Supporting Information

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Fig. S1. LFPR as a function of DDR from NLTCS 1984 to 2004

Table S1. Per annum national wealth and tax revenue increase due to labor force growth in the US elderly population fo	r 2010,
2020, and 2030	

Year	Labor force increment to 2000 labor force (4,100,000), million	Labor force, million	LFPR, %	National wealth increase due to labor force increase, \$ billion	Tax revenues increase due to labor force increase, \$ billion
2010	2.4	6.7	17.5	294	59
2020	6.9	11.2	21.5	1267	253
2030	9.4	13.7	20.2	2594	519

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Table S2. Health dynamic projection of	per annum national wealth and tax revenues i	increase for 2010, 2020, and 2030
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Year	US age 65+ population, million	Labor force increment to 2000 labor force			Labor	Annual	National wealth increase due to	Tax revenues increase due to	Reductions in Medicare cost due to	
		DDR	MCI	Total	force, million	LFPR, %	growth, %	increase, \$ billion	increase, \$ billion	persons' health, \$ billion
2010	38.1	0.3	2.0	2.3	6.6	17.3		282	56	105
2020	52.1	0.8	7.7	8.5	12.8	24.6	3.6	1561	312	242
2030	68.0	1.3	15.5	16.8	21.1	31.0	2.3	4637	927	530

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Table S3. Projection (2020 and 2030) of net effects due to the labor force increase and Medicare cost reduction in nondisabled persons' health in the US elderly population

Year		"Toossi	"						
	LFPR, %	Labor force increase, million	Tax revenues increase due to labor force increase, \$ billion	Projected LPFR, %	Labor force increase, million	Tax revenues increase due to labor force increase, \$ billion	Medicare cost reduction due to health improvement, \$ billion	Net total effects, \$ billion	Difference between the BLS and health dynamics model, \$ billion
2020	21.5	6.9	253	24.6	8.5	312	242	554	301
	29.5	11.1	406	31.3	12.0	441	242	683	277
	42.8	18.0	661	43.4	18.3	672	242	914	253
2030	21.5	10.3	569	31.0	16.8	927	530	1,457	888
	29.5	15.8	872	44.3	25.8	1,424	530	1,954	1,082
	42.8	24.8	1,369	65.7	40.4	2,230	530	2,760	1,391

"Toossi" model: unknown health dynamics (assume no change in health care).

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