
*Reviewed by Duane Matcha*

This review adds to earlier praise of Liz Lloyd’s book as essential reading for those interested in health policy for older persons. The wealth of information that is interconnected throughout the book provides a seamless analysis of health and care for older persons. Throughout the book, Lloyd builds on her point “that policies reflect an over-narrow perspective on both health and care” (p. 7). In particular, she addresses the impact of globalization and a neoliberal perspective of health and aging that continues to influence policies toward health and care for older persons. Given the depth of material covered throughout the book, and a desire to be brief yet succinct, I will address the primary chapters and attempt to elucidate the major argument presented.

The foundation of the book is found in the early chapters of the book. Here, Chapter Two “Patterns and trends in ageing and health,” Chapter Three “Understanding health and care,” and Chapter Four “The policy process in health and care,” offer a critique of current policies for health and care of older persons primarily throughout the developed world. An important point in the author’s argument is that aging itself has become an economic risk for an increasing number of people. Here, Lloyd discusses the impact of globalization on welfare. A consequence of this trend away

* Duane Matcha, Department of Sociology, Siena College, New York, USA
from public sector engagement is that health policy makers are questioning who should pay for the cost of healthcare for older persons. Lloyd notes that because of the increasing application of a neoliberal economic argument, individuals, rather than society, are being held responsible for costs associated with their health as they age. Furthermore, we know that decreasing mortality rates represent one component of improving life expectancy rates throughout the developed world. However, Lloyd questions whether the increase in extra years lived are being lived in good or poor health. How this question is answered leads to the core theme that frames the rest of the book. More specifically, this theme is that aging populations influence social and health policy and those providing services to them.

The remaining chapters examine more specific aspects of health and care for older persons. Throughout these chapters, Lloyd returns to the fundamental point that older persons are generally viewed as an economic burden and a policy problem. This point is exacerbated when policy success is measured by the increase in life expectancy as well as the prevention of premature deaths.

Chapter Five “Healthy ageing: upstream actions to prevent illness,” Chapter Six “Medicine, ageing and healthcare,” and Chapter Seven “Care for health in later life,” examine health promotion at the primary, secondary, and tertiary levels. Chapter Five examines primary prevention. Here, Lloyd addresses upstream health prevention or the moral message of health promotion in later life. Implied in the expectation of healthy aging is that older people are responsible for maintaining their health.

Chapter Six addresses the restoration of health as the secondary level of health promotion. In doing so, Lloyd introduces the role of healthcare systems. In other words, the restoration of health requires access to the system within which healthcare is provided. For older persons, this may be problematic as they generally require more services than other age groups, thus potentially experiencing greater costs. Furthermore, older persons face problems ranging from the medicalization of old age to feelings of marginalization because of their medical conditions. Thus, efforts to restore health among older persons are highly dependent on public policies toward them and their health needs.

Finally, in Chapter Seven, Lloyd concludes with the tertiary level of health promotion by focusing on potential areas of dependence among
older persons that include long-term care, chronic health, and end-of-life concerns. This chapter is best summed up by Lloyd’s statement that “(W)hen policy makers speak of social care for older people their focus is not on the daily activities of helping them to wash and dress or to prepare and eat their meals, but on the economic challenge generated by their dependency and ways of managing this” (p. 124).

In conclusion, this book is essential reading for those interested in understanding the connection between the emerging aging populations throughout the developed world, the provision of health and care, and public policy. The writing style is clear and precise. While the book does not break new ground in its coverage of health, care, and the use of the “other” to marginalize those older persons who do not fit into the “successful” category of aging, it does add its voice to the growing critique of neoliberal economics relative to social policy of older persons and their well-being in the developed world. Lloyd does an excellent job of connecting the intricate web of issues and outcomes associated with the process of aging in a neoliberal economic environment. She effectively lays bare the problems and consequences that aging populations are facing today and will continue to do so in the future. Perhaps the most valuable take-away from the book is the potential that growing aging populations will come to believe that they in fact are a policy problem. However, Lloyd offers us a way forward in our analysis of aging, health, and care. Emphasizing the ethics of care and the creation of an alternative political vision, Lloyd adds her voice to the need for policies that address health and care needs of all older persons.