



# AGEING HORIZONS

Policies for ageing societies

Spring-Summer 2005

ISSN 1746-1073 (Print)  
ISSN 1746-1081 (Online)

## Health and Health Policy in Ageing Societies

What challenges does population ageing present for health care and health policy? How will the acceleration of population ageing over the next few decades modulate pressures for change in health care systems? How should they respond to these pressures?

### It all depends ...

The answers depend in part on the present capabilities of the particular health care systems in question. What they are able to do now is one of the main determinants of the changes that should be made in order to adjust to the requirements of population ageing; and it is evident that health care systems across the world vary enormously in the level and quality of provision they make for their older populations. Derek Wanless, in his 2002 report for the UK government on the future resource requirements of the National Health Service, makes use of precisely this kind of evidence in arguing that the UK has a lot of 'catching up' to do, both in the quality of the acute inpatient care that is provided to older people, and in the capacity of the residential social care sector. Whatever differences there are between the UK and some of the higher-spending OECD countries in this respect, they are surely dwarfed, however, by the differences between the wealthiest countries in the world and the poorest. Peter Lloyd-Sherlock's paper in this issue of Ageing Horizons elaborates on this point in his account of the way in which the 'epidemiological transition' is unfolding in many of the world's poorer countries. It is not only that they are ageing faster and have less capacity in their health care systems than the developed world, but they also have a double burden of acute and chronic disease.

### An expanded and more costly health care system?

For many commentators this is still the essential challenge that population ageing presents for health policy: more older people living longer = more sick and disabled people = more resources channelled into the provision of health and long-term care. As the work of healthcare systems comes to be increasingly dominated by the task of ameliorating the problems caused by the degenerative diseases

... over

## CONTENTS

- 3 Policies for healthy ageing**  
Kenneth Howse
- 15 Population ageing and health care expenditure**  
Alastair Gray
- 21 Epidemiological change and health policy for older people in developing countries: Some preliminary thoughts**  
Peter Lloyd-Sherlock
- 25 Disability declines and trends in Medicare expenditures**  
**Ken Manton and XiLiang Gu**
- 35 Public involvement and the ageing of the population: Incompatible trends?**  
Suzanne Wait and Ellen Nolte
- 41 Recent publications**

# AGEING HORIZONS

Policies for ageing societies

## OIA Ageing Horizons Team

### EDITOR

Kenneth Howse

### ASSISTANT EDITOR

Alis Oancea

### EDITORIAL BOARD

Dr George Leeson, Oxford Institute of Ageing (Chair)

Professor Bleddyn Davies, Emeritus, London School of Economics

Maria Evandrou, King's College, London

Professor Jane Falkingham, Southampton

Professor Alastair Gray, Oxford University

### Design and layout

Action Publishing Technology Ltd,  
Gloucester

The Oxford Institute of Ageing publishes Ageing Horizons twice a year as a review bulletin for the policy research community. The full review is available as a web-based publication, with regular updates reflecting new developments and ideas on the themes chosen for each issue. The main objective of the review is to collate and integrate current research and analysis on the medium-term implications of population ageing. To browse the online version of the review, please visit [www.ageing.ox.ac.uk/ageinghorizons/](http://www.ageing.ox.ac.uk/ageinghorizons/). The hardcopy version also appears twice a year (Spring-Summer and Autumn-Winter).

### Ageing Horizons is supported by Help the Aged

Email: [ageing.horizons@ageing.ox.ac.uk](mailto:ageing.horizons@ageing.ox.ac.uk). Please include the text "Ageing Horizons 2" in the subject line.

Phone: 01865 286190

Fax: 01865 286191

The views expressed herein reflect solely those of the authors, and do not necessarily represent the views of any organisation with which the authors or Ageing Horizons are affiliated.

of old age, they will be forced to expand – providing increasing quantities of the regular and frequent inputs of care that a growing older population will require – at the same time as the working age population remains more or less stagnant.

The foundations on which this disturbing scenario is constructed are undermined by the arguments and data presented in separate papers by Alastair Gray and Kenneth Manton. Although it is true that annual health care expenditure on the average 75-year old is much higher than annual health care expenditure on the average 40-year old, as Gray points out, much of this difference can be explained by the fact that mortality rates are much higher among 75-year olds – which means that they are more likely to be receiving the high intensity care that is associated with progressive and fatal illness in the months and years before death. The magnitude of the impact of population ageing on health care spending is exaggerated by projections which fail to take this into account.

As Manton's paper makes clear, moreover, the amount of health care resources consumed by e.g. the average 75-year old will depend on their state of health. A severely and chronically disabled 75-year old will consume a lot more health care than a 75-year old who has no serious disabilities. Projections of the impact of population ageing on spending tend to assume that tomorrow's 75-year old will require the same level of care as today's 75-year old. Manton's analysis of trends in Medicare expenditure over the last 20 years or so – a period of declining disability in the USA – suggests otherwise.

## The reallocation of resources and reconfiguration of care?

Important as it is to come to grips with this question of the likely impact of population ageing on the future resourcing requirements of healthcare systems – and to recognise the degree of uncertainty that must attach to any such projections – we should not lose sight of what is surely the primary challenge for health policy: how to mobilize and deploy resources for the effective management and prevention of chronic disease and disability in later life. Arguments about the policy content of comprehensive strategies for healthy ageing – about the reallocation of resources and reconfiguration of services that might be required to meet changing patterns of health care need in the population – are examined in the review essay by Kenneth Howse.

## 'Age-friendly' and 'patient-centred'?

That the providers of health care services should be responsive to the views of the individuals and communities they serve has become increasingly accepted as a guiding principle of reform throughout the developed world. It is part of the common currency of public debate on health that health care systems should be more 'patient-centred' and communities more engaged in maintaining and improving own health. How these aspirations might be realised under conditions of population ageing is the question asked by Suzanne Wait.

Ageing Horizons