Japan: Feeling the Strains of an Aging Population

For many researchers and policy-makers trying to figure out how societies will take care of the ever-increasing numbers of the old and very old in their midst, Japan has seemed to provide a glimpse of a future that works. The Japanese currently have the world's longest life expectancy, but the problems of growing old in Japan are eased by a tradition of children taking care of their parents, as well as highly developed pension and health care systems. Yet, beneath the surface, all is not well.

As in most countries the demand for care for the elderly in Japan is far outstripping its availability. Family support structures are breaking down under the strain of wider demographic trends. And pension and health care systems—which provide an average pension for a retired employee of 168,000 yen (about $1600) a month and unlimited outpatient care for people over age 70 for a copayment of ¥1020 (about $10) a month—are already under financial stress. "My preconception was that filial piety would minimize many problems for the elderly," says demographer Linda Martin of the RAND Corp. "But putting such ideals into practice is difficult, even in Japan, when there is rapid aging and social and economic change." Says Keiko Higuchi, a professor of family relations at Tokyo Keizai University, "Elderly-care service is still far less than adequate."

Higuchi, who is also a member of the Council for Health for the Aged, an advisory panel to the health and welfare minister, can speak from personal as well as professional experience. In the mid-1970s, when her mother developed senile dementia, she searched in vain for either a nursing home or home care service and "ended up sending her to a hospital two-and-half hours away from home," Higuchi recalls. Now she is worried about finding care for her husband, who at age 66 has been hospitalized after having a stroke. And Higuchi's plight is far from unusual.

The proportion of people age 65 and older in Japan, now about 14%, is no higher than in Western countries. But according to the Ministry of Health and Welfare, that percentage is double what it was just 25 years ago. And Japan has more of the "oldest old," who tend to need the most care. Since the mid-1980s, the Japanese life expectancy at birth has been the highest in the world: It is now 76.6 years for males and 83 years for females.

As more and more Japanese enter the ranks of the very old, a declining proportion can count on their children for support. While 55% of the elderly lived with their children in 1994, this number is down from more than 80% in 1957. One reason for the drop is increased mobility of the population. In a 1992 survey by the Management and Coordination Agency, 42% of the elderly living separately from their children cited job-related reasons for the separation. Also, more Japanese women—the traditional caregivers—are working outside the home. In 1960, 22% of women over age 15 were employed, but by 1994, that figure had increased to 38%.

At the same time, the higher life expectancy means a high incidence of disability. Figures compiled by the Ministry of Health and Welfare show that in 1991, nearly half the nation's disabled were over 65, with one of every five people over age 80 needing some kind of care. On top of that, the elderly's children are now elderly. "The situation is that 70-year-old children now look after 90-year-old parents, and they themselves collapse," Higuchi says.

Social services, whether public or private, can't fill the gap left by the decline in family support. The Japanese press reports that some 60,000 elderly people are on waiting lists for the country's 3000 nursing homes, which only take people who are bedridden or have senile dementia. Requests for home care providers, by the Ministry of Health and Welfare's own estimate, also outpaced the supply by 12 to 1 in 1991.

To try to avoid these problems, the government launched a project in 1990 to provide expanded home care and institutional services for the elderly through local governments. "If each

identical twins born in Denmark, for example, Vaupel and his colleagues have found that heredity accounts for only about one-quarter of the variation in human life-spans. "Danish monozygotic [identical] twins die a little bit closer together than dizygotic [fraternal] twins, who die closer together than unrelated individuals," says Vaupel. "But there was no evidence whatsoever that genes operated by fixing the life-span. Rather, they raised or lowered the relative risk of death, by making it more likely that one would get heart disease or Alzheimer's or cancer."

Vaupel and fellow Duke University demographers Kenneth Manton and Eric Stallard further argue that science has repeatedly shown that such diseases are subject to delay, if not prevention. To estimate the impact of such changes on life expectancies, Manton, Stallard, and Yale University epidemiologist Burton Singer have developed a multivariate mathematical model, based on the Gompertz function but including terms that allow for the effects of periodic health advances—such as new drugs or diet and lifestyle modifications—on the risk of death.

They have used the model to calculate, for example, that if the 5209 participants in the well-known Framingham Heart Study, conducted from 1950 to 1984 in Framingham, Massachusetts, had somehow been able to hold their levels of 11 different risk factors—such as blood pressure and serum cholesterol levels—to those of a typical 30-year-old, the men would have survived to an average age of 99.9 years and the women to 97.0 years.

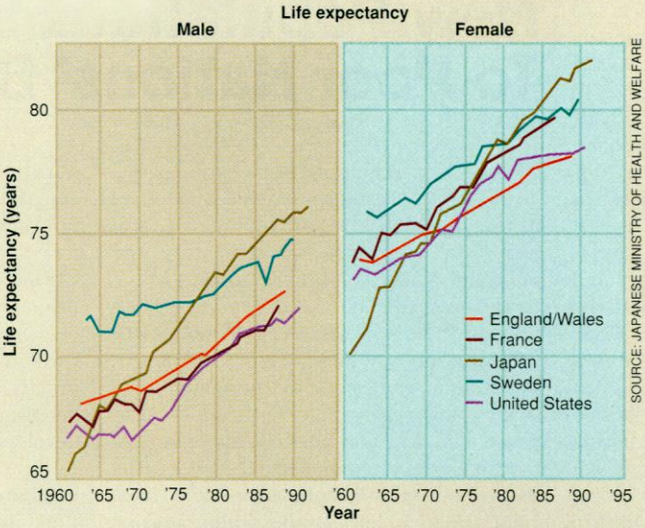
Olshansky counters that the interventions needed to achieve the life expectancies Manton and his colleagues predict are implausible. "The assumptions are that everyone in the U.S. will adopt a perfect lifestyle," Olshansky says. "How realistic is that?"

In response, however, Manton points to recent history. Mortality from heart disease declined 71% between 1958 and 1992, he points out. Further reductions in old-age mortality may be difficult, "but you can't say they are unprecedented," Manton maintains. And while research by Manton, Vaupel, and their collaborators challenges the traditional wisdom about longevity, it's won wide publication and funding, including a $668,000 NIA grant last year for a multicomponent biodemography project analyzing mortality trends in Denmark, Sweden, and the United States, as well as among laboratory fruit flies.

Realistic or not, the consequences for old-age benefits programs if average life expectancy does approach triple digits are ominous. While SSA's most generous forecasts peg the 65-plus population at 75.5 million in 2040, Manton, Stallard, and Singer's risk-factor-control model produces an estimate of 127.5 million, more than half again as big. How the Social Security and Medicare programs could accommodate an elderly population this large is a question no U.S. political leader has yet dared to broach.

Disagreeing over disabilities

Whether death can be delayed indefinitely or whether longevity researchers come up against a biological brick wall, life expectancy is only one of the important unknowns in the future of the elderly. Unless longer life is accompanied by better health, for example, the years added to people's lives could be both unpleasant and expensive. In 1993, according



Going up. Life expectancies have been increasing in all the developed countries, but since about 1980 Japan has been leading the pack.

municipality accomplishes the elderly-care project plan, everyone who wants nursing services can have them," says Nobukatsu Shinozaki, an official at the Ministry of Health and Welfare. But a Japanese lawyers' group reported last year that 70% of local governments would not be able to fulfill their goals because of the budget strain. "The serious problem is not the aging of the population; it is the lack of substantial measures [to care for the elderly]," says Saburo Nishi, an expert on health and welfare planning at Aichi Mizuho College.

One consequence of the lack of services is that in 1992, 80,000 people, primarily women, were forced to quit their jobs to take care of an elderly relative, according to the Management and Coordination Agency. What's more, the shortage of community care and nursing homes may be part of the reason people age 65 and over average 71 days per hospital stay, compared to 18 days for those between 15 and 34. By some estimates, these "social admissions" cost ¥1 trillion to ¥2 trillion ($10 billion to $20 billion) per year. "This is a big waste of public resources," Nishi says.

And the need for services will continue to grow. By 2025, the number of elderly who need care will increase, from 2 million in 1993 to more than 5 million. This means that the proportion of health care costs going to the elderly, about 30% of Japan's ¥24 trillion ($240 billion) health care budget in 1993, is projected to increase to 50%. Also, the work force paying into the public employee pension system will outnumber the pensioners by only about 2.4 to 1, compared to 6 to 1 in 1993. As a result, workers' insurance costs for pensions will double, consuming a third of their income.

To reduce the anticipated burden on the pension system, the government plans to raise the pensionable age gradually from 60 to 65. But that could mean trouble for workers, unless the normal retirement age, which is now 60, is also raised to 65.

To pay for the projected demand for elderly services, the Ministry of Health and Welfare, following Germany's lead, has also proposed Care Insurance, a public insurance plan to pay for home care workers and nursing homes. As currently formulated, the costs will be split between the people to be insured and the national and municipal governments. Ministry officials hope to start the system by 2000. However, many analysts argue that, without adequate services for the elderly, workers will be required to pay for "insurance without care." Japan may, indeed, be giving other countries a glimpse of the future, but it is looking less and less like a future that works.

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to the National Health Interview Survey, some 14% of Americans aged 70 and older needed help with routine activities such as household chores and shopping, and 6% needed help eating, bathing, or dressing. In 1990, nearly a quarter of those aged 85 and over lived in nursing homes, a circumstance that can empty the deepest pockets. Nursing-home charges now average $38,000 per year in Florida, for example. How fast the group needing such services can be expected to grow is another area where the experts disagree.

Stanford University physician James Fries, who, in 1980, was one of the first to argue that human life expectancy will peak at about 85, also predicted that the approach to this limit would be accompanied by a "compression of morbidity," or an increase in the proportion of one's lifetime spent free of disease and disability. As more and more "extrinsic" causes of death are eliminated, Fries argued, only deaths due to old age will remain. And indeed, Manton, although he disagrees with Fries's idea that life expectancy will peak at 85, believes he has found evidence of such a compression. Data Manton analyzed from the National Long-Term Care Survey showed that the proportion of elderly who were chronically disabled or institutionalized decreased from 23.7% to 22.6% over the years 1982 to 1989.

Other researchers, unfortunately, have failed to confirm this promising pattern. USC's Crimmins, for example, says she finds no clear trend in the prevalence of disability in the elderly in either the Longitudinal Study on Aging over the period of 1984 to 1990 or the National Health Interview Survey from 1982 to 1993.

And while some people may indeed be reaping the benefits of a healthier old age, those benefits are by no means equally distributed across the U.S. population, according to Mark Hayward, a demographer at Pennsylvania State University's Population Research Institute. He found, for example, that 20-year-old white non-Hispanic men can expect to live another 54.6 years, with only 14.5% of those years "inactive" ones due to disability. Black 20-year-olds, on the other hand, can expect to live 47.4 years, 18.6% of them inactive, and Native Americans 53.1 years, a whopping 24.8% of them inactive. "We know that longer life means better health for some groups in the population ... but it's more complicated than we heretofore have been thinking about," Hayward says.

Concludes Crimmins, "The U.S. government would like to feel that for its Medicare dollars it's getting a healthy older population. But I think that's the wrong thing to expect. ... Longer life doesn't come without the cost of having more years with diseases unless you prevent people from getting disease."

Family finances

Trimming old-age medical and retirement benefits—or at least capping their rate of growth—is one obvious way to keep health and longevity trends from depleting government coffers. But whether such limitations in public transfers can be put in place without reversing this century's gains against poverty among the elderly hinges largely on the answer to another unresolved question: whether families would help to make up the difference through private transfers.

Analysts who examined this question in