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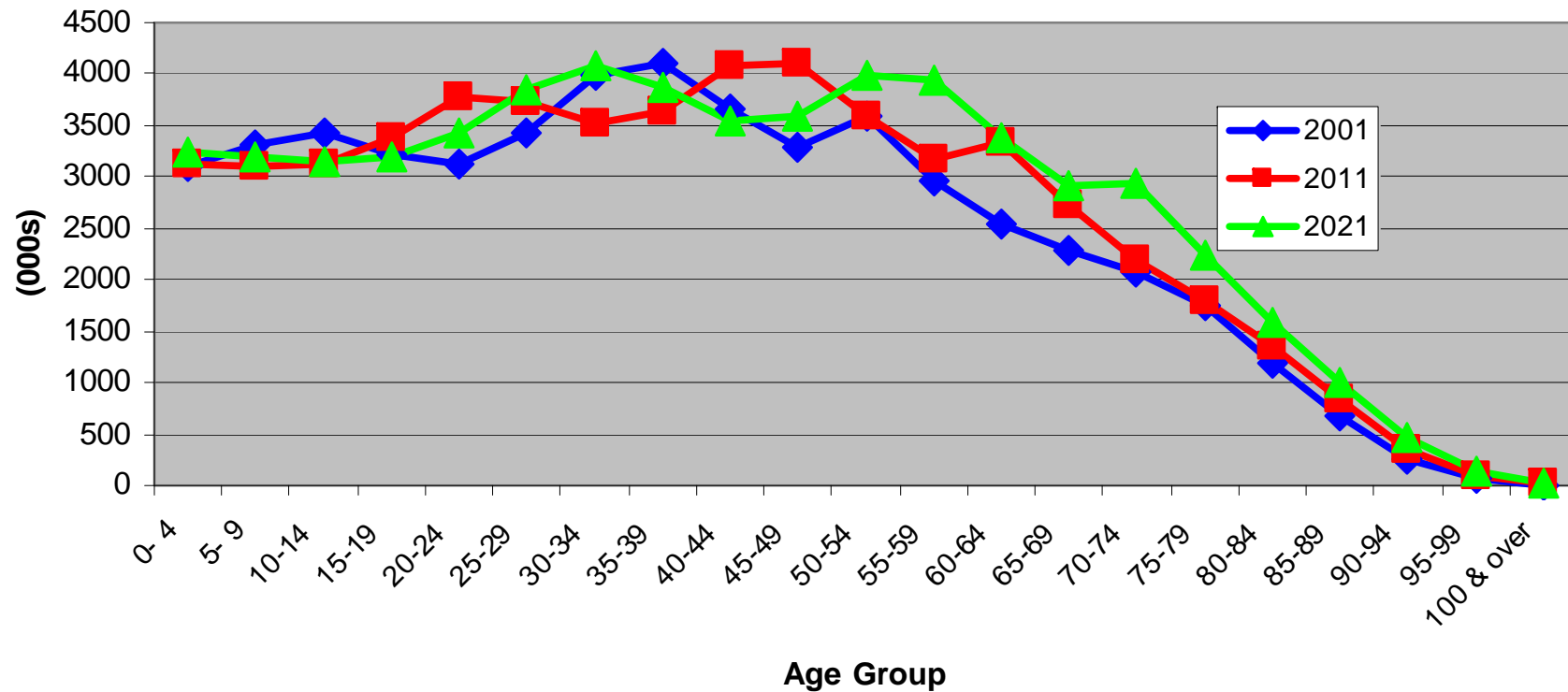
Inequalities in later life health and well-being: socio-economic status and social support

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7 March 2009

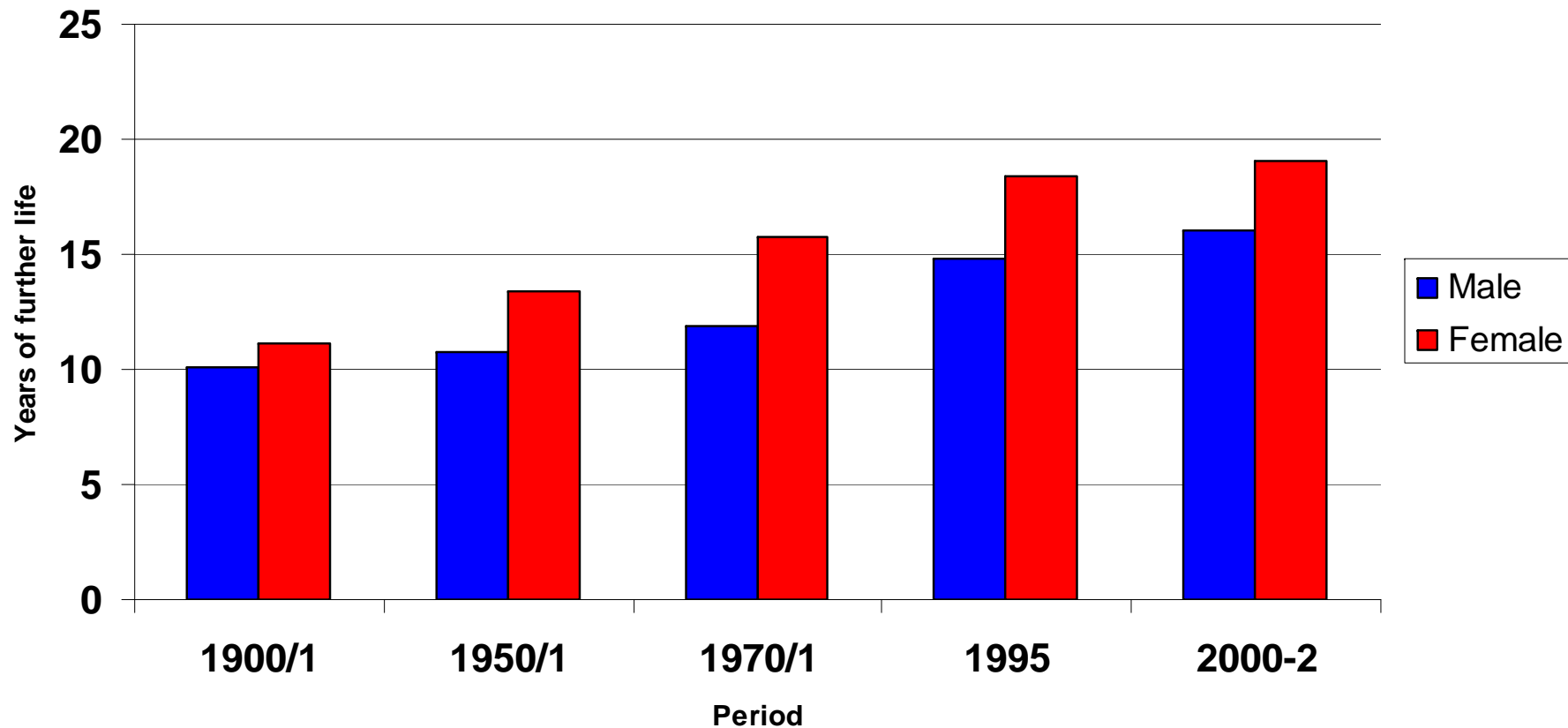
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# Population Projections, England & Wales 2001, 2011 & 2021



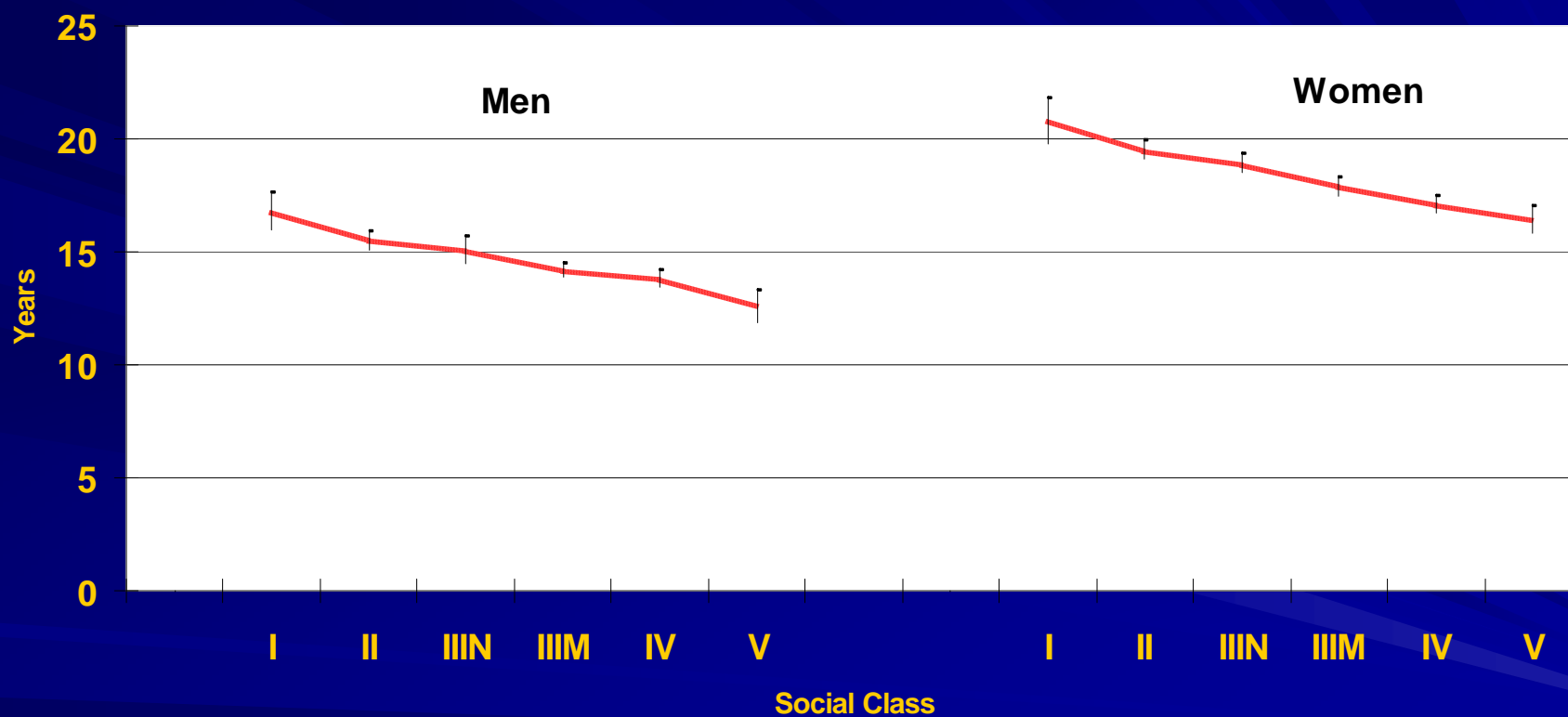
Sources: 2001 Census Table S001 & 2004-based projections available at <http://www.gad.gov.uk/>

# Trends in further life expectancy at age 65, England & Wales, 1901 to 2000-2



Source: Grundy E (2006) Gender and Healthy Aging in: *Longer life and healthy ageing* Zeng Yi et al (eds), Springer. (based on data from GAD).

# Further life expectancy at age 65 by Social Class, England & Wales 1992-96

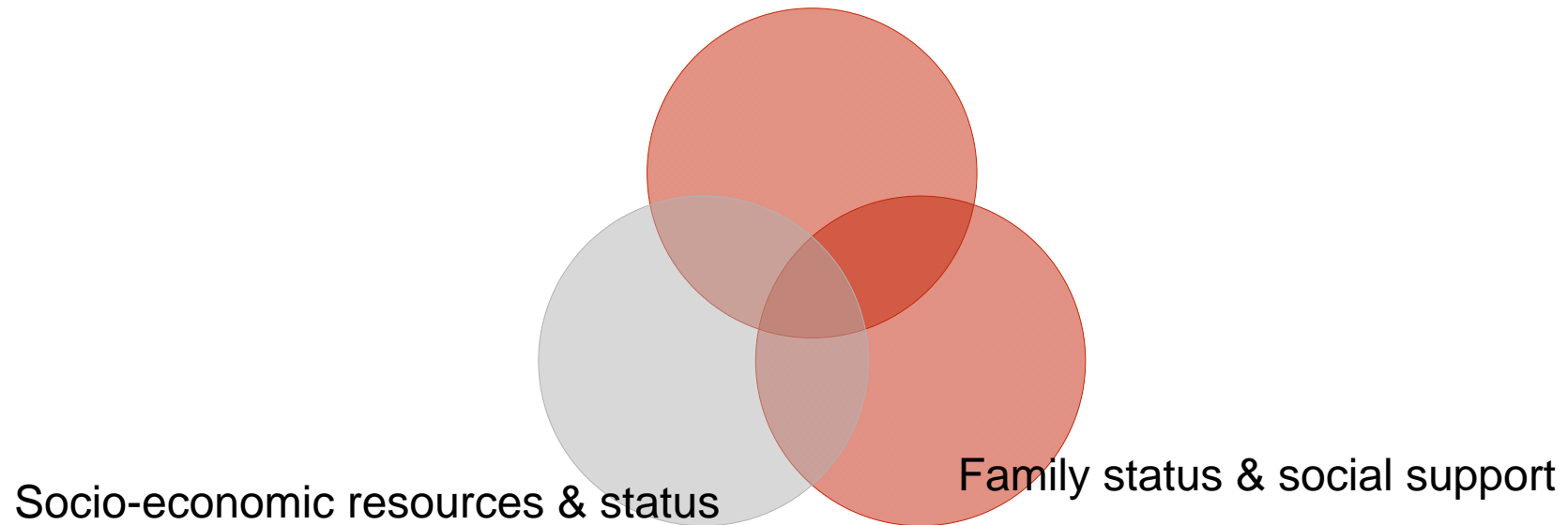


Source: *Hattersley, Health St Q, 1999.*

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# Social influences on health in later life

Personal capital & resilience  
Influenced by education & life history



Gender

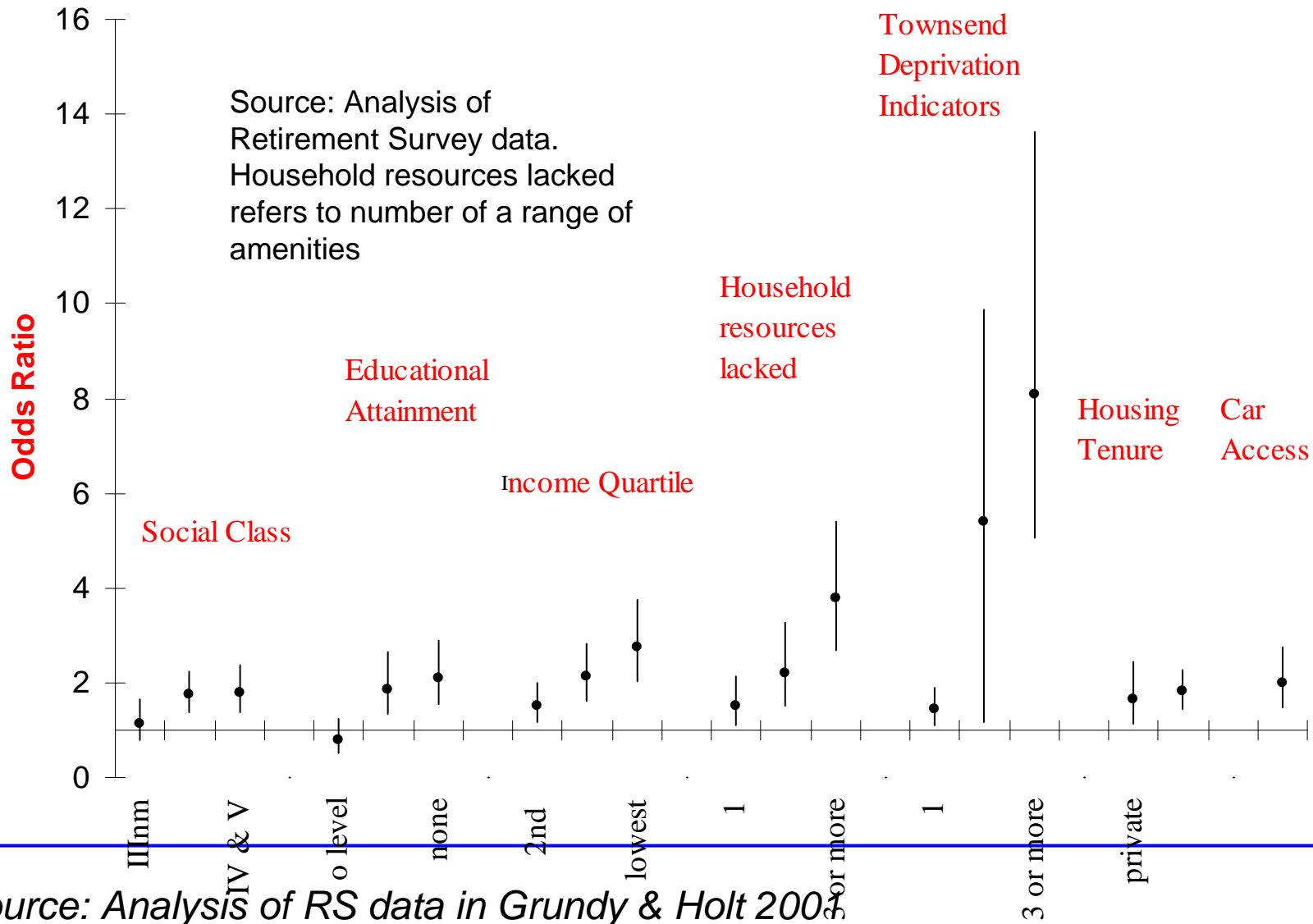
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# Social status and health

- Problems of measurement in older ages, especially for older women: few still in employment; educationally relatively homogenous.
  - Different sources of status in later life and for women and men?
  - Different life course of women and men may mean alternative/additional indicators needed, of demographic as well as work history
  - Exclusion of institutional population in many surveys
  - Possible age, gender and social variations in propensity to *report* health problems
-

Odds ratios (95% confidence intervals) of fair or not good health among men aged 55-69, Britain, 1988/9



Source: Analysis of RS data in Grundy & Holt 2001

Factors associated with indicators of poor health, people aged 65 and over, England.

	Self reported bad health	2+ chronic conditions	3+ medicines	Poor mental health (GHQ)
Widowed	+		+	+
Divorced		+		++
Lack of social support	+	+	+	+
No qualifications	++		++	++
Tenant	++	++	++	+
Low income	++	++	++	++

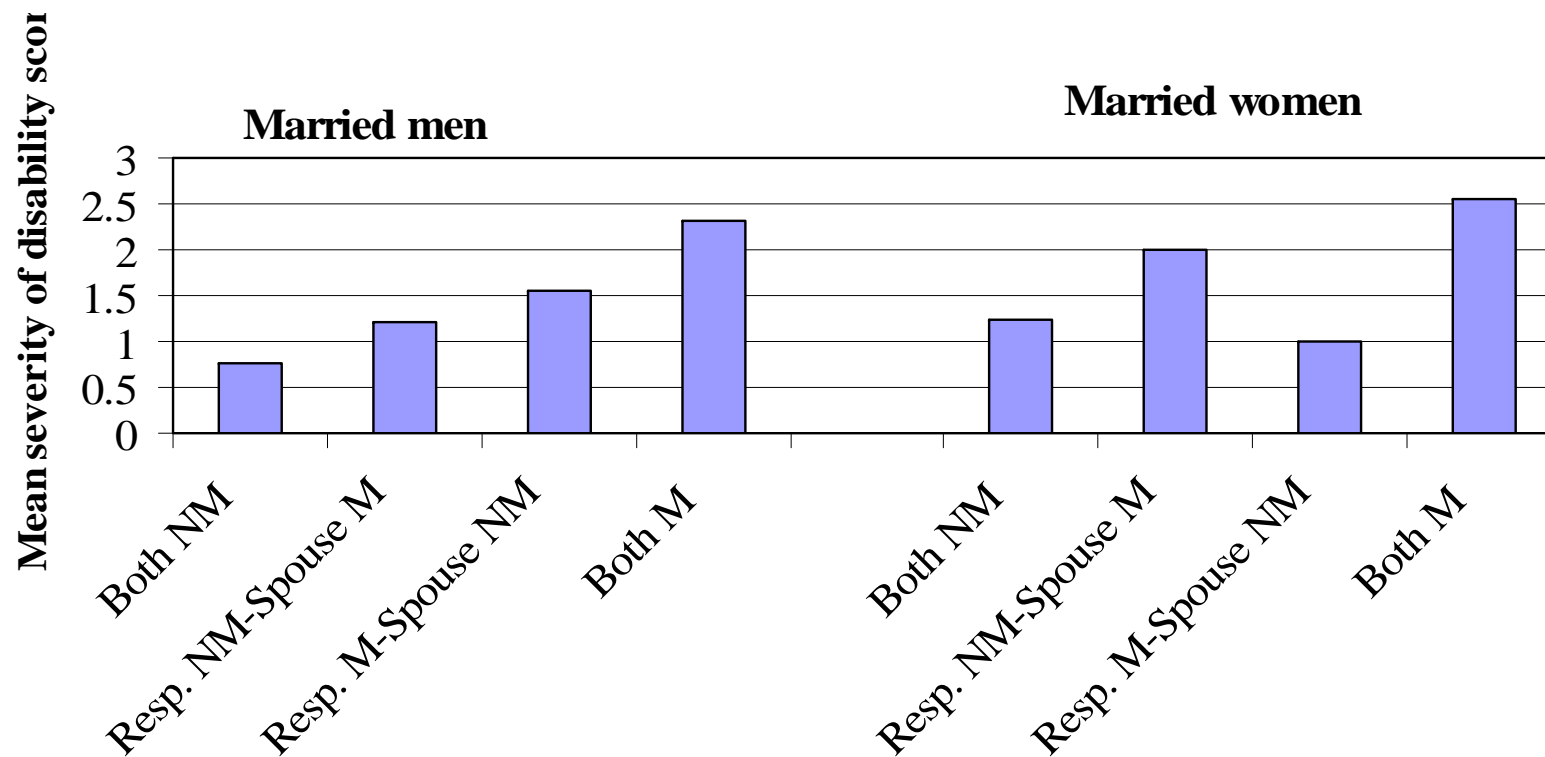
Analysis of HSfE; Grundy & Sloggett 2003 (age & smoking status controlled)



Current and life course influences on health: factors associated with poor health in women aged 55-75, Britain 1988-94

Age	+
Lives outside SouthEast	+
No qualifications	+
Home owner	-
Below median income	+
Married more than once	+
1st child at <23	+
4+ children	+
Experienced death of a child	+
<i>Grundy and Holt, Soc Sci Med 2000</i>	

Mean severity of disability score of respondents' spouses by joint social class, 1988/89  
(M=Manual; NM=Non manual)



Source: *Analysis of RS data in Glaser & Grundy 2002*

**% persons 65+ reporting at least one adverse life event and  
% of events reported as causing great stress , GB 1991/2**

(Source: Whittington & Huppert, HALs2)

	<b>Males</b>		<b>Females</b>	
	NM	M	NM	M
<b>Health</b>				
Occurred	49	50	50	53
Stress	23	31	33	41
<b>Housing</b>				
Occurred	14	11	13	13
Stress	19	37	32	36
<b>Relationships</b>				
Occurred	13	12	14	16
Stress	33	39	38	42

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Good and poor quality of life in an urban population of very old people: Hackney (London) follow-up survey of people aged 85+; measures used to assess quality of life

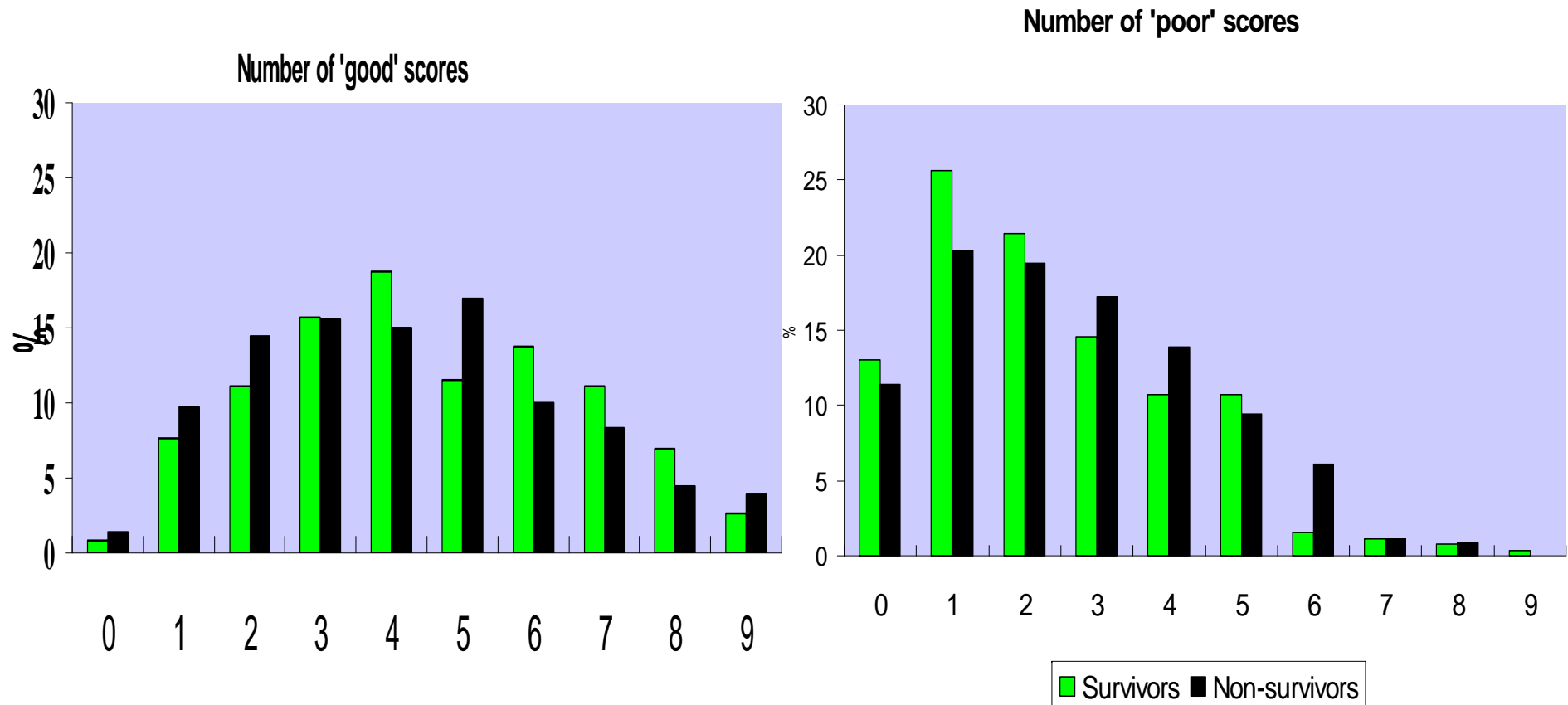
- Life satisfaction index (0-20)
- Control/autonomy (1-7)
- Disability: ADL score (19-114)
- Health problems (0-10)
- GHQ (psychological health, 0-28)
- Activity(0-3)
- Home warm enough
- Security - feels safe/fears (0-1)
- Likes area (0-1)

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Hackney (London) follow-up survey of people aged 85+; methods used to assess quality of life

- Responses to each item categorized 'good', 'poor' or other, on the basis of validated cut point or top/bottom third of distribution
  - Number of 'good' and 'poor' scores summed
  - Examination of quantitative and qualitative information on the 'best' and 'worst' groups
-

# Hackney study of people aged 85 +: quality of life indicators at baseline and survival status at 2 years follow-up



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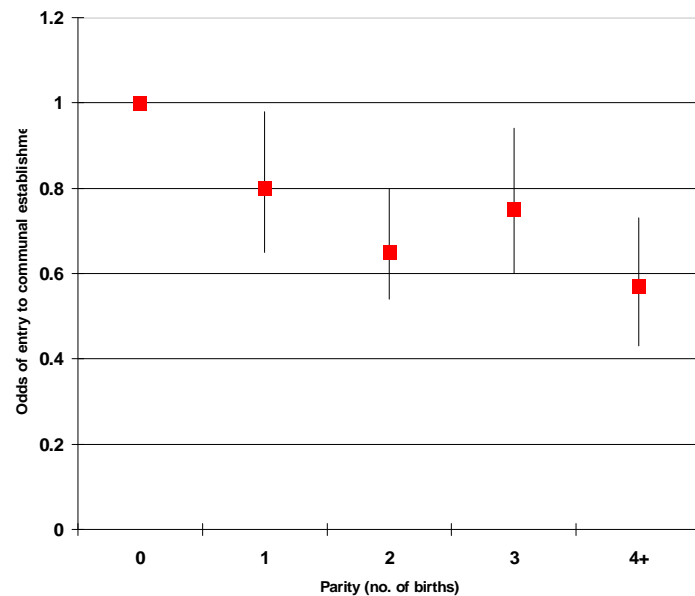
## Other characteristics of good and poor score groups (significantly different)

	<i>Good score group</i>	<i>Poor score group</i>
Unskilled or semi-skilled occupational background:	14%	23%
Social network size:	5.5	3.8
Adverse life events in last year:	0.5	1.2
Feels young:	52%	0.8%
Feels old:	0%	69%
Lonely most of time:	0%	46%

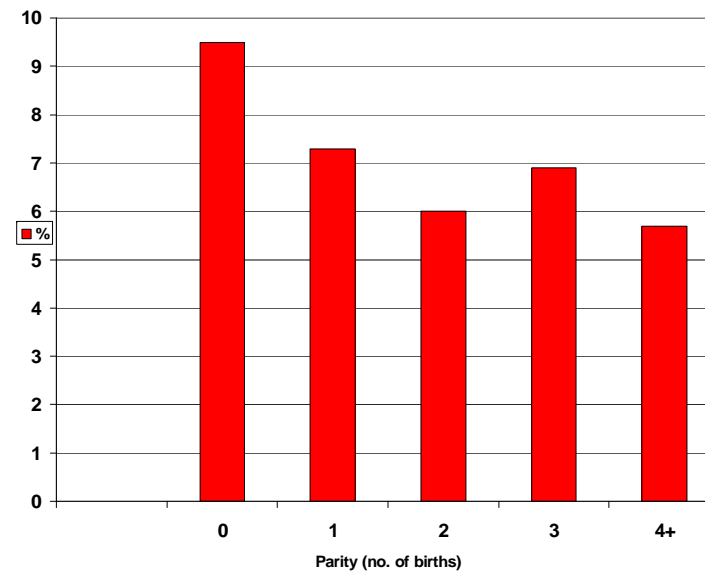
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# % of women aged 65+ in 1991 in a communal establishment by 2001 and odds of transition to a communal establishment by parity.

Odds ratios (95% CI)



%  
changing from private household in  
1991 to communal establishment by  
2001



Source: Analysis of ONS Longitudinal Study data in Grundy and Jitlal 2007

controlling for age, marital status, household type in 1991, health indicators and housing tenure.



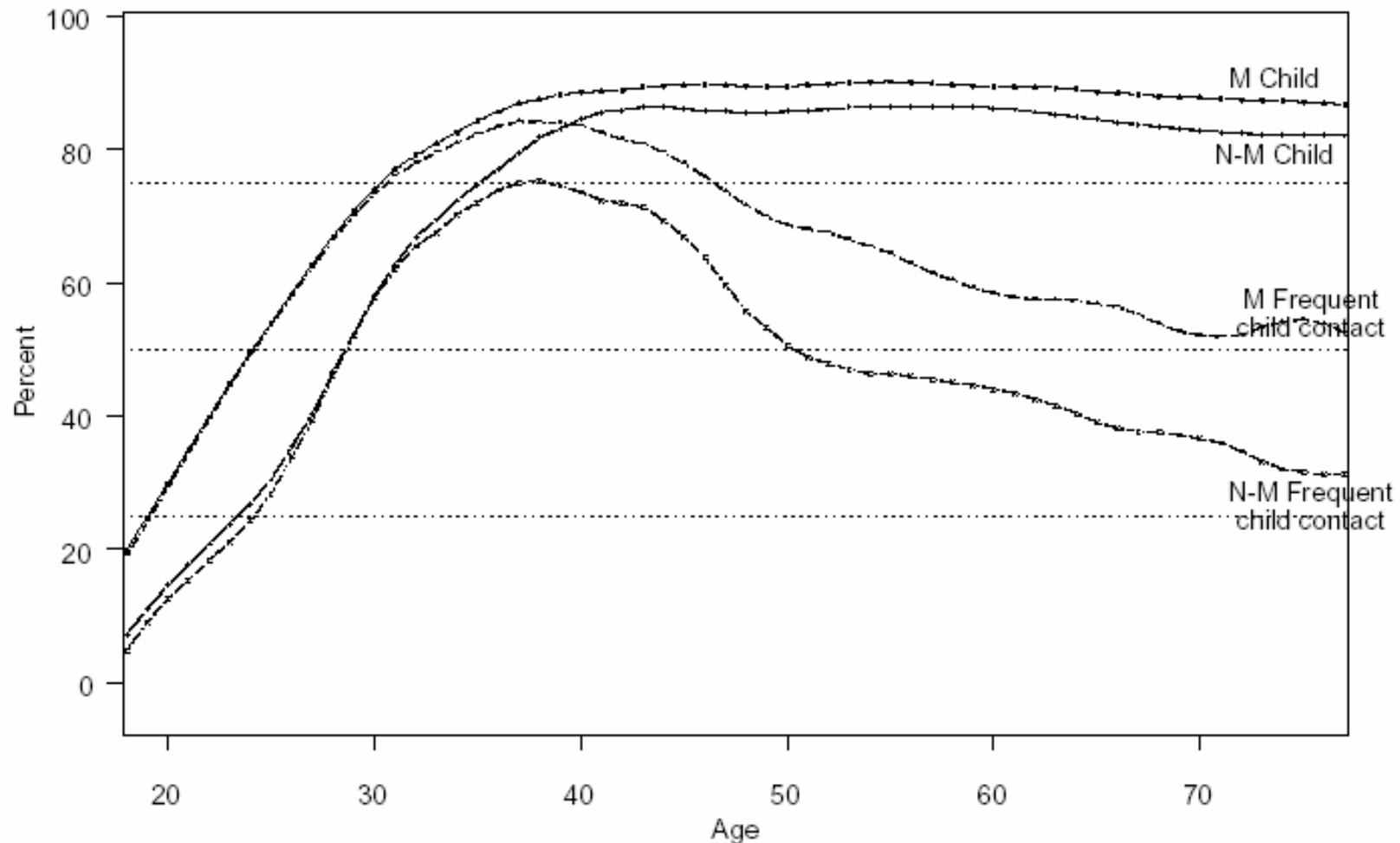
Results of logistic regression model of proportions making a transition from a private to an institutional household 1991-2001

	<b>OR</b>	<b>95% CI</b>	<b>P</b>
<b>Age</b>	1.14	1.13-1.15	**
<b>Gender (ref. male)</b>	1.14	1.02-1.27	*
<b>Marital status in 2001 (ref. married)</b>			
<b>Never-married</b>	5.92	4.84-7.24	**
<b>Wid./div.</b>	3.63	3.10-4.25	**
<b>Tenure in 1991 (ref. owner)</b>			
<b>Not owner</b>	1.24	1.13-1.15	**
<b>Long term illness in 2001 (ref none)</b>	9.35	7.63-11.46	**
<b>Long term illness in 1991 (ref none)</b>	1.26	1.14-1.38	**
<b>Region in 1991 (ref South)</b>			
<b>Central</b>	0.93	0.81-1.05	NS
<b>North</b>	1.15	1.03-1.27	*
<b>Wales</b>	0.94	0.77-1.15	NS

\*P<0.05; \*\*P<0.001

Source: Analysis of ONS Longitudinal Study data

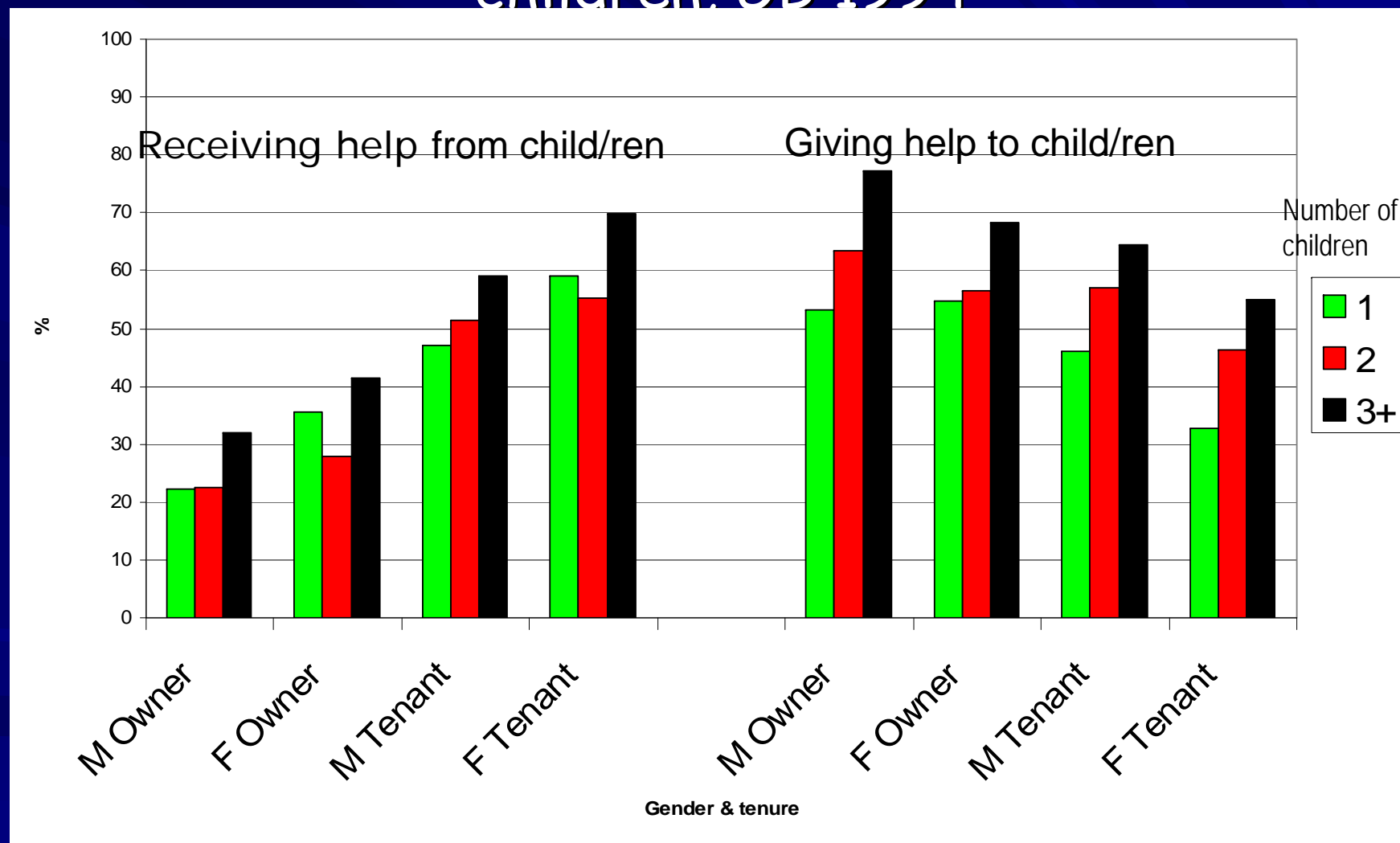
# Proportions with living child(ren) and frequent contact by age and social class, Women, Britain, 1999



Notes: M Manual; N-M Non-manual respondent  
 Frequent contact includes co-residence and sees at least weekly, denominator is all respondents

Grundy E, Murphy M (in press). Kin availability, contact and support exchanges between adult children and their parents in Great Britain In B Lindley et al (eds) *Kin Matters*, Hart Publishing.

# Parents aged 60-75 receiving help from/ giving help to children, by tenure and number of children, GB 1994



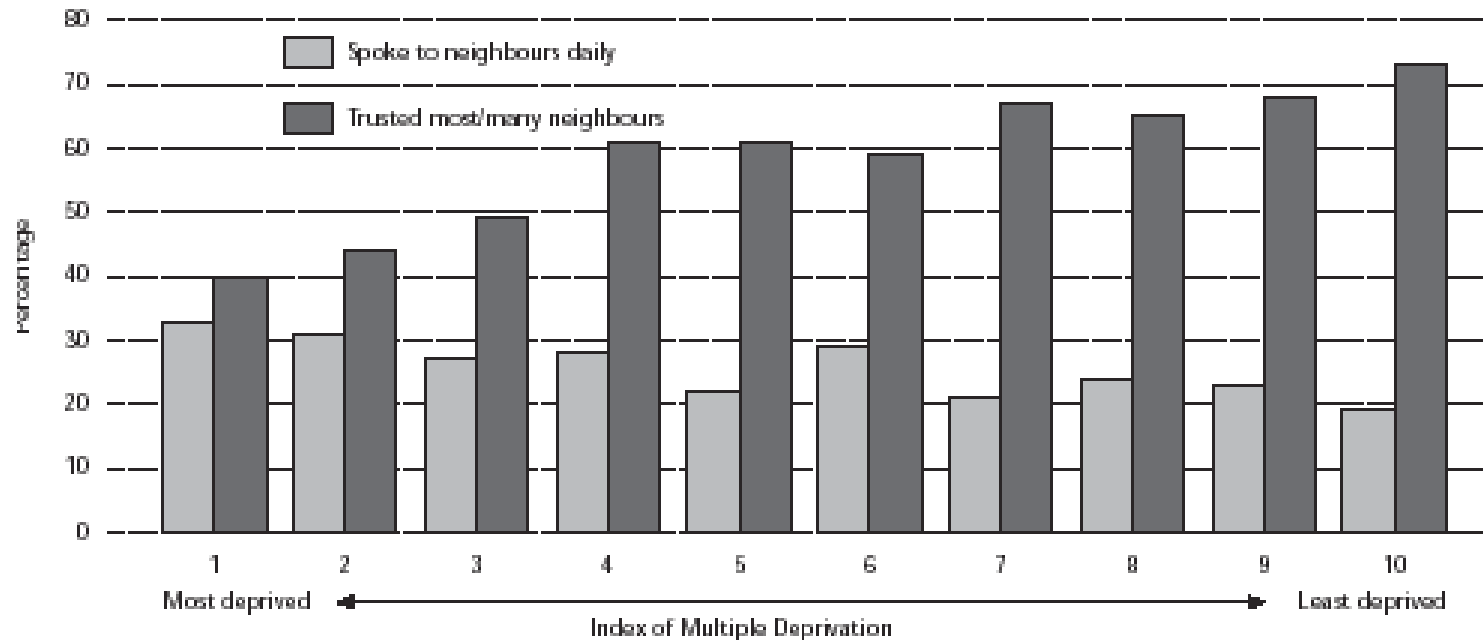
Source: Grundy E. (2005). Reciprocity in relationships...  
*The British Journal of Sociology*, 52, 233-255 (analysis of ONS RS)

## Intergenerational support associated with:

- From children:
  - Low education +
  - Female gender +
  - Few siblings +
  - Parental disability +
  - Mother a widow +
  - Father divorced –
  - Within Britain, living in South rather than North
  - Reciprocity +
- From parents:
  - Higher income +
  - Home owner +
  - Low disability +
  - Being a divorced man –
  - Children's age and proximity
  - Reciprocity

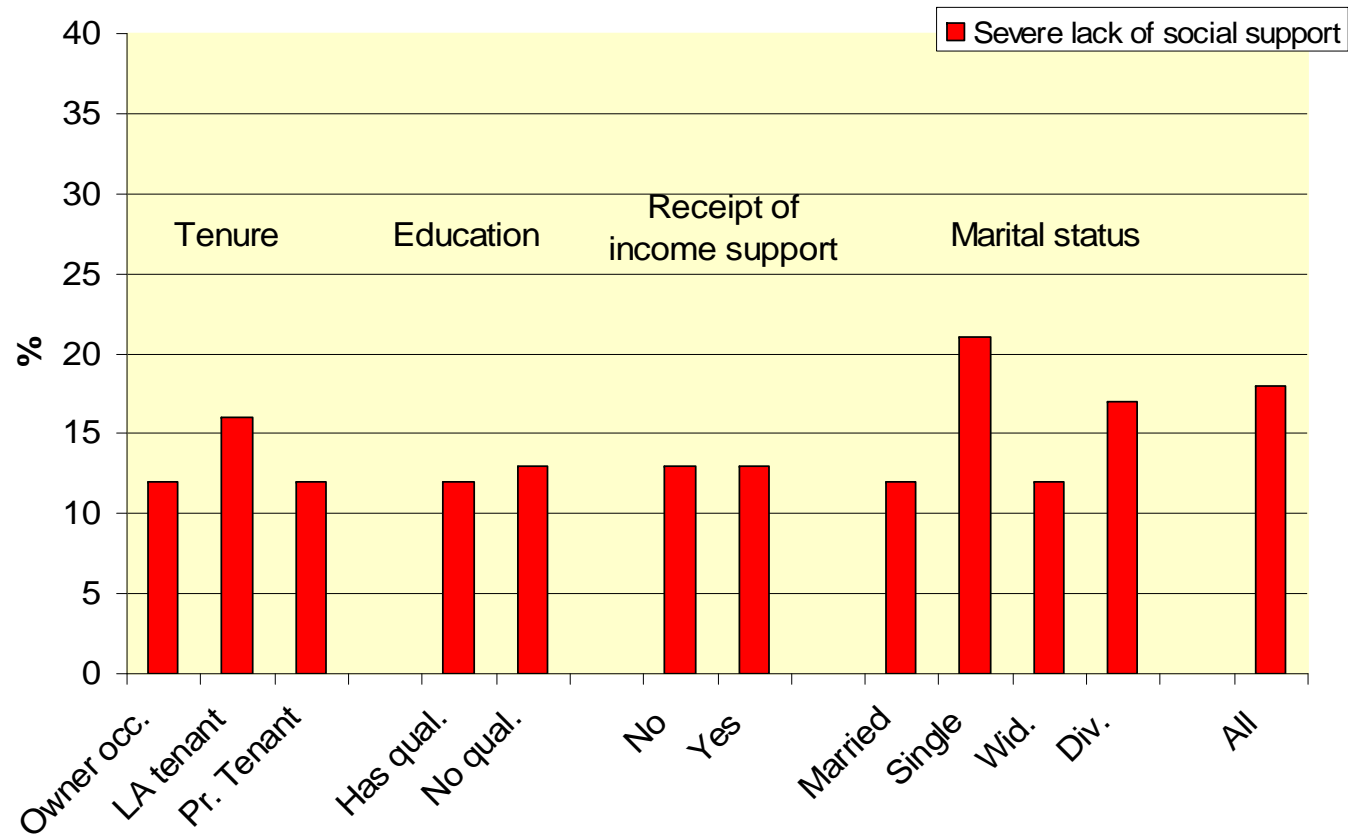
# Contact, trust and area deprivation.

Figure 3B Whether trusted most/many neighbours and whether spoke to neighbours daily, by Index of Multiple Deprivation: England, 2000



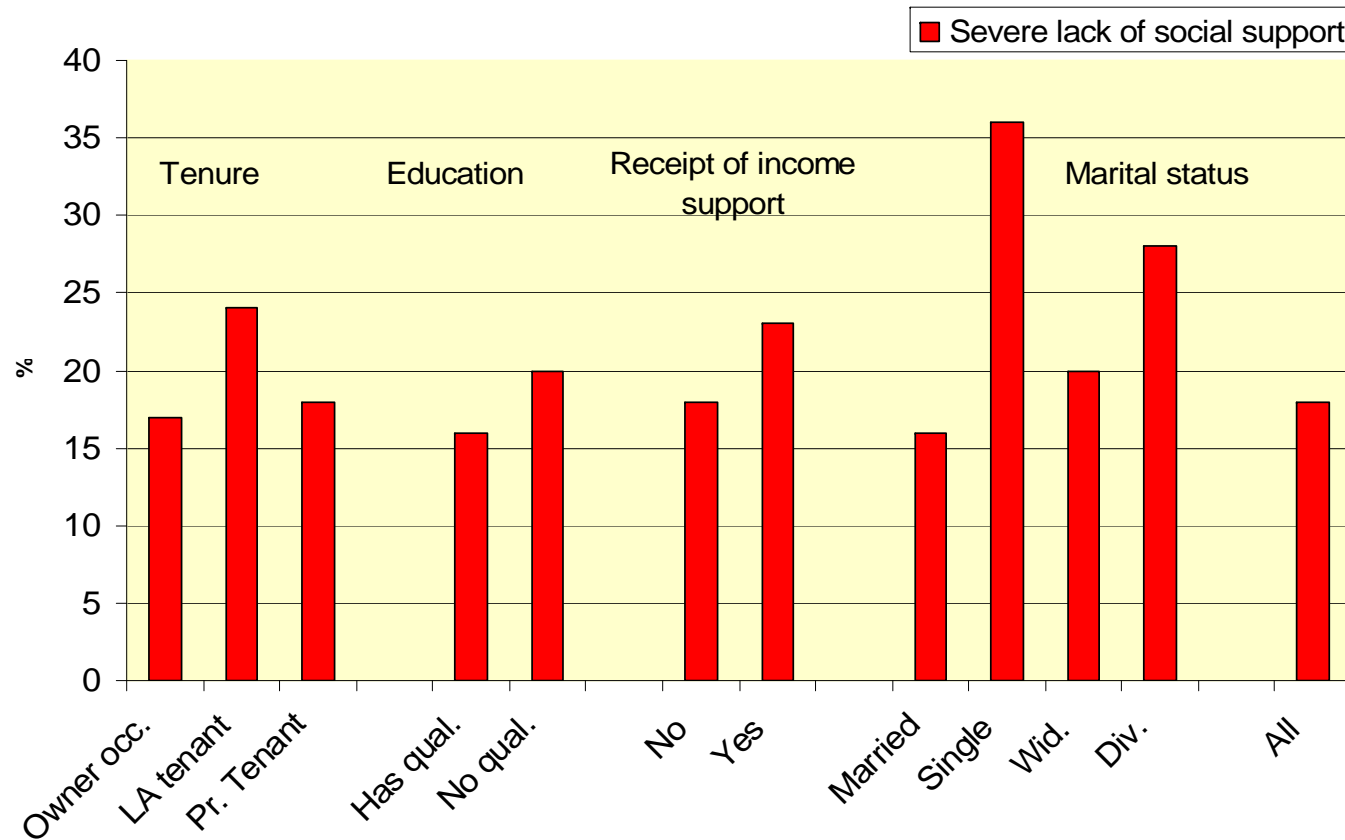
Source: General Household Survey

# Percentage of women with severe lack of social support by socio-economic and demographic characteristics



Source: Analysis of HSfE

# Percentage of men with severe lack of social support by socio-economic and demographic characteristics



Source: Analysis of Health Survey for England

Happiness among unmarried older women by European region:  
 results from ordinal logistic models (Higher =happier), 2002-4

	North	West	South	East
Low education	1.27 (1.17)	1.19 (1.15)	0.76 (0.73)	1.10 (1.02)
Low income	0.75 (0.74)	0.86 (0.87)	0.94 (0.81)	0.53** (0.45**)
Moderate social ties	0.76	0.69**	0.62	0.92
Low social ties	0.41**	0.56**	0.34**	0.48**
Least social ties	0.08**	0.19**	0.45**	0.24**
N	840	1664	1055	1507

Analysis of European Social Survey; models control for age, widowhood indicator, long term illness & Whether living alone or with others. ( ) results from models not including social ties.



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# Conclusions

- Inequalities along both socio-economic and socio-demographic domains (also personal and contextual factors), do not appear to 'cancel each out' or to compound each other except for most disadvantaged – but picture far from clear
  - Socio-economic, socio-psychological and socio-demographic domains all interrelated and all need to be considered; life history effects important. Some understanding of mechanisms but not complete.
  - Measurement and data considerations very important.
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