English baby boomers nearing retirement: the healthiest generation?

Neil Rice

Epidemiology & Public Health Group, Peninsula Medical School,

Universities of Exeter and Plymouth, UK







Who are the English "baby boomers"?

What's the big deal?

Are the baby boomers different?



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Who are the English "baby boomers"?

Definition: A sharp increase in the birth rate of a population, esp the one that occurred after World War II. Collins English Dictionary

i.e. people born between 1945-54

Baby boomer's perceived advantages



"Let us be frank about it: most of our people have never had it so good." Harold MacMillan, Prime Minister 1957-1963

- Better healthcare under the National Health Service
- Improved education
- Better post-war nutrition
- More financial and social freedom
- Relative economic stability and prosperity

• etc

















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Are the baby boomers different?

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Increasing fiscal burden in western societies

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Governments encouraging older workers to remain in employment for longer

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Increasing fiscal burden in western societies

Governments encouraging older workers to remain in employment for longer

Little known about health status and risks for current "baby boom" generation.



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Previous Research

US:

- obesity ↑
- disability / difficulty with everyday tasks
- days spent in poor physical / mental health ↑
- pain ↑
- number of chronic conditions
- psychiatric problems ↑
- Refs: Linda Martin, Vicki Freedman, Beth Soldo, David Weir etc.

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US:

- obesity ↑
- disability / difficulty with everyday tasks
- days spent in poor physical / mental health
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- number of chronic conditions ↑
- psychiatric problems ↑
- hospital admittance for strokes and CHD ↑
- Refs: Linda Martin, Vicki Freedman, Beth Soldo, David Weir etc.

Canada:

- Chronic disease burden ↑
- Number of doctor visits ↑
- ref: Wister et al. University of Toronto, 2005

Previous Research

Europe:

Ref: (Ulmer et al, J Intern Med 2007)

• Netherlands: Risk of fatal CVD \downarrow

Ref: (Bonneux et al, Eur J Public Health 2003)

Methods

Data from the Health Survey for England (HSE) 1994 - 2007: Annual cross-sectional survey of community dwelling individuals in England.

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Interview: self-reported health conditions & socio-economics measured height and weight

Nurse visit: bloods taken and blood pressure recorded.

Methods – Analytical Approach

All comparable variables at each HSE survey.

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Stage 1: Linear and logistic regression models:

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- wartime predecessors at age 50-61 years (born 1936-1945).

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Stage 1: Linear and logistic regression models:

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Stage 2: Age, period, cohort (APC) models to attribute differences to period or cohort effects. (ref Yang & Land. Sociolog Methods Res. 2008)

Stage 1: Methods



How do the two groups compare? Socio-economic differences

Wartime Cohort Baby boom cohort



How do the two groups compare? Smoking Status



How do the two groups compare? Measured differences

		Wartime Cohort	Baby Boomers			
Weight (kg)	Men	83.1	87.4 **			
	Women	70.5	72.4 **			
Height (cm)	Men	174.1	174.8 **			
	Women	160.4	161.3 **			
Obesity, Men						
	BMI 30-34.9	15.9%	22.0% **			
	BMI 35+	3.1%	7.6% **			
Obesity, Wom	ien					
	BMI 30-34.9	16.3%	18.1% **			
	BMI 35+	8.3%	10.9% **			

How do the two groups compare? Measured differences

	١	Vartime Cohort	Baby Boomers		
Long-standing	Men	50.9%	51.9%		
illnesses	Women	50.9%	55.3% **		
Self-rated healt	h Men	8.4%	9.4%		
'bad'/'very bad'	Women	7.5%	8.3%		
Diagnosed hyp high blood pres	ertension/ ssure	11.2%	16.4% **		
Blood	Systolic (mm H	g) 139.6	132.8 **		
Pressure	Diastolic (mm H	lg) 79.1	74.6 **		

How do the two groups compare? Reported Conditions by ICD-10 Chapter

			Odds Ratios				
1) Neoplasms & benign growths	0	0.5	1	1.5	2	2.5	3
2) Endocrine & metabolic							
3) Mental disorders							
4) Nervous system							
5) Eye complaints							
6) Ear complaints							
7) Heart & circulatory system							
8) Respiratory system							
9) Digestive system							
10) Genito-urinary system							
11) Skin complaints							
12) Musculoskeletal system							

How do the two groups compare? Reported Conditions by ICD-10 Chapter



How do the two groups compare? Reported Conditions by ICD-10 Chapter











Are the Baby Boomers really less healthy?

Improved case finding?

Shifting diagnostic criteria?

Reporting differences?

Period effect (i.e. the whole population is changing)? Vs Cohort effect (i.e. differences specific to the baby boomers)?

APC Modelling

Very hard to separate age, period and cohort effects in analysis (the identification problem)

May be possible to use repeated cross-sections to construct APC models

We use a hierarchical modelling framework with period and cohort treated as random effects (ref Yang & Land, 2008)

Period / Cohort Effects?

Log of variance components of period effect / cohort effect



Conclusions

- Compared with their wartime predecessors, English baby boomers are moving into retirement with improved cardiovascular health.
- However, the baby boom cohort has a higher prevalence of mental illness and shows no improvement in self-rated health.
- > There remains substantial scope to reduce health risks and future disability.

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Thank You



"They never phone, they never visit, they never text message..."



The identification problem



APC model

If π_{iik} = probability of diabetes



Maslow's hierarchy of need theory



Ref: Abraham Maslow, A Theory of Human Motivation, 1943

Conditions

- -1 not applicable
- 1 cancer (neoplasm) including lumps, masses, tumours and growt
- 2 diabetes. incl. hyperglycemia
- 3 other endocrine/metabolic
- 4 mental illness/anxiety/depression/nerves (nes)
- 5 mental handicap
- 6 epilepsy/fits/convulsions
- 7 migraine/headaches
- 8 other problems of nervous system
- 9 cataract/poor eye sight/blindness
- 10 other eye complaints
- 11 poor hearing/deafness
- 12 tinnitus/noises in the ear
- 13 menieres disease/ear complaints causing balance problems
- 14 other ear complaints
- 15 stroke/cerebral haemorrhage/cerebral thrombosis
- 16 heart attack/angina
- 17 hypertension/high blood pressure/blood pressure (nes)
- 18 other heart problems
- 19 piles/haemorrhoids incl. varicose veins in anus.
- 20 varicose veins/phlebitis in lower extremities
- 21 other blood vessels/embolic
- 22 bronchitis/emphysema
- 23 asthma

24 hayfever

25 other respiratory complaints 26 stomach ulcer/ulcer (nes)/abdominal hernia/rupture 27 other digestive complaints (stomach, liver, pancreas, bile d 28 complaints of bowel/colon (large intestine, caecum, bowel, c 29 complaints of teeth/mouth/tongue 30 kidney complaints 31 urinary tract infection 32 other bladder problems/incontinence 33 reproductive system disorders 34 arthritis/rheumatism/fibrositis 35 back problems/slipped disc/spine/neck 36 other problems of bones/joints/muscles 37 infectious and parasitic disease 38 disorders of blood and blood forming organs 39 skin complaints 40 other complaints 41 unclassifiable (no other codable complaint) 42 complaint no longer present nb only use this code if it is a 97 inadequate information to code.

99 not answered/refusal

Previous work...



"Smoking cessation and transition into retirement: analyses from the English Longitudinal Study of Ageing." *Age & Ageing. 2007 Nov; 36(6): 638-43* Lang IA, Rice NE, Wallace RB, Guralnik JM & Melzer D.

1712 smokers (aged 55 to 70) followed up for 5 to 6 years.

Retirees more than twice as likely to quit smoking as those who remained in work. (Odds Ratio = 2.50 (95% Cl 1.35-4.62))

Retirees should be targeted with smoking cessation interventions.