Is the Compression of Morbidity a Universal Phenomenon?

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Abstract

Recent reviews of national health trends show conflicting results. It is clear today that the various health dimensions follow different trends over time. For instance an expansion of morbidity may accompany a compression of disability. What do we measure when we observe a decline in disability? Is the elderly population intrinsically healthier or are individuals more independent and less helped by children, using more technical devices in a more favorable environment? The recent OECD study, reviewing trends in ADL disability at age 65 and over in 12 OECD countries during the 1990s, demonstrates that there is clear evidence of a decline in disability among elderly people in only five of the 12 countries studied: Denmark, Finland, Italy, the Netherlands and the United States. Three countries (Belgium, Japan and Sweden) report an increasing rate and two countries (Australia and Canada) a stable rate. In France and the United Kingdom, different surveys show different trends in ADL disability (OECD, 2007). These results suggest that a decline in ADL disability may be less universal than expected. More importantly, the OECD study shows that ADL disability at age 65 and over ranges widely from a low 7.1 percent in the Netherlands (HIS) to a high of 18 percent in the United Kingdom (GHS survey). This paper reviews available evidence about the compression of morbidity and the disability decline and discusses the context in which they occur: initial level of disability, initial value of life expectancy and trend in life expectancy.