

Assessing the contribution of poverty to educational differentials in disability in 26 European countries

Work in progress

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Large social inequalities in health in Europe

Reducing SES differentials to improve population health

Over States Variation in their magnitude across European Member States



Cambois E, et al. J Epidemiol Community Health 2015;0:1–8. doi:10.1136/jech-2015-205978



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Variation in the disability disadvantage across European educational groups

Challenges:

How much of the (dis)advantage modified by the social protection? (Mackenbach et al. 2008; Eikeimo et al., 2008; Avendano et al. 2009; Huijts et al, 2009; Jutz, 2015)

Solution Would a reduction in poverty differentials reduce inequalities in disability?

- Poverty => limited access to elementary goods and services
- ✓ Could policies against poverty (or its consequences) reduce disability differentials?

Research question:

O To what extent **poverty mediates** disability inequalities across countries?

- ✓ Different risks and differentials across countries (# level of social protection)
- ✓ Different distribution across determinants related to education (care, behaviours, work,...)

Variation in the disability disadvantage across European educational groups

Data and measures

SEU-SILC 2009 in 26 European countries (30-79 years old, N=289,816)

- → Welfare regime groups: Nordic /Western /Southern /Eastern-Baltic MS
- **O Disability:** Global activity limitation indicator (GALI)
- Seducation (ISCED): 0-2=low (LED) 3-4=middle-educated; 5-6=high (HED)

Poverty: as a mediator of the education-AL association Economic Hardship* (EH) = subjective indicator

"Difficulties in making both ends meet" + "unable to face unexpected expenses"

* Whelan C, Maître B. Material Deprivation, Economic Stress, and Reference Groups in Europe: An Analysis of the EU-SILC 2009. European Sociological Review. 2013;29(6):1162-74.

Economic hardship across educational groups in 26 EU countries by region-2009

Large variation in the level of reported economic hardship



- Lowest levels (<15%) in Nordic MS + NL</p>
- Highest levels (>50%) in Eastern-Baltic MS => BG, LT, HU, LV.
- Above 25% in IE, FR, CY, IT, ES, RO, CZ, PL, SI, EE, SK

Economic hardship across educational groups in 26 EU countries by region-2009

Large variation in economic hardship within countries



Systematic protection of the high-educated compared to low-educated
But, variation in the differentials and relative position of education groups



ORs of AL associated with country *economic hardship controlling for age, sex and education -2009

C Economic hardship is significantly associated with disability



Assessing the disability disadvantage across European educational groups

Methods

- Logistic regressions using nested models "KHB" for each country AL for low-educated vs middle-educated (controlled for age, age², sex)
- Total effect of education: Education (control + residuals)
- Indirect effect mediated by EH
- Direct effect (net of the indirect effect mediated by EH)



Karlson KB, Holm A, Breen R. Comparing regression coefficients between same-sample nested models using logit and probit: a new method. Sociological Methodology 2012;42:286-313

Assessing the disability disadvantage across European educational groups

Methods

- Logistic regressions using nested models "KHB" for each country AL for low-educated vs middle-educated (controlled for age, age², sex)
- Total effect of education: Education (control + residuals)
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- Direct effect (net of the indirect effect mediated by EH)
- Mean effects (average of the country specific effects)



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1) The size of the effect depends on the size of the total effect, frequency/effect of EH:

- Smaller indirect effect for the HED in general, and in the Nordic countries
- Large indirect effect for LED in IE, UK, AT, IT, CZ, SI: over-exposure to EH => extra-disadvantage in disability)
- Large indirect effect for HED in IE, UK, CY + E&B: over-protected from EH => extra-advantage in disability)
- 2) But also depends on the educational distribution of poverty (large/polarized/...)

3) Need also to consider the % contribution (among other social determinants)



Nordic MS

• <u>SE & FI</u>: a reduced disability disadvantage which focused on (few) situations of EH A small EH effect but a <u>large contribution</u> to the disadvantage (50% SE / 35%in FI) => selection?

• <u>DK & NO</u>: large disability disadvantage, few EH which <u>contributes moderately</u> Other determinants: behaviors, care, work ...? => *due to the unusual tobacco in DK*?

Western and Southern MS

 BE, AT, IE, UK, PT, CY, GR & IT: large AL disadvantage for LED EH <u>explains the extra-disadvantage in IE, UK, AT and IT</u> EH contributes for <u>> 25% in IE, UK, AT, CY</u> EH <u>explains also a large part of the extra-advantage of HED</u>
=> Large gains expected

• Elsewhere relatively <u>small contribution</u> => other determinants related to education matter

Eastern and Baltic MS

 Larger LED disadvantage <u>HU & CZ</u> and larger HED advantage in <u>RO, CZ, LT, HU, EE</u> EH is frequent and <u>contributes to some extent (15 - 25%)</u> at both ends of the gradient EH <u>contributes > 25% in BG, PL and SI</u>



◯Limits

Comparability of measures?

Differences in what level of education means?

What is behind economic hardship: access to elementary goods, housing, behaviors...?

Service First highlights

1. EH contribute to the variation in disability educational differentials / extra-(dis)advantage

- 2. Improvement in the situation related to EH should help reducing disability differences: western and southern MS are concerned (IE, UK, AT, IT, CY) + BG, PL, SI
- 3. In other countries, other social determinants contribute to the LED disadvantage

Next steps

- → Men & women differences
- ➔ Trends in the contribution using more recent data
- ➔ Understanding the situations of economic hardship



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Contribution of EH among the determinants of the LED disadvantage:

✓ in SE, EH is scarce explains half of the very small disadvantage: who are they (selection)?

- Large contribution in a number of countries such as IE, UK, AT, CY => room for progress and in countries where EH is frequent (at both ends of the gradient) but with a smaller %
- ✓ In DK, NO, GR and some E-B MS: smaller contribution. What else matter?