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Séminaire PSED – 3 février 2015

# Analyse de l'évolution de l'espérance de vie sans incapacité en France : une approche multi-sources

Health expectancies: *Why and how?*

Emmanuelle Cambois



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# Health expectancies *Why and how?*

Concepts, definitions, indicators

Estimates for France

Focus: gender, social, trends

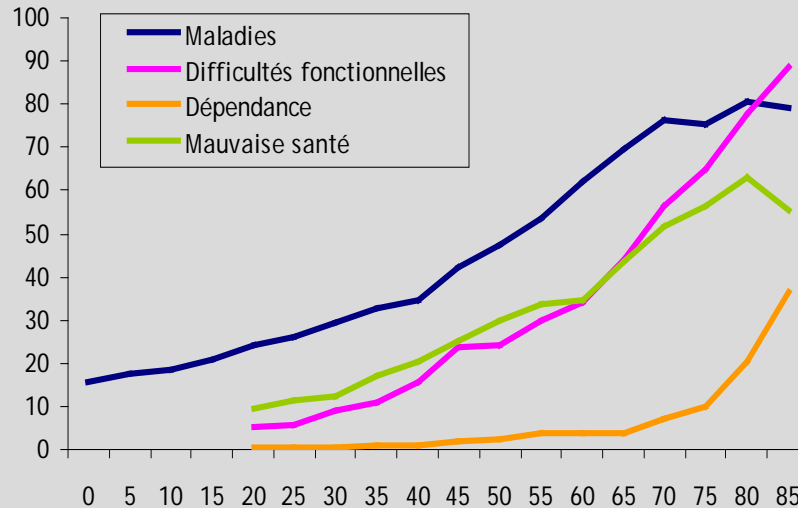
*Patterns and pathways*



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# Consequences of the increasing life expectancy



- More people with **high risks of diseases** (i.e. elder people)
- “**New**” **diseases** previously censured by high mortality (Alzheimer)
- Increasing surviving with **disabling diseases and disability** (and complex situations)

## Health trends and ageing: 3 theories

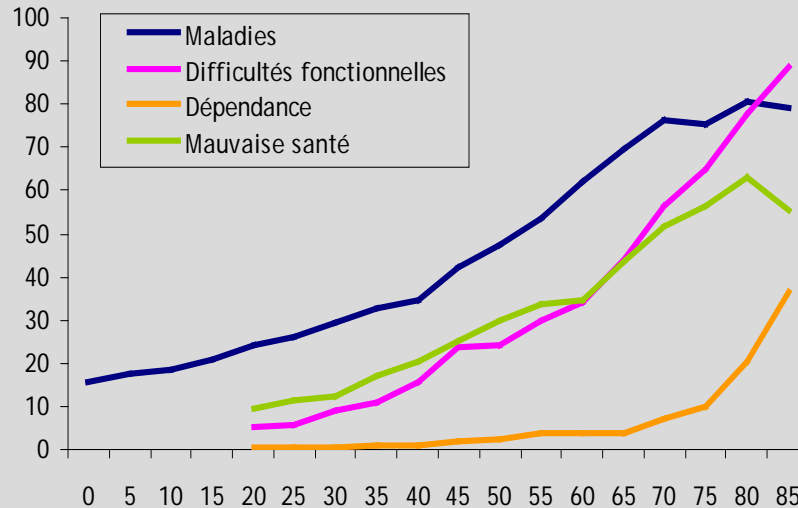
- Pandemic of mental troubles, chronic conditions and disability (Gruenberg, 1977 ; Kramer, 1980) ➡ **expansion of the years of poor health over the life course**
- Compression of morbidity (Fries, 1980) ➡ **poor health only prior death**
- Dynamic equilibrium (Manton, 1982) ➡ **more but less severe**



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# Consequences of the increasing life expectancy



- More people with **high risks of diseases** (i.e. elder people)
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## Public health/social challenges: *Caring for people with disability*

- ✓ Organisation, planification of (institutional) needs
- ✓ Who cares: Inter/intra-generational solidarity or formal assistance?
- ✓ Pensions: paying for formal assistance?
- ✓ ... Policies promoting healthy/active aging (*at work?*) / sustainability of pension systems

WHO (1984): « not sufficient to add *years* to life  
we need also to add *life* to years »

# HOW? Life and Health expectancy

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## Health expectancies

(Sanders, 1964; Sullivan 1971; Katz, 1983...  
France: Robine & Colvez, 1984)

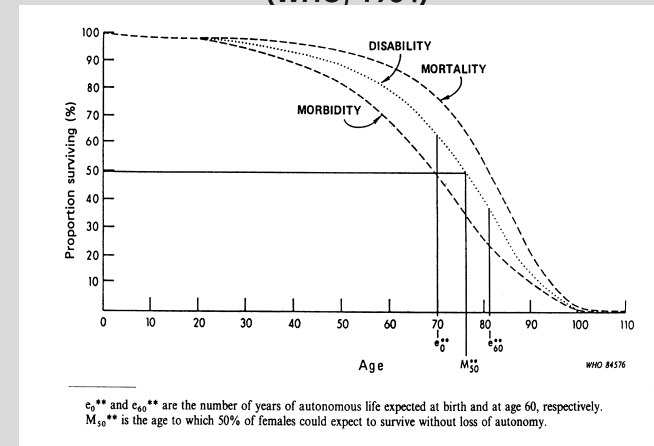
=> Counting the number of years to be lived in healthy/unhealthy states (as many indicators as health measures: diseases, self-perception, disability...)

*To assess the concurrent mortality/morbidity dynamics at the population level*

*And to document the health&aging theories:*

➡ Are years gained in good health or with diseases and disability?

The observed mortality and hypothetical morbidity and disability survival curves for females. United States of America, 1980.  
(WHO, 1984)



## Key indicator

- To **monitor health trends** in the ageing context: ex. used in France to model the development of the *dependent population*
- To **quantify public health objectives**: at the EU level « *a 2 year gain in Healthy life years by 2020* »
- To **question equity**: Occupational differentials in health expectancies and retirement age
- A **contextual indicator**: HLY in the list of the EU structural indicators



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# HOW? Analyzing trends in health expectancies

- **What do HEs measure and how?**

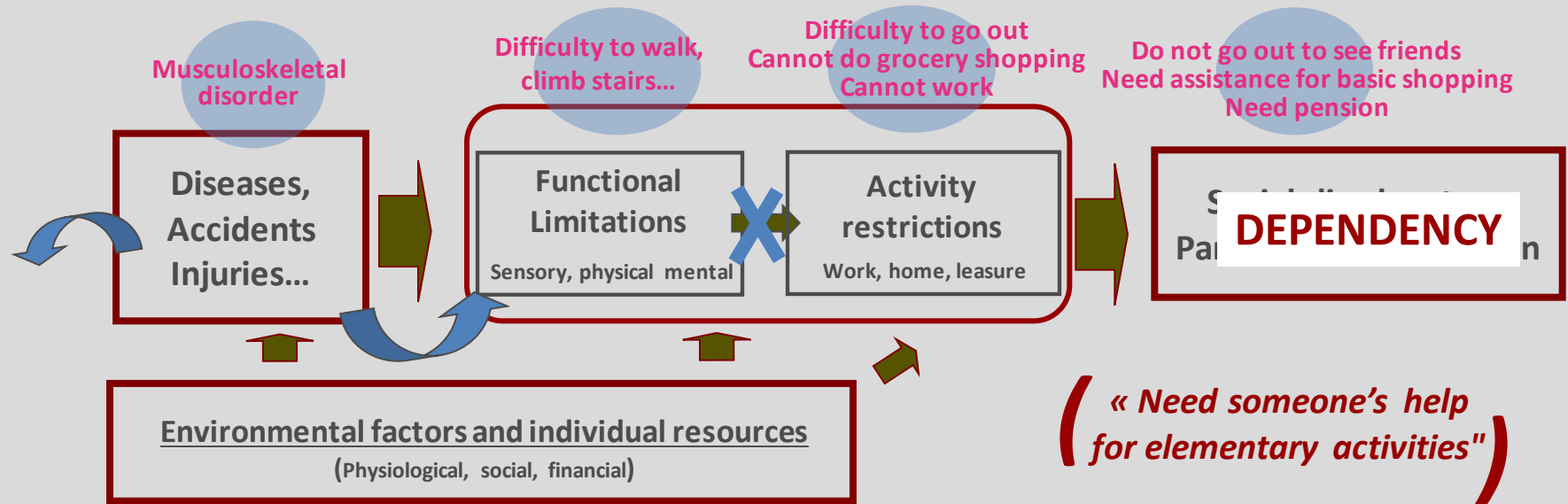
- => Which health dimensions: diseases, disability...

- => From which source: population based health survey

- => Repeated surveys? Stability/comparability of the sources?

# HOW? Which health dimensions?

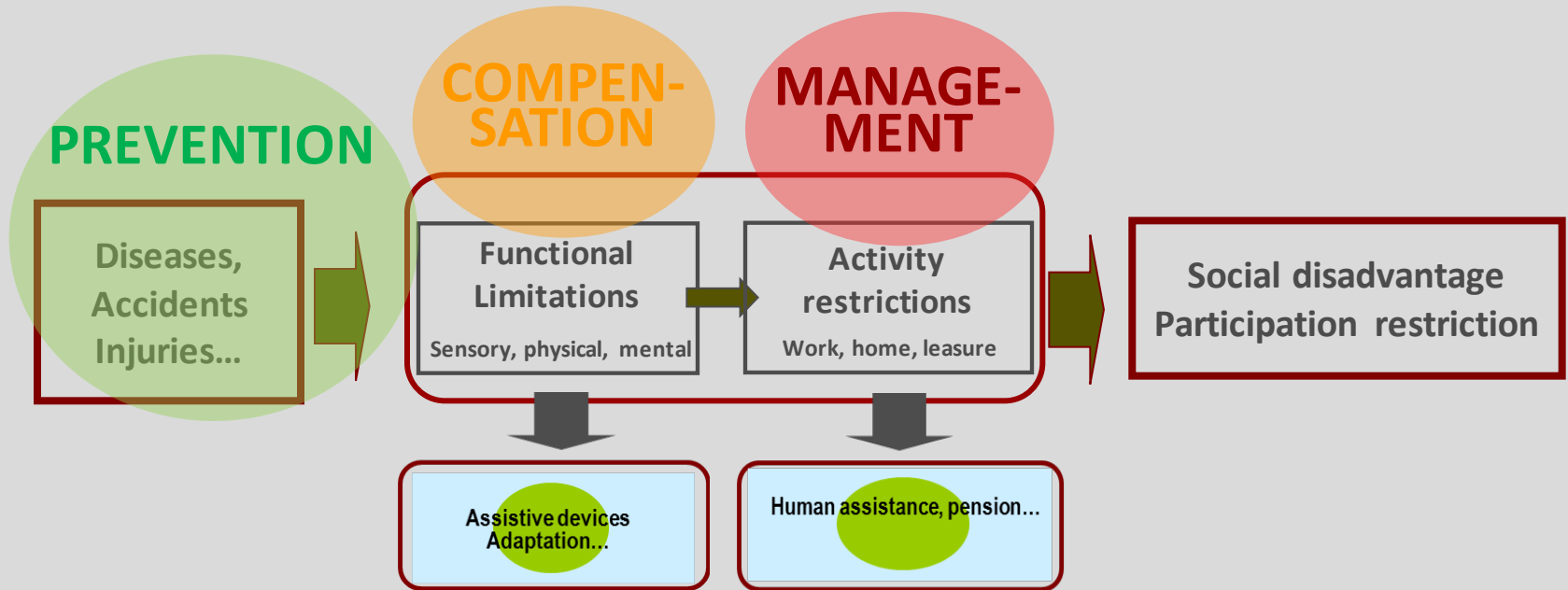
## Wood model (1975) and the WHO classification of handicap



- ➡ Unequal risk exposures (work condition, life-style, etc.)
- ➡ Unequal chance for compensation (access to care/devices, work-place adaptation, etc)
- ➡ Unequal consequences on social participation, risk of exclusion (from school, work...)

# HOW? Which health dimensions?

## *Wood model (1975) and the WHO classification of handicap*



- ➡ Unequal risk exposures (work condition, life-style, etc.)
- ➡ Unequal chance for compensation (access to care/devices, work-place adaptation, etc)
- ➡ Unequal consequences on social participation, risk of exclusion (from school, work...)

➔➔ (Medical / Social) interventions to lower exposures  
 (Technical) interventions to promote the compensation  
 (Social) intervention to manage / cope with





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# HOW? Analyzing trends in health expectancies

- **What do HEs measure and how?**

- => Which health dimensions: diseases, disability...

- => From which source: population based health survey

- ✓ Longitudinal to model pathways between health status and death
    - ✓ Cross-sectional combining life tables and prevalence (Sullivan, 1971)
      - Need both mortality and morbidity data for the same population or subpopulations (problems for regional and for SES estimates)



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# HOW? Analyzing trends in health expectancies

- What do HEs measure and how?
  - => Which health dimensions: diseases, disability...
  - => From which source: population based health survey
  - => Repeated surveys? Stability/comparability of the sources?

# Data sources available in France in 2008

## Survey with self-reported information

Tableau 1: Principales caractéristiques des enquêtes utilisées pour le calcul des EVSI en France Métropolitaine

Enquêtes	Caractéristiques de l'enquête				Questions sur les limitations fonctionnelles (nombre de questions)			Questions sur les restrictions d'activité (nombre de questions)		
	Année	Mode de recueil	Age et taux de réponse (TR)	Echantillon des 50 ans+ (%non pondéré ≥65ans)	LF physiques	LF sensorielles	LF cognitives	ADL	IADL	
HID	1999	face-à-face	Tous TR1999 = 77,8%	11 097 (68%)	5	2	-	5	-	(EU) GALI
ECHP	1994	face-à-face	≥17 ans TR1994 : 79% TR1995-2001 ≥90%	4 432 (52%)	Walking, bending, grasping	Hearing, seeing (far & close)	Remebering orientatio learning...	Body washing, getting dressed, Feeding	1	Shopping, chore & admin. activities,
	1995			4 432 (52%)						
	1996			4351 (52%)						
	1997			4052 (53%)						
	1998			3 935 (53%)						
	1999			3 783 (53%)						
	2000			3 655 (54%)						
	2001			3 676 (54%)						
ESSM	2002-03	face-à-face	Tous TR=78% ménages	13 446 (46%)	6	3	-	6	6	1
HSM	2008	face-à-face	Tous TR2008=78%	13 682 (52%)	5	3	8	7	6	1
SILC	2004	face-à-face	≥ 16 ans TR=84-86% ménages (99% des individus)	7 969 (45%)	-	-	-	-	-	1
	2005			7 857 (44%)						
	2006			8 302 (44%)						
	2007			8 832 (44%)						
SHARE	2004	face-à-face	≥ 50 ans TR2004=81% ménages (91% individus)	3 038 (46%)	8	-	-	5	7	1
	2006			2 871 (49%)						
ESPS	1990	Auto- questionnaire	Tous TR2006= 63% (78% retour volet santé)	9 025 (37%)	-	-	-	2	1	-
	1994			10 404 (38%)						
	1997			12 938 (40%)						
	2001			11 874 (40%)						
	2006			5 623 (41%)						
	2008			5 621 (41%)	3	3	1	1	-	1

Champ : France Métropolitaine, population de ménages ordinaires



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# Estimates for France (2008)

## DISABILITY-FREE LIFE EXPECTANCIES AT AGE 65, France circa 2008

	Hommes, 65 ans		Femmes, 65 ans	
EV en 2008	18,2 ans		22,5 ans	
Restrictions d'activité	EVSI (%EV)	EVI	EVSI (%EV)	EVI
Toilette_ESPS				2
ADL_SHARE	<b>75-85% (DFLE severe)</b>			
ADL_HSM	15,6 (85%)	2,7	17,9 (80%)	4,6
IADL_SHARE	13,5 (75%)	4,4	12,8 (57%)	9,6
IADL_HSM	14,7 (80%)	3,6	14,3 (64%)	8,2
GALI_SILC	8,3 (46%)	9,9	9,2 (41%)	13,3
GALI_SHARE	<b>40-50% (DFLE general)</b>			
GALI_ESPS				
GALI_HSM	8,3 (45%)	10,0	9,1 (41%)	13,4
Limitations fonctionnelles	EVSI (%EV)	EVI	EVSI (%EV)	EVI
LF_HSM	5,5 (30%)	12,8	5,5 (24%)	17,0
LFsens_ESPS	11,2 (61%)	7,0	13,5 (60%)	9,0
LFsens_HSM	8,8 (48%)	9,4	12,5 (55%)	10,0
LFphy_SHARE				
LFphy_ESPS	<b>30-40% (DFLE physical lim.)</b>			
LFphy_HSM	9,7 (53%)	8,5	7,5 (32%)	15,2
LFcog_ESPS	14,9 (83%)	3,1	17,8 (80%)	4,6
LFcog_HSM	14,9 (82%)	3,4	17,8 (79%)	4,7



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# Estimates for France (2008)

## PARTIAL DISABILITY-FREE LIFE EXPECTANCIES 50-65, France 2008

	Hommes, 50 -65		Femmes, 50 -65	
EV en 2008	14,2 ans		14,6 ans	
Restrictions d'activité	EVSI (%EV)	EVI	EVSI (%EV)	EVI
Toilette_ESPS	13,4 (95%)	0,8	14,2 (97%)	0,5
ADL_SHARE	13,0 (92%)	1,1	13,7 (94%)	0,9
ADL_HSM	13,6 (96%)	0,6	14,2 (97%)	0,5
IADL_SHARE	13,2 (93%)	1,0	13,2 (90%)	1,5
IADL_HSM	13,5 (95%)	0,7	13,4 (92%)	1,2
GALI_SILC	10,3 (73%)	3,9	10,5 (72%)	4,2
GALI_SHARE	9,8 (69%)	4,4	10,5 (72%)	4,2
GALI_ESPS	11,0 (77%)	3,2	11,0 (75%)	3,7
GALI_HSM	10,2 (72%)	4,0	9,9 (68%)	4,7
Limitations fonctionnelles	EVSI (%EV)	EVI	EVSI (%EV)	EVI
LF_HSM	9,1 (64%)	5,1	8,4 (57%)	6,3
LFsens_ESPS	11,4 (80%)	2,8	12,1 (83%)	2,5
LFsens_HSM	10,6 (75%)	3,6	11,8 (81%)	2,8
LFphy_SHARE	10,1 (71%)	4,1	8,9 (61%)	5,8
LFphy_ESPS	12,4 (87%)	1,8	12,4 (84%)	2,3
LFphy_HSM	11,8 (83%)	2,4	10,1 (69%)	4,6
LFcog_ESPS	13,1 (92%)	1,1	13,1 (90%)	1,5
LFcog_HSM	12,8 (90%)	1,4	13,4 (92%)	1,2

Disability in  
mid-adulthood



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# Focus 1

**The gender paradox**

***Women live longer but in poorer health***

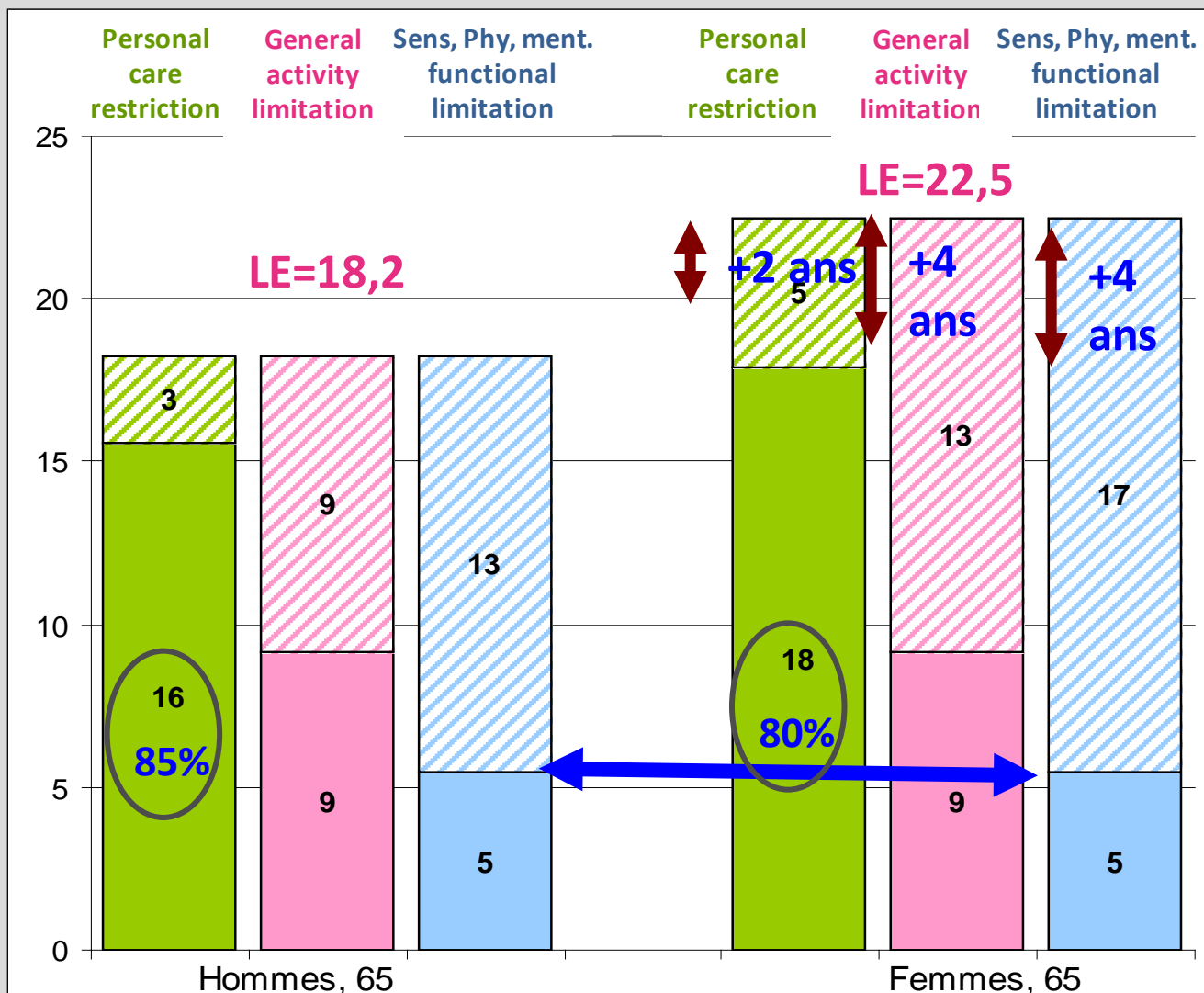


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# Disability-free life expectancies at age 65 in 2008

(Enquête Handicap-Santé 2008)

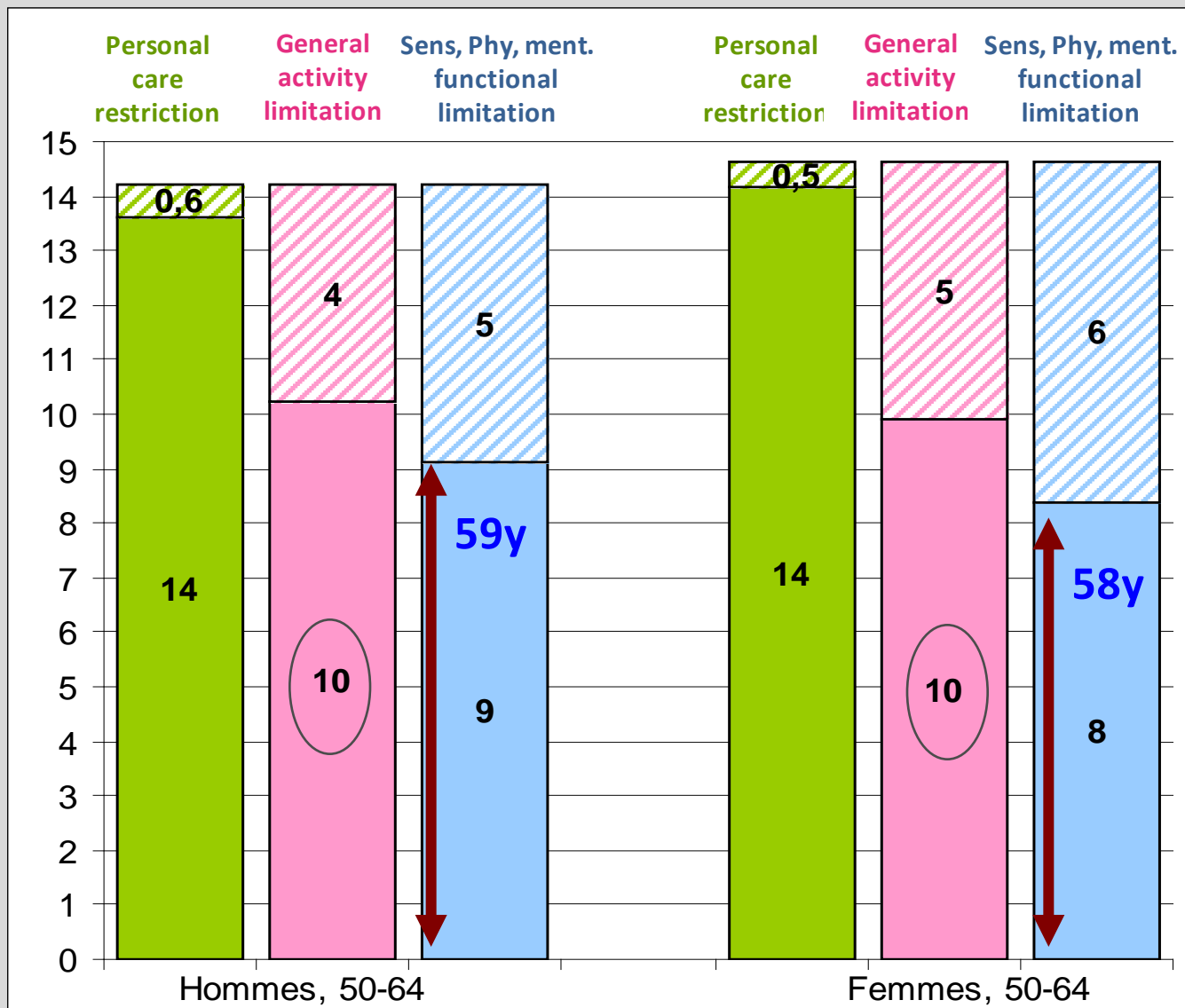




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# Partial disability-free life expectancies 50-65 in 2008





# The gender paradox

## ✓ Different diseases

More disabling diseases for women: *cognitive and mental disorders, musculoskeletal*

More lethal conditions for men: *cardiovascular, cancers, accidents...*

- Crimmins EM, Kim JK, Solé-Auró A. Gender differences in health: results from SHARE, ELSA and HRS. *European journal of public health*. 2011;21(1):81-91.
- Oksuzyan A, Juel K, Vaupel JW, Christensen K. Men: good health and high mortality. *Sex differences in health and aging. Aging clinical and experimental research*. 2008;20(2):91-102

## A difference in the disabling impact of some diseases

- Nusselder, W. J. and C. W. Looman (2004). "Decomposition of differences in health expectancy by cause." *Demography* 41(2): 315-34.



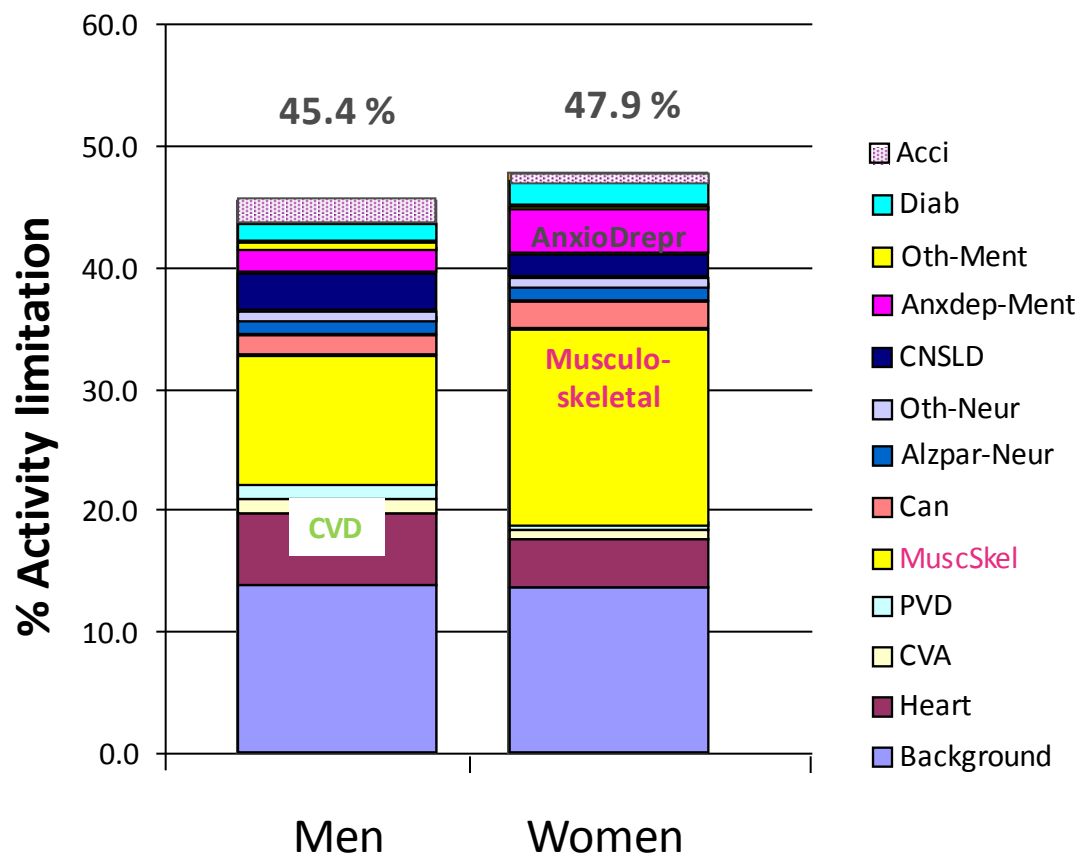
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# The gender paradox

✓ Which diseases contribute to disability (France 2008)?

## Contributing diseases (age 50+)



Musculoskeletal 10 - 16%  
Cardiovascular 5 - 9%:  
Mental diseases 2.5 - 4%  
Neurological 2.5%  
Background (age) 13 %

Conditions that not only concern the elderly population but younger age groups

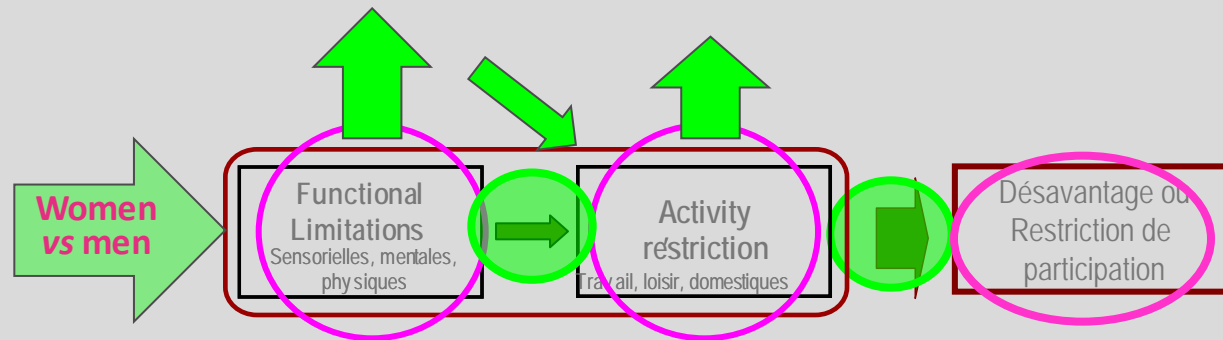
# The gender paradox

## ✓ Which factors underlying these different diseases

- + **Physiological** differences as for musculoskeletal diseases (osteoporosis) for women
  - + Damaging **behaviours** (tobacco, alcohol) for men (even if it is changing for both sexes)
  - + Closer **contact with care** for women (even if it is changing for men)=> **reporting** issue
  - + More **detrimental exposures** (in particular at work) for men (???)
- => growing interest for physical and emotional loads of women activities,  
**which are not, or poorly, accounted for**

- Doyal L. What makes women sick: gender and political economy of health. London: MacMillan press, 1995.
- Annandale E, Hunt K. Masculinity, femininity and sex: an exploration of their relative contribution to explaining gender differences in health. *Sociology of Health and Illness*. 1990;24-46.
- Pinquart M, Sorensen S. Gender differences in caregiver stressors, social resources, and health: an updated meta-analysis. *J Gerontol B Psychol Sci Soc Sci*. 2006;61(1):P33-45.
- Hunt K, Annandale E. Just the job? Is the relationship between health and domestic and paid work gender specific. *Sociology of Health and Illness*. 1993;Sect. 632-64.

# The gender paradox



+ Women report more functional limitations

+ while they have less risk of associated activity restrictions, before age 70

=> *better adaptation to the functional limitations?*

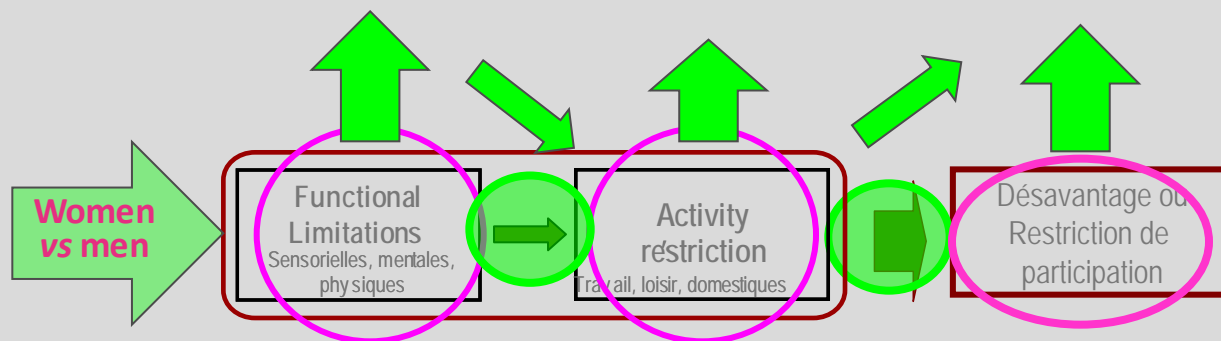
Table IV. Odds Ratio of the risk of experiencing a severe activity restriction according to age, sex, place of residence and functional status (exclusive categories of limitations).

Odds Ratio (severe restriction)	55 – 69		70 and over		55 and over	
None or other (vs physical only)	0.02	[0.01 – 0.04]	0.02	[0.01 – 0.03]	0.02	[0.01 – 0.03]
Sensory only	0.06	[0.02 – 0.20]	0.03	[0.01 – 0.11]	0.04	[0.02 – 0.10]
Orientation only	0.04	[0.01 – 0.28]	0.22	[0.10 – 0.47]	0.15	[0.07 – 0.29]
Sensory + orientation	0.50	[0.06 – 4.33]	0.12	[0.01 – 0.90]	0.18	[0.04 – 0.82]
Physical + sensory	1.54	[1.25 – 1.90]	1.55	[1.38 – 1.73]	1.54	[1.39 – 1.70]
Physical + orientation	2.62	[2.01 – 3.42]	4.41	[3.81 – 5.10]	3.90	[3.43 – 4.42]
Physical + sensory + orientation	4.12	[3.09 – 5.50]	8.10	[7.00 – 9.37]	7.25	[6.37 – 8.24]
One additional year of age	1.01	[0.99 – 1.03]	1.03	[1.03 – 1.04]	1.02	[1.02 – 1.03]
Institutions (vs households)		[2.96 – 4.23]	3.72	[3.36 – 4.12]	3.77	[3.45 – 4.11]
Women (vs men)	0,75	[0.64 – 0.89]	0.90	[0.81 – 1.00]	0.86	[0.79 – 0.94]

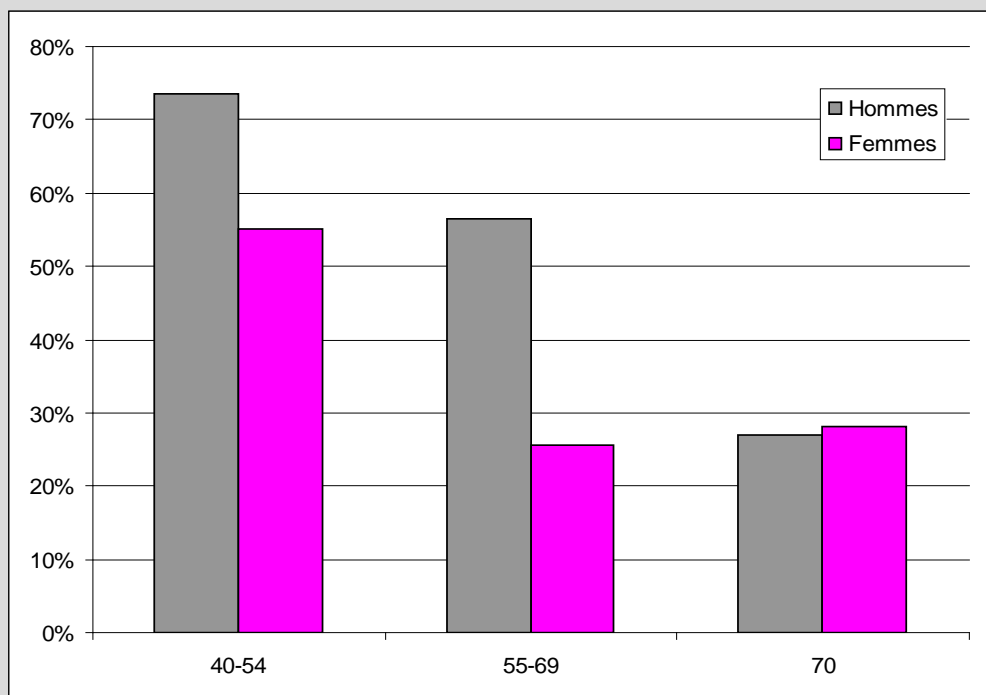
Sources: HID Survey 'institutions', 1998 and 'households' 1999.

Cambois, Robine et al. Disability and Rehabilitation, 2005

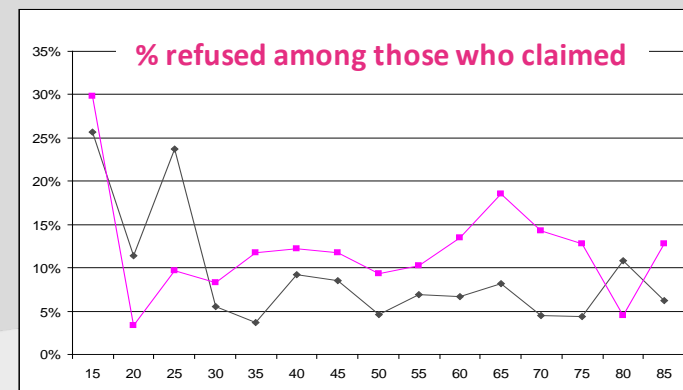
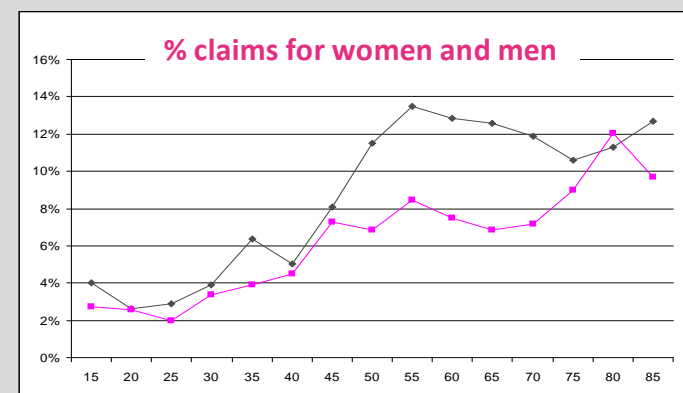
# The gender paradox



Administrative recognition of disability (work-related or not)  
among men and women reporting activity restrictions



Source: Enquête santé 2002-03





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# Focus 2

## Social inequalities:

*“La double peine des ouvriers”*

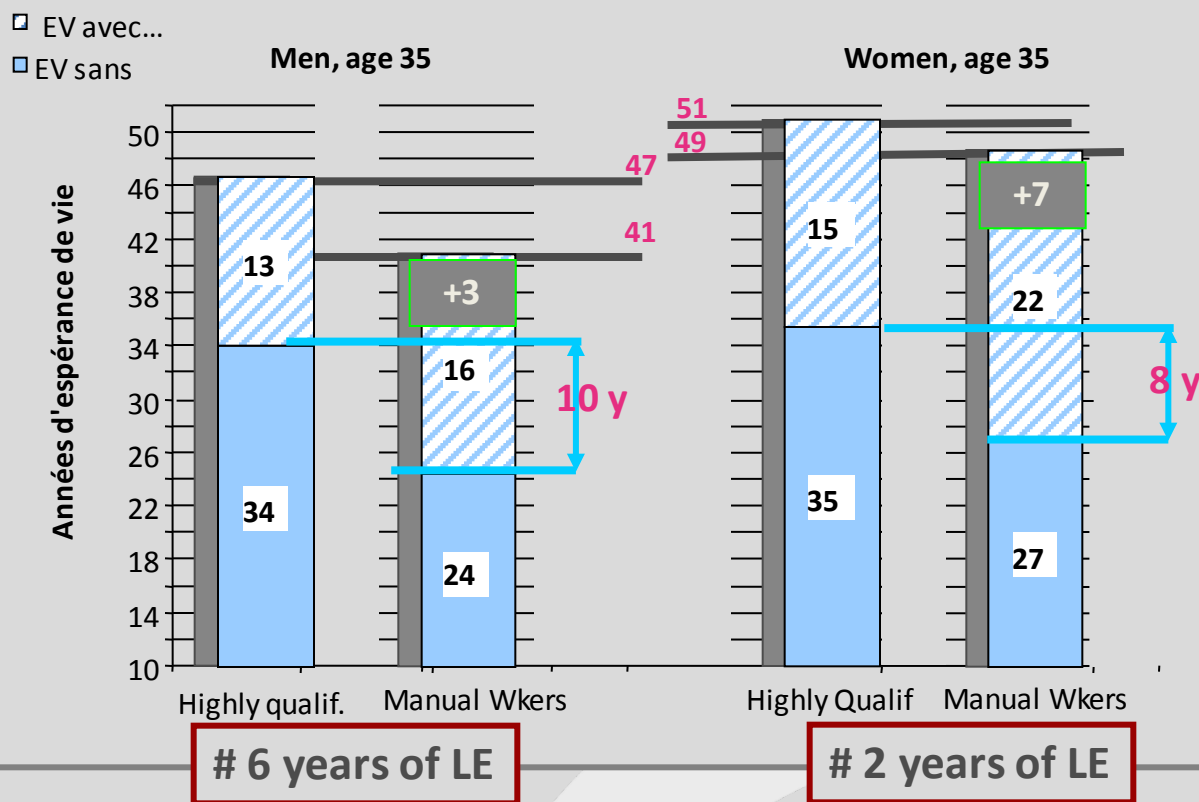


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# Large social differentials across occupations (2003)

*Inequalities in the number of years to be spent health in retirement*

## LIFE EXPECTANCY WITH/WITHOUT FUNCTIONAL LIMITATIONS AT AGE 35



*More disability for manual workers within a shorter life*



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# Large social differentials across occupations (2003)

*And unequal chances to reach the retirement age in good health (at work?)*

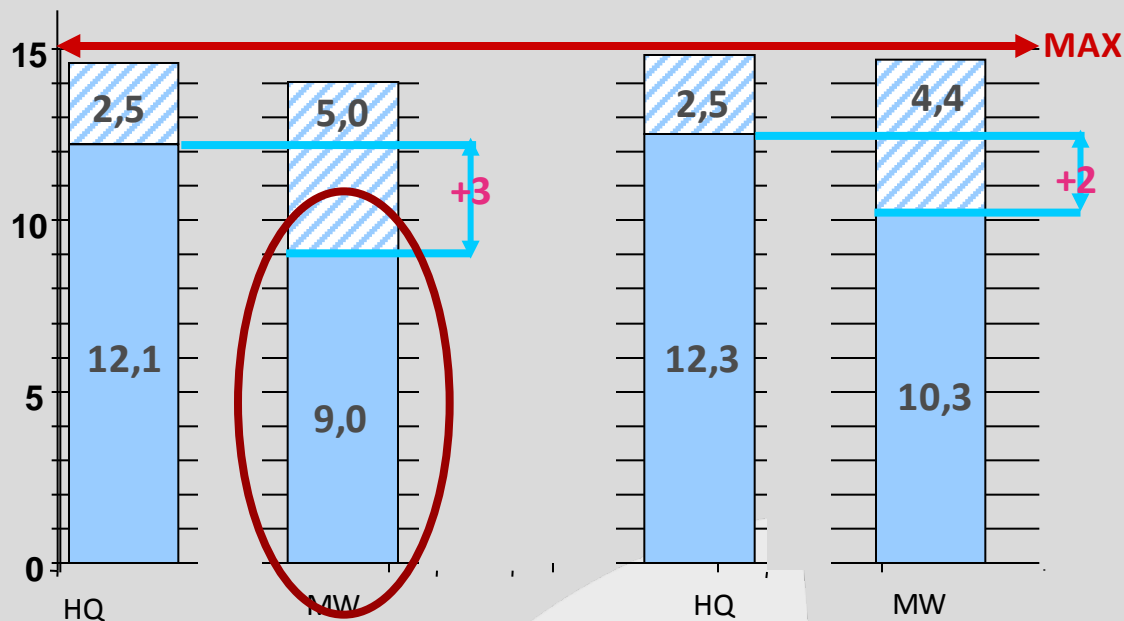
## PARTIAL LIFE EXPECTANCY WITH/WITHOUT FUNCTIONAL LIMITATIONS WITHIN AGES 50 AND 65

□ EV avec...

■ EV sans

Men, age 50-65

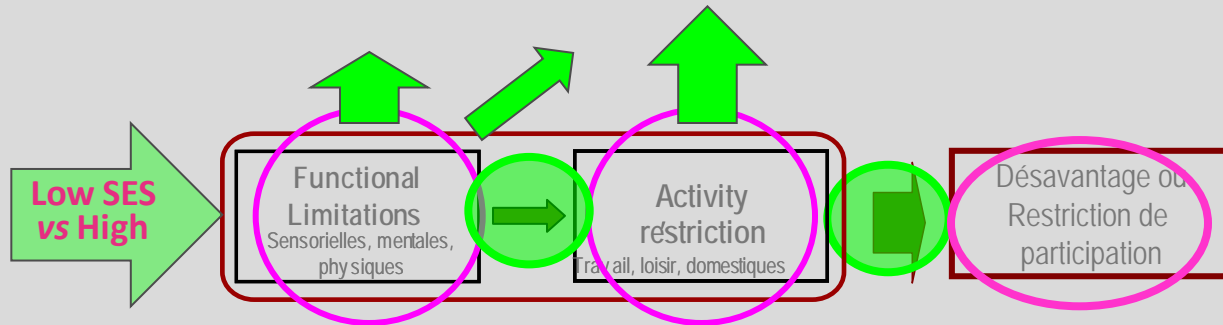
Women, age 50-65





# Large social differentials across occupations (2003)

*And unequal chances to reach the retirement age in good health (at work?)*



→ **Work related exposures / work condition:** cancers, cognitive disorders, musculoskeletal disorders, depression-anxiety...

→ **Socioeconomic factors influencing health and the disablement process:** income, health-related life-style, access to care, access to assistive devices, adaptability of the home/workplace...

→ **More functional limitations and higher associated risks of activity restrictions**

OR OF ONSET OF SEVERE ACTIVITY RESTRICTIONS (after 2 years) Adjusted on functional limitations				
	MEN		WOMEN	
Déclaration de restrictions d'activité parmi ceux qui en étaient indemnes*				
Less than Bac	1		1	
Bac	0,7	[0,5-0,9]	0,8	[0,7-0,9]
More than Bac	0,4	[0,2-0,7]	0,5	[0,3-0,8]

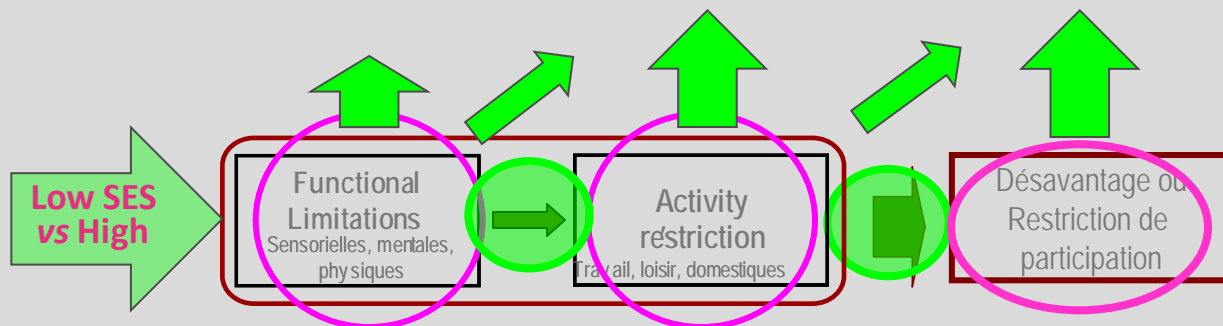
→ **More consequences on daily activities (and on the career)**



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# Large social differentials across occupations (2003)

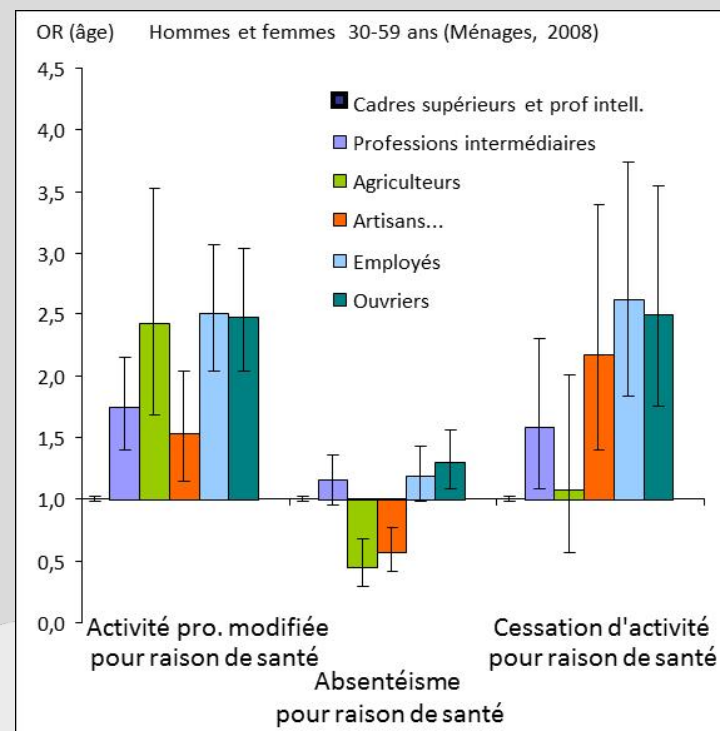
*And unequal chances to reach the retirement age in good health (at work?)*



**Work modif, absenteeism, cessation due to health**

Men and women aged 30-59 (source: HSM, 2008)

**OR (adjusting on age, education)  
+ functional limitations**





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# Focus 3

## Trends in DFLE in France

Compression/equilibrium/expansion

The three theories across three decades



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## Trends over the 1980's

### WOMEN

### MEN

#### At birth:

LIFE EXPECTANCY + 2,5 years

DFLE + 2,6 years

DFLE Severe + 2,5 years

+ 2,5 years

+ 3,0 years

+ 2,8 years

#### At age 65:

LIFE EXPECTANCY + 1,8 years

DFLE + 2,3 years

DFLE Severe + 1,6 years

+ 1,6 years

+ 1,3 years

+ 1,7 years

- ➔ Increase in the number of years to be lived without disability (even moderate for women)

**COMPRESSION OF THE DISABILITY YEARS**

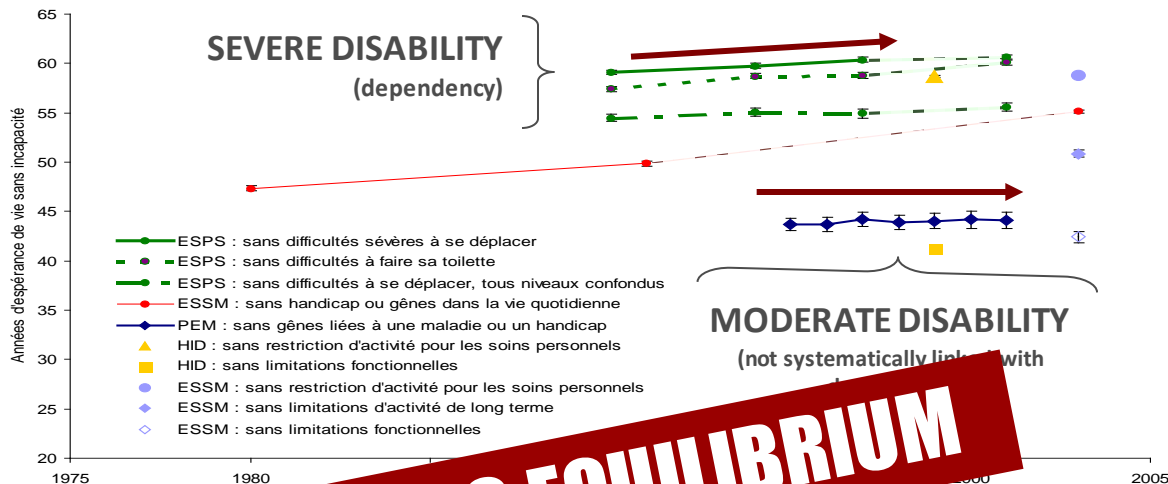


# Trends over 1980-2003

Multi-sources (ESPS, ECHP, HID, ESSM)

Espérance de vie sans incapacité à 20 ans (Femmes)

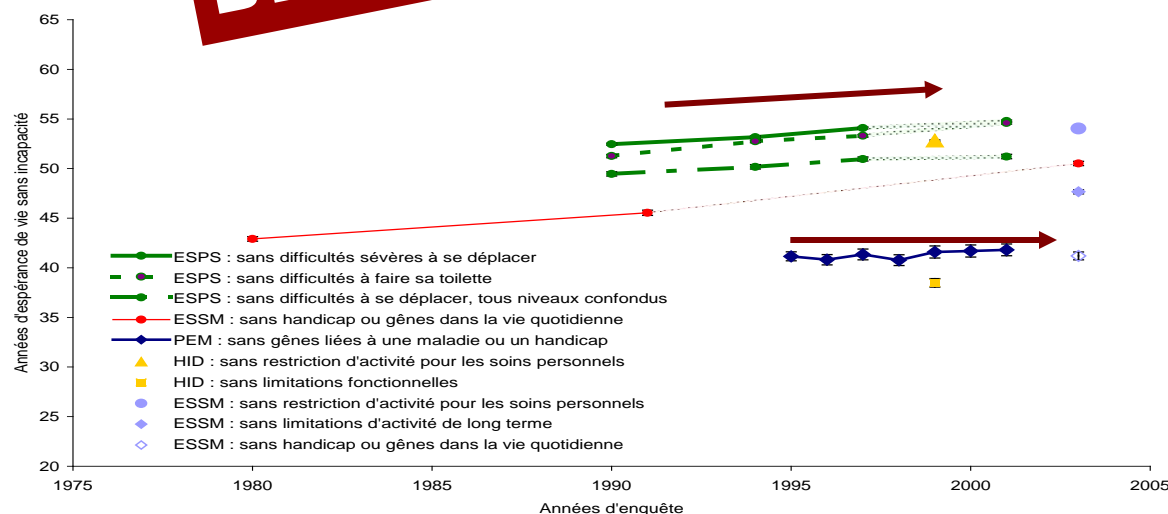
**SEVERE DISABILITY**  
(dependency)



**MODERATE DISABILITY**  
(not systematically linked with)

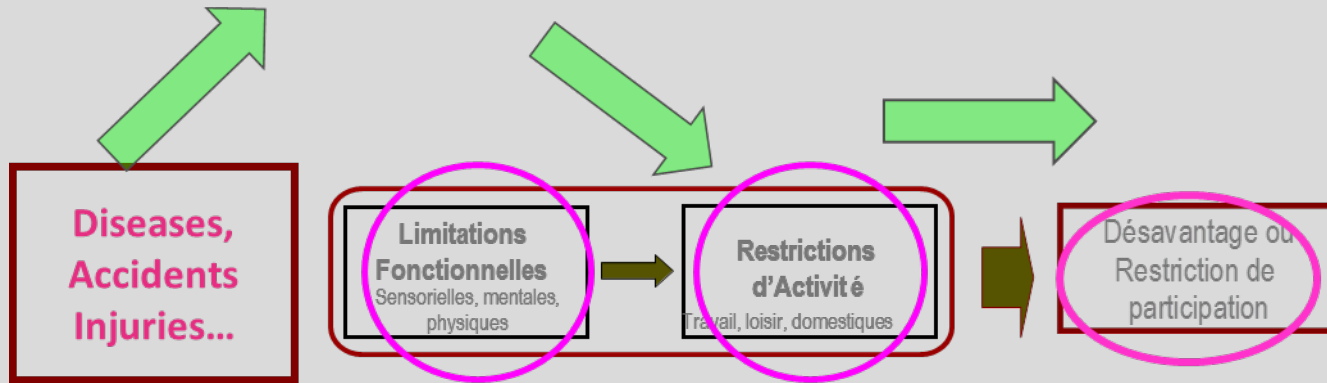
- No gain in DFLE for the large definitions of disability including functional limitations
- Increasing DFLE for severe definitions of disability

Espérance de vie sans incapacité à 20 ans (Hommes)



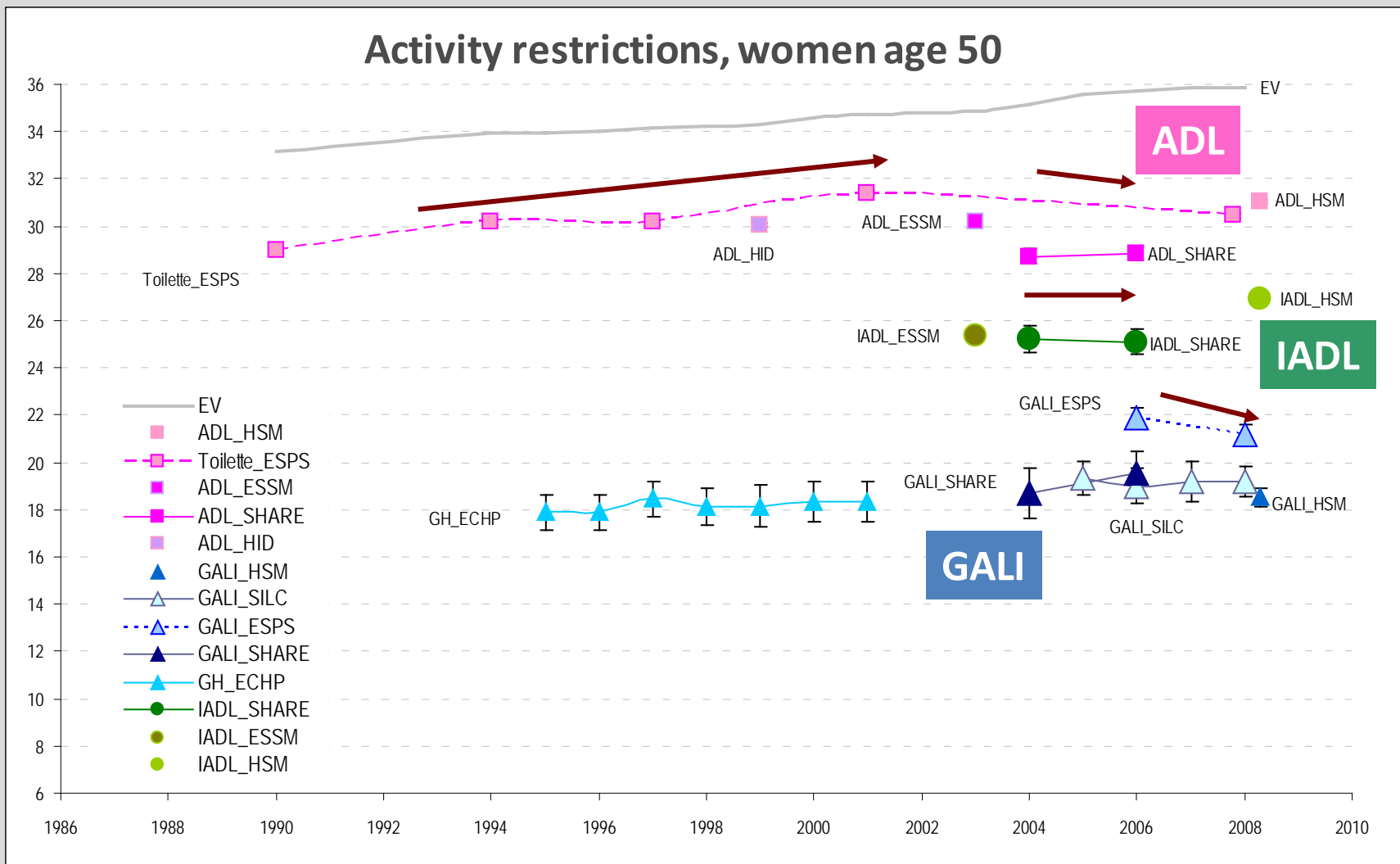
- The years of LE gained are lived with moderate disability (FL) but not severe restrictions
- **SIMILAR CONCLUSIONS WORLDWIDE** (Robine et al. 2003)

## Trends over 1980-2003



- Increasing prevalence of chronic diseases
  - ➡ Improved screening of diseases and more years to be lived at ages exposed to such diseases
- But better management of their consequences
  - ➡ more years with functional disorders but not systematically activity restrictions (decreasing association between disease and disability – *Robine, Mormiche & Sermet, Jour Aging and health, 1998*)

# Trends over the 2000-2008 period



➔ The pattern seemed reinforced looking at partial DFLE (50-65)



# Trends over 2000-2008

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## ➡ Decomposition (with the three available time series)

➔ How many years with disability gained/loss due to change in mortality and in disability prevalence

$\Delta LE = \Delta DLE + \Delta DFLE \rightarrow \Delta DLE = \Delta \text{due to mortality change} + \Delta \text{due to disability change}$

$\rightarrow \Delta DFLE = \Delta \text{due to mortality change} + \Delta \text{due to disability change}$

## ➡ Linear regresssion of all the estimates by disability types

➔ Congruence of the observed trends by type of disability, sex, age group



# Results:

## Decomposition of DFLE and DLE, at age 65

	MEN		
Decomposition of $\Delta LE$ at age 65	$\Delta LE_{65} =$	$\Delta LEwD_{65}$ [Mor +/- Dis]	$\Delta DFLE_{65}$ [Mor +/- Dis]
LFc_ESPS (2006-2008)	0.3 =	0.3 [0.1+0.2]	0.0 [0.2-0.2]
LFs_ESPS (2006-2008)	0.3 =	-0.3 [0.1-0.4]	0.6 [0.2+0.4]
LFp_ESPS (2006-2008)	0.3 =	0.2 [0.2+0.0]	0.1 [0.1-0.0]
GALI_ESPS (2006-2008)	0.3 =	1.3 [0.2+1.1]	-1.0 [0.1 - 1.1]
GALI_SHARE (2004-06)	0.5 =	0.2 [0.3 - 0.1]	0.3 [0.2 + 0.1]
GALI_SILC (2005-2008)	0.4 =	0.1 [0.3 - 0.2]	0.3 [0.1 + 0.2]
IADL_SHARE (2004-06)	0.5 =	-0.2 [0.2-0.4]	0.7 [0.3 + 0.4]
ADL_SHARE (2004-2006)	0.5 =	-1.0 [0.2 - 1.2]	1.5 [0.3 + 1.2]

# Results:

## Decomposition of DFLE and DLE, at age 65

	MEN			WOMEN		
Decomposition of $\Delta LE$ at age 65	$\Delta LE_{65} =$	$\Delta LEwD_{65}$ [Mor +/- Dis]	$\Delta DFLE_{65}$ [Mor +/- Dis]	$\Delta LE_{65} =$	$\Delta LEwD_{50-65}$ [Mor +/- Dis]	$\Delta DFLE_{50-65}$ [Mor +/- Dis]
LFc_ESPS (2006-2008)	0.3 =	0.3 [0.1+0.2]	0.0 [0.2-0.2]	0.2 =	-1.6 [0.2+1.6]	1.8 [0.2+1.6]
LFs_ESPS (2006-2008)	0.3 =	-0.3 [0.1-0.6]	0.6 [0.1+0.6]	0.2 =	-0.5 [0.1-0.6]	0.7 [0.1+0.6]
LFp_ESPS (2006-2008)	0.3 =	0.1 [0.2+0.0]	0.1 [0.1-0.0]	0.2 =	-0.5 [0.1-0.6]	0.7 [0.1+0.6]
GALI_ESPS (2006-2008)	0.3 =	1.3 [0.2+1.1]	-1.0 [0.1-1.1]	0.2 =	-0.8 [0.1-0.9]	1.0 [0.1+0.9]
GALI_SHARE (2004-06)	0.5 =	0.2 [0.3-0.1]	0.3 [0.2+0.1]	0.5 =	-1.6 [0.3-1.9]	2.1 [0.2+1.9]
GALI_SILC (2005-2008)	0.4 =	0.1 [0.3-0.2]	0.3 [0.1+0.2]	0.3 =	-1.6 [0.2-1.8]	1.9 [0.1+1.8]
IADL_SHARE (2004-06)	0.5 =	-0.2 [0.2-0.4]	0.7 [0.3+0.4]	0.5 =	-0.5 [0.3-0.8]	1.0 [0.2+0.8]
ADL_SHARE (2004-2006)	0.5 =	-1.0 [0.2-1.2]	1.5 [0.3+1.2]	0.5 =	-0.3 [0.2-0.5]	0.8 [0.3+0.5]

**DYNAMIC EQUILIBRIUM AT OLDER AGES**

➔ At 65, women gained a little more DFLE than men: decreasing the gender gap

# Results:

## Decomposition of Partial DFLE and DLE50-65

	HOMMES			FEMMES		
Décomposition $\Delta EV_{50-65}$	$\Delta EV_{50-65} =$	$\Delta EVI_{50-65}$ [Mor +/- INC]	$\Delta EVSI_{50-65}$ [Mor +/- INC]	$\Delta EV_{50-65} =$	$\Delta EVI_{50-65}$ [Mor +/- INC]	$\Delta EVSI_{50-65}$ [Mor +/- INC]
LFc_ESPS (2006-2008)	0.02 =	0.01 [0.00+0.01]	0.01 [0.02-0.01]	0.00 =	0.00 [0.00+0.00]	-0.37 [0.00-0.37]
LFs_ESPS (2006-2008)	0.02 =	0.29 [0.00+0.29]	0.00 [0.00-0.00]	0.00 =	0.00 [0.00+0.00]	-0.72 [0.00-0.72]
LFp_ESPS	0.00 =	0.00 [0.00+0.00]	0.00 [0.00-0.00]	0.00 =	2.82 [0.00+2.82]	-2.82 [0.00-2.82]
GALI_ESPS	0.00 =	0.01 [0.01+0.01]	-0.39 [0.02-0.41]	0.00 =	0.79 [0.00+0.79]	-0.79 [0.00-0.79]
GALI_SHARE (2004-06)	0.02 =	0.76 [0.01+0.75]	-0.74 [0.02-0.75]	0.01 =	0.26 [0.00+0.26]	-0.25 [0.01-0.26]
GALI_SILC (2005-2008)	0.03 =	0.39 [0.01+0.39]	-0.37 [0.02-0.39]	0.00 =	1.13 [0.00+1.13]	-1.13 [0.00-1.13]
IADL_SHARE (2004-06)	0.02 =	0.13 [0.00+0.13]	-0.11 [0.02-0.13]	0.01 =	0.87 [0.00+0.87]	-0.86 [0.01-0.87]
ADL_SHARE (2004-2006)	0.02 =	-0.01 [0.00-0.01]	0.03 [0.02+0.01]	0.01 =	0.55 [0.00+0.55]	-0.54 [0.01-0.55]

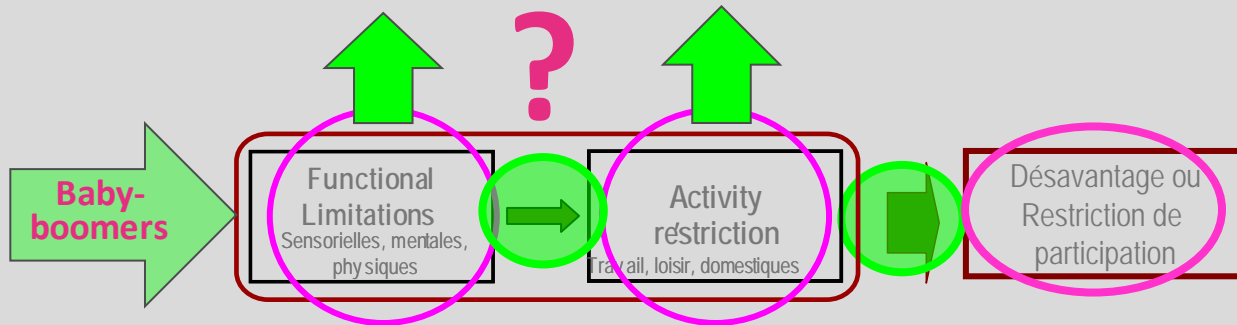
**EXPANSION OF THE DISABILITY YEARS  
IN MID-ADULTHOOD**

➡ Similar conclusions using regression ➡ And in Sweden and the USA



# Trends over 2000-2008

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## More systematic self-report of disorders?

- ➔ Increasing information about prevention and about dependency
- ➔ The 50-65 benefitted better care systems, screening and treatment
- ➔ A larger use of the care system in mid-adulthood could decrease severe disability in subsequent ages

## Demographic and medical dynamics?

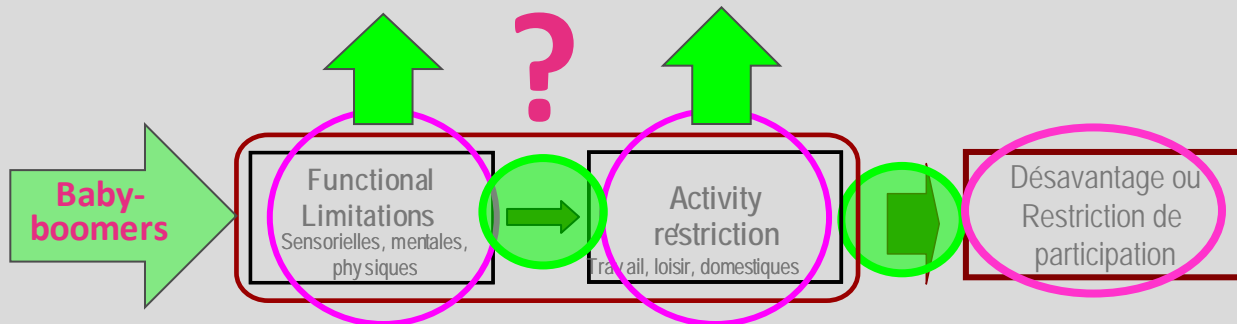
- ➔ Increasing surviving to 50-65 age group of people with diseases  
*Overweight (Seeman et al., 2010, Reynolds et al., 2010), CDV*
- ➔ Increasing surviving of people with disability  
*... even with ADL in the elderly americans (Crimmins et al, 2009)*



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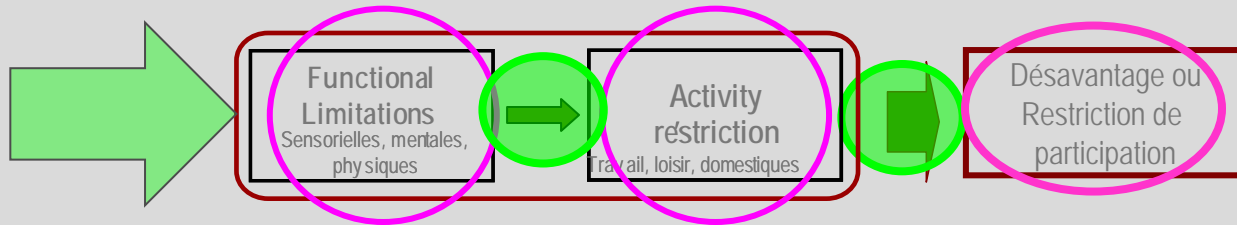
# Trends over 2000-2008



## Social changes and risk factors

- ➔ Difficulties in the end of the career for the least qualified? *Increasing work-related disorders in the USA: Pain, Musculoskeletal disorders (Weir, 2007)*
- ➔ Women BB-B more at risk: work+, drink+, smoke+! ... *increasing risks of disability... but also of mortality?*
- ➔ Changing family situations: divorce, caring for parents, "boomerang" children. BB-B are pioneers for these new patterns?

# Discussion



## Health expectancies and the disablement process

- ➔ Differentials across population groups in HE & Changes over time
- ➔ Patterns specific to each dimension of health/disability
- ➔ Variations in the probability of getting *in* and *through* the disablement process
  - The disablement process go from the medical to the social situations
  - With social determinants boosting/buffering the transition risks
  - Room for interventions in terms of protection from risks / management



**Disantangle social-medical-demographic dynamics**  
**Comparisons across groups and countries (Europe)**  
**Explore pathways in the disablement process**



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Séminaire PSED – 3 février 2015

Ana  
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**THANK YOU FOR  
YOUR ATTENTION**

de vie  
che

Health expectancies: *Why and how?*

Emmanuelle Cambois