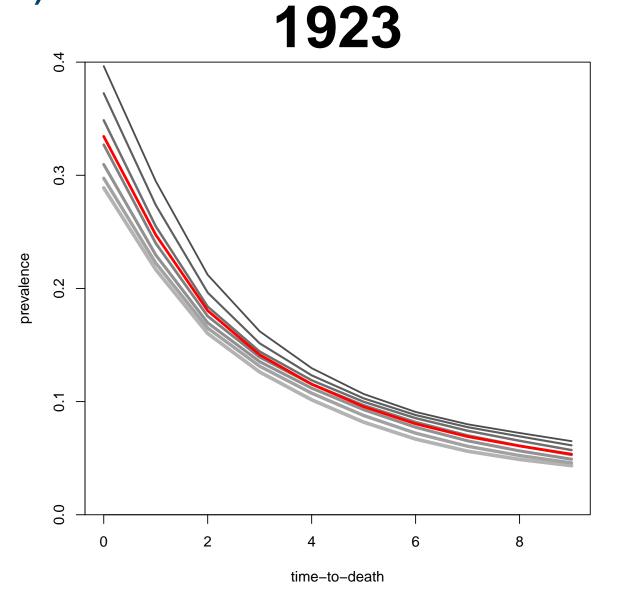




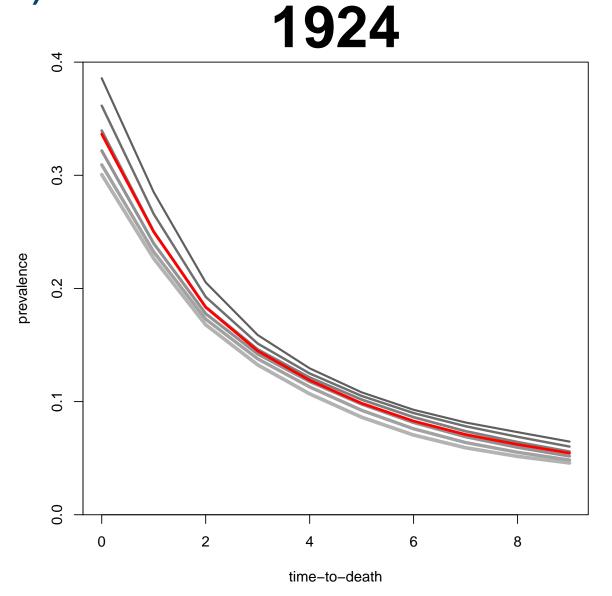




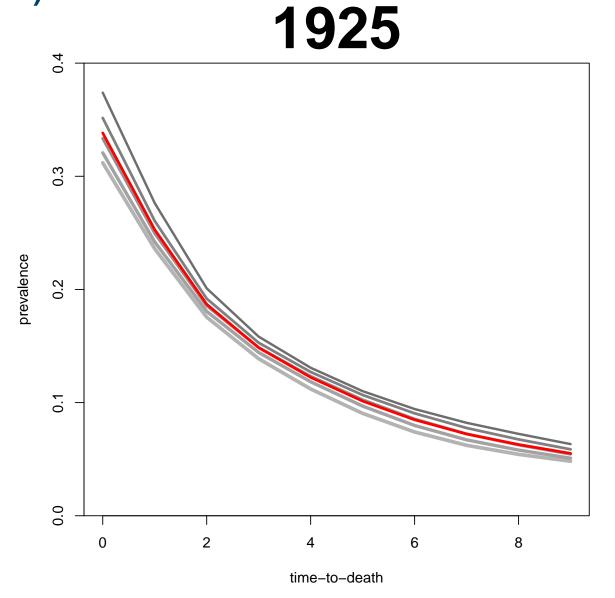






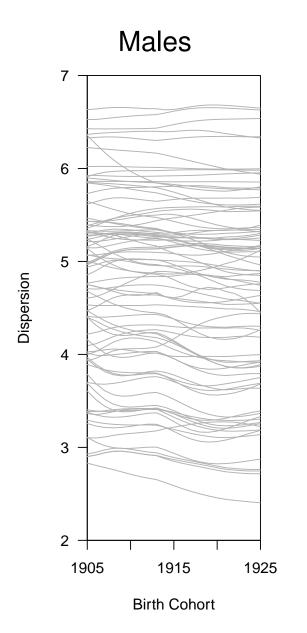


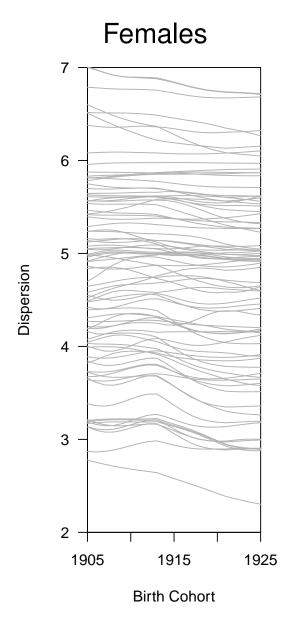






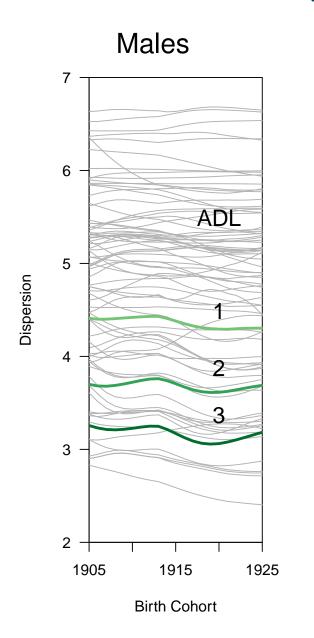
Results from HRS (RAND, vP), 82 measures

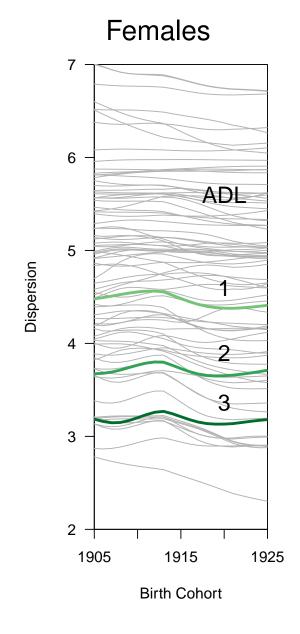






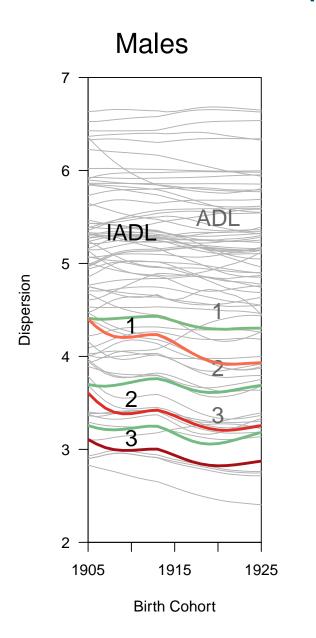
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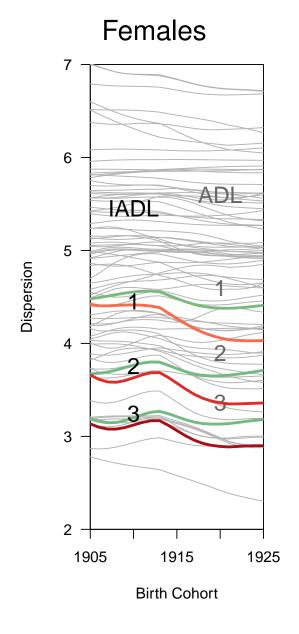






Results from HRS (RAND, vP), 82 measures







Measures

Dispersion measures an aspect of the shape of morbidity prevalance, and it is a complementary index to compression.

Trends

Dispersion of most morbidities changed less than 10% between the 1905 and 1925 cohorts, mostly in the direction of increased concetration of poor health conditions at the end of life.

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