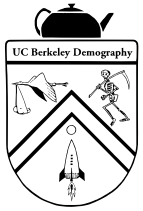
MAX PLANCK INSTITUTE
FOR DEMOGRAPHIC
RESEARCH



Morbidity and Mortality

Tim Riffe
Pil H. Chung
John MacInnes


MAX PLANCK INSTITUTE
FOR DEMOGRAPHIC
RESEARCH

UC Berkeley Demography

THE UNIVERSITY OF CALIFORNIA
1868

THE UNIVERSITY OF EDINBURGH

A test title

MAX PLANCK INSTITUTE
FOR DEMOGRAPHIC
RESEARCH

The problem

Projections show population **ageing**.

Robust mortality data, good projections.

Less reliable data on health. Less comparable. Cross-sectional surveys, subjective responses. Excluded populations.

Age-specific morbidity estimates key for predicting consequences of population ageing— Social and health care demands.

MAX PLANCK INSTITUTE
FOR DEMOGRAPHIC
RESEARCH

The problem

Projections show population **ageing**.

Robust mortality data, good projections.

Less reliable data on health. Less comparable. Cross-sectional surveys, subjective responses. Excluded populations.

Age-specific morbidity estimates key for predicting consequences of population ageing— Social and health care demands.

MAX PLANCK INSTITUTE
FOR DEMOGRAPHIC
RESEARCH

The problem

Projections show population **ageing**.

Robust mortality data, good projections.

Less reliable data on health. Less comparable. Cross-sectional surveys, subjective responses. Excluded populations.

Age-specific morbidity estimates key for predicting consequences of population ageing— Social and health care demands.

MAX PLANCK INSTITUTE
FOR DEMOGRAPHIC
RESEARCH

The problem

Projections show population **ageing**.

Robust mortality data, good projections.

Less reliable data on health. Less comparable. Cross-sectional surveys, subjective responses. Excluded populations.

Age-specific morbidity estimates key for predicting consequences of population ageing— Social and health care demands.

MAX PLANCK INSTITUTE FOR DEMOGRAPHIC RESEARCH

Some morbidity scenarios

* assume mortality declines gradually, or similar.

Expansion

1) ASMR[1]↑ (or const) = morbidity vol. ↑
2) ASMR ↓ but insufficient to offset mortality decline = morbidity vol. ↑

Compression

3) ASMR ↓ fully offsets increased surv = constant morbidity vol.
4) Fall in ASMRs outstrips mortality decline = morbidity vol. ↓

[1] ASMR is age-specific morbidity here

MAX PLANCK INSTITUTE FOR DEMOGRAPHIC RESEARCH

Literature

poor predictor

Current ASMR may be poor predictor of future ASMR

Behaviours

Impact of health behaviours: smoking, obesity, education, . . .

Innovation

Tech innovation can change healthcare demand for given morbidity

Pessimism

General Pessimism, esp. using secenario 1 (ASMR $\uparrow$, Surv $\uparrow$)

MAX PLANCK INSTITUTE FOR DEMOGRAPHIC RESEARCH

more problems

Age standardization

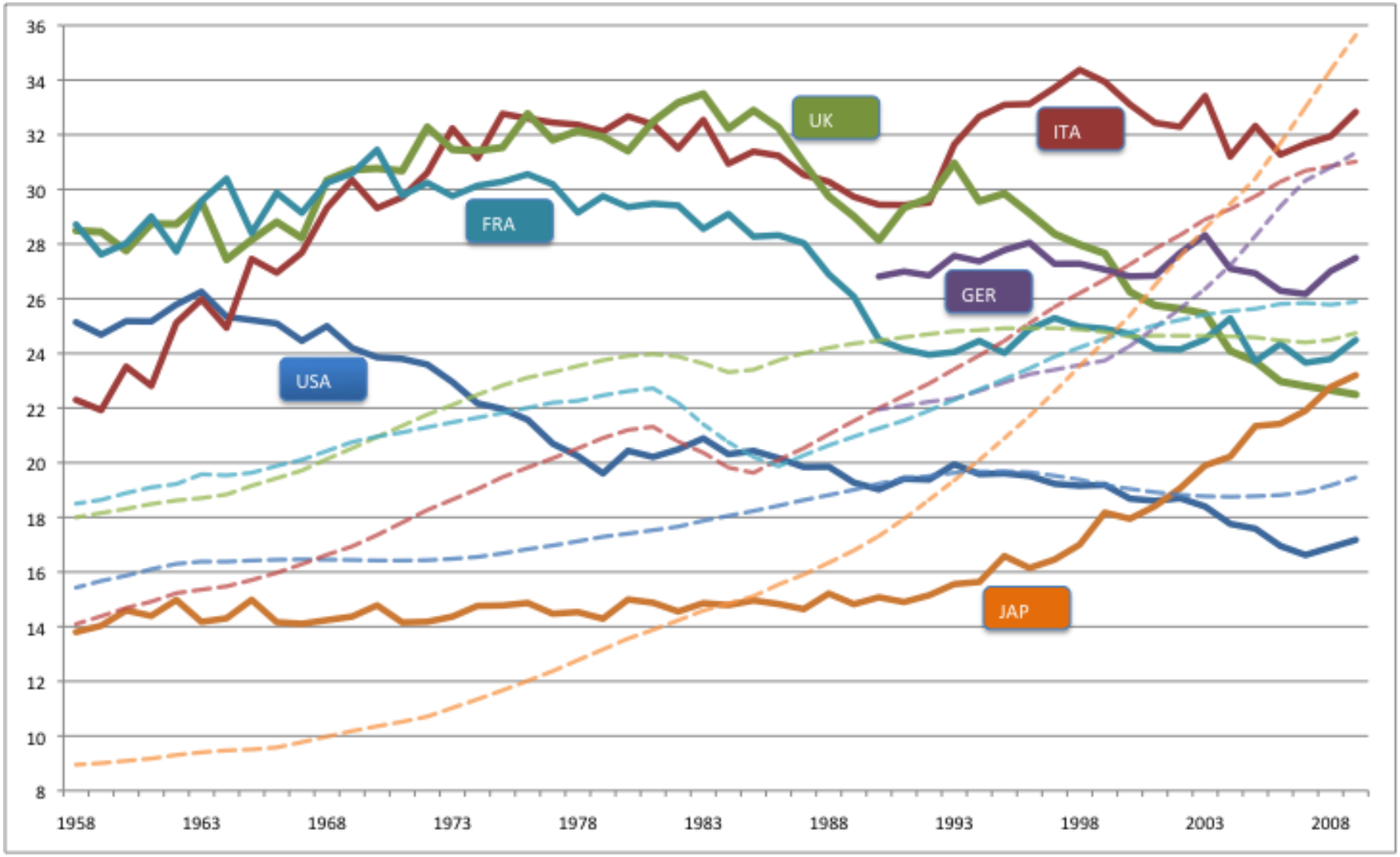
Chronological age standardization of conditions that are related with death can degrade data rather than purge it of structure. Serious consequences.

Assumptions

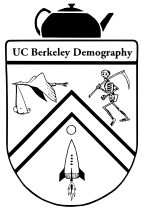
Chronological age standardization makes morbidity follow OADR
Thanatological age standardization makes morbidity follow REDR, or similar.[2]

[2] Remember that finding about populations growing younger and older at the same time? Morbidity measurement needs to follow that...

MAX PLANCK INSTITUTE
FOR DEMOGRAPHIC
RESEARCH



MAX PLANCK INSTITUTE
FOR DEMOGRAPHIC
RESEARCH



Comments or Questions?

www.demogr.mpg.de