

Health Transitions Among Elderly Japanese: Do patterns differ by gender and SES? Yasuhiko Saito

Extended abstract

Introduction

Because of the very low fertility and reduction in mortality rates for elderly in Japan, not only the proportion but also the absolute number of elderly population are increasing very rapidly. With the number of elderly on the rise, medical expenditures are expected to increase over time, even if the health status of the elderly does not change. The increasing number of elderly also induces a possible increase in the need for long-term care in the future. Probability of needing long-term care is much higher for those aged 85 and over and this age group is the fastest growing segment of the population. Therefore, understanding health of the elderly is very important for the society in the future. Japan has been ranked first in both longevity and health by the WHO since 2000. However, we know very little about the patterns of health transition including mortality schedules by gender and SES.

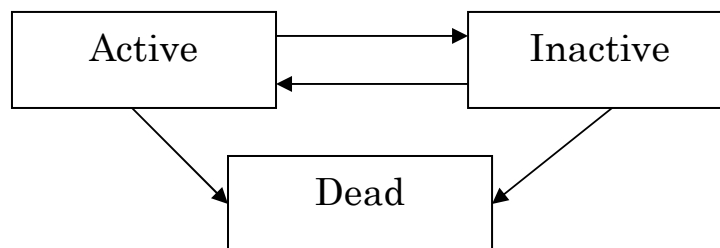
In this study we examine the difference in patterns of health transitions using nationally representative longitudinal surveys of elderly Japanese conducted in 1999 and 2001. Preliminary analyses indicate there are differences between gender in deteriorating health but no difference in recovery from ill health.

Data and Method

We utilize Nihon University Japanese Longitudinal Study of Aging (NUJLSOA) for this study. NUJLSOA is a longitudinal survey of a nationally representative sample of the population aged 65 and over in Japan. Face-to-face interviews were conducted for the survey. The first wave of data was collected in November 1999 and the second in November 2001. The NUJLSOA sample was selected using a multistage stratified sampling method. The original sample list for the first interview consisted of 6,700 potential respondents selected in October 1999 (2,922 potential respondents aged 65-74 and 3,778 respondents aged 75 and above). Those aged 75 and over were over sampled. Of the original list of 6,700 individuals, 4,640 (69.3%) responded in the initial wave of data collection in November and early December 1999. Three months later, in March 2000, an additional attempt was made to interview 710 sample persons who were either absent, institutionalized, hospitalized, or who did not strongly refuse

to participate at the time of the first interview. This resulted in an additional 357 respondents bringing the total sample to 4,997 and an overall sample response rate of 74.6%. For the second wave of data collected in November 2001, among the previous 4,997 sample persons, 3,992 persons were interviewed, 327 persons died between the two waves, and 678 persons refused to be interviewed in wave two.

NUJLSOA was designed primarily to investigate health status of the Japanese elderly and changes in health status over time. Question items used in this study from the survey are the seven ADL's of bathing, eating, toileting, walking, dressing, transferring, and going outside, and the seven IADL's of preparing own meals, shopping, managing money, using the telephone, doing light housework, taking public transportation to leave home, and taking medication. Those with a lot of difficulties or unable to perform activities listed above were defined as inactive, and respondents were otherwise defined as active. We have two health states and one absorbing state which is death in our analytical framework shown below.



We employed a hazard model to examine health transitions among these three health states by gender and SES.

Preliminary results

Preliminary results indicate there are differences between gender in deteriorating health but no difference in recovery from ill health. The pattern of mortality by health status seems to be different by gender.