How American old-age mortality does since Medicare implementation, as compared to some European countries ?

France Meslé and Jacques Vallin
INED, Paris

In the sixties, Medicare, a new system of federal health insurance started in the US for older people. Did that event influence mortality trends ? Looking at US life tables series, it seems that increase in life expectancy at age 65 accelerated from the end of the sixties. Is it actually due to Medicare or only to the cardiovascular revolution that occurred in the same time almost everywhere in the industrialized countries ? A possible strategy to make the point clearer is to compare US mortality trends to those of some European countries, where the health system did not change. A preliminary comparison with France (Figure 1) shows immediately two main facts : (1) trends did not accelerate much more in the US just after Medicare than in France at the same time (2) very unfavourable trends started for females in the early eighties and is still going on.

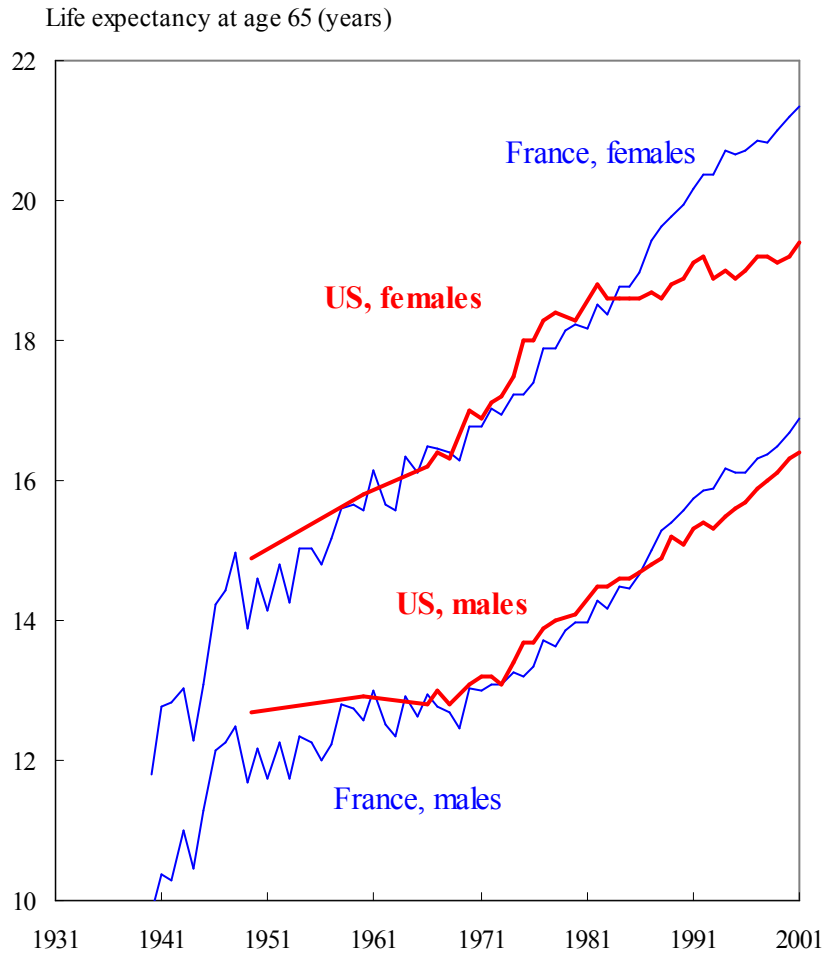

Figure 1. Trends in life expectancy at age 65 in France and the United States

However, before concluding that Medicare was unsuccessful, it is necessary to look at other possible explanations : data quality, impact of ethnic differentials, specific gender American issues or American failure at a new step of health transition.

The slowing down in life expectancy increase could be explained if the exaggeration of oldest ages had been going down with the improvement of civil registration. Such an exaggeration was particularly frequent in Black population and very recently Elo and Preston showed an important effect on Black mortality over age 65. However, a first look at crude data suggests that trends for the White population are not much better. Our first .purpose is to study more precisely in what extent heterogeneity of the US population can explain a part of the slowing down. We will analyse data available from several sources including Elo and Preston's results as well as the historical series of US life tables and the Berkeley Human Mortality Database.

Furthermore we will compare US trends both for total and by race to different other industrialised countries, including either very advanced countries like Japan or countries that also experienced a recent slowing down in the increase of life expectancy at old ages, like the Netherlands.

To try to better understand observed differences in terms of life expectancy, we will use the WHO database to analyse what are the causes of death that explain the success of some countries and what are those that explain the difficulties of some others.