

SOCIAL INEQUALITIES IN HEALTH AMONG THE OLDEST OLD

TOWARD A SOCIAL EPIDEMIOLOGY OF THE FOURTH AGE

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Background



- Health inequalities prevail into later life.
 - Individuals holding lower socioeconomic positions have a higher risk of morbidity and mortality than individuals holding higher socioeconomic positions.

- Most studies of health inequalities among older adults have analysed one health outcome at the time.
 - However, research has shown that the prevalence of complex health problems (e.g., multimorbidity, frailty) increase with age.

Aim



- The aim of the study is twofold:
 - 1) To explore social inequalities in complex health problems among the oldest old, and
 - 2) To analyse whether any changes in these inequalities have occurred between 1992 and 2002

Data



- The study is based on the SWEOLD surveys of 1992 and 2002.
 - ▣ A nationally representative, longitudinal, survey of the oldest old (77+) in Sweden.
 - ▣ Comprise a wide range of indicators of various living conditions.

Data



- 537 participants in 1992 (95.4% response rate)
 - Out of which 531 are included in this study

- 621 participants in 2002 (84.4% response rate)
 - Out of which 607 are included in this study

Education



- Participants who had less than eight years of education were classified as having low education.
- Participants who had more than eight years of education were classified as having high education.

1992	2002
26.7 %	25.4 %

Complex health problems



- The measure of complex health problems encompass three health domains:
 - Diseases and symptoms
 - Mobility impairments
 - Cognition/communication

- In the study, the indicator is divided into three different categories:
 - No complex health problems
 - Problems in one domain
 - Problems in two or three domains

Prevalences of complex health problems 1992 - 2002

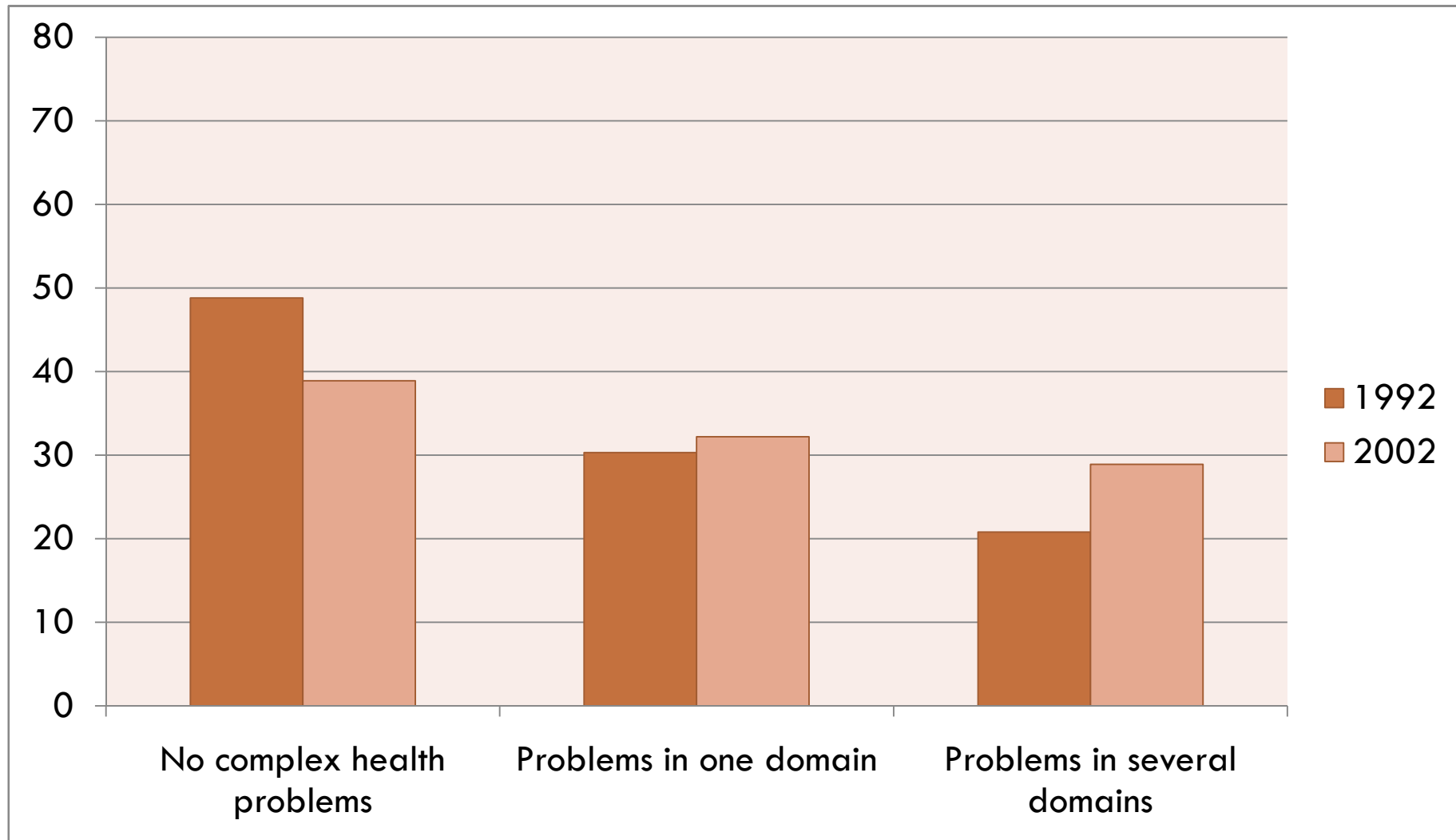
1992		
No complex health problems	Problems in one domain	Problems in several domains
55.7 %	25 %	19.2 %

Prevalences of complex health problems 1992 - 2002

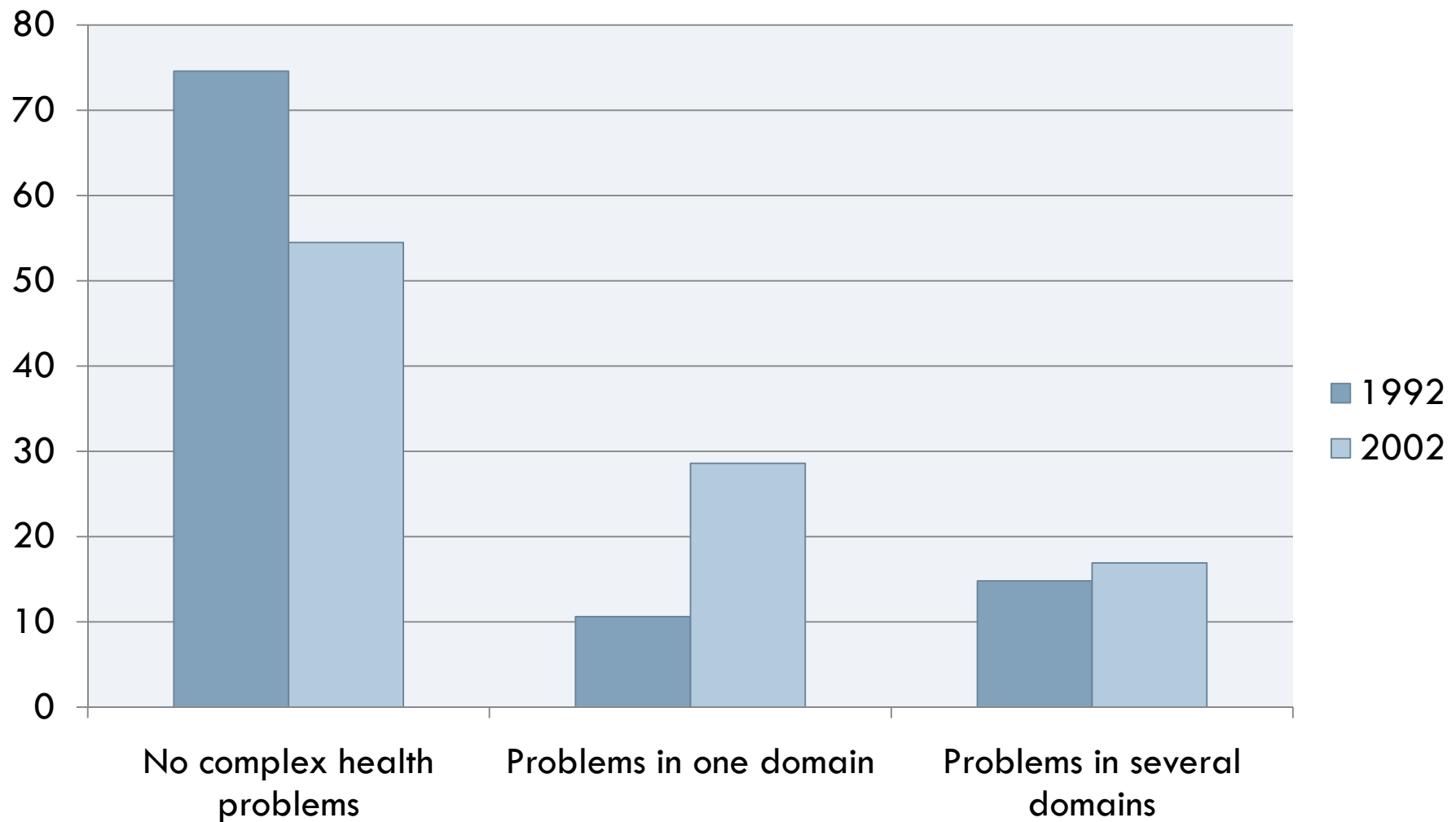
1992		
No complex health problems	Problems in one domain	Problems in several domains
55.7 %	25 %	19.2 %

2002		
No complex health problems	Problems in one domain	Problems in several domains
42.8 %	31.3 %	25.9 %

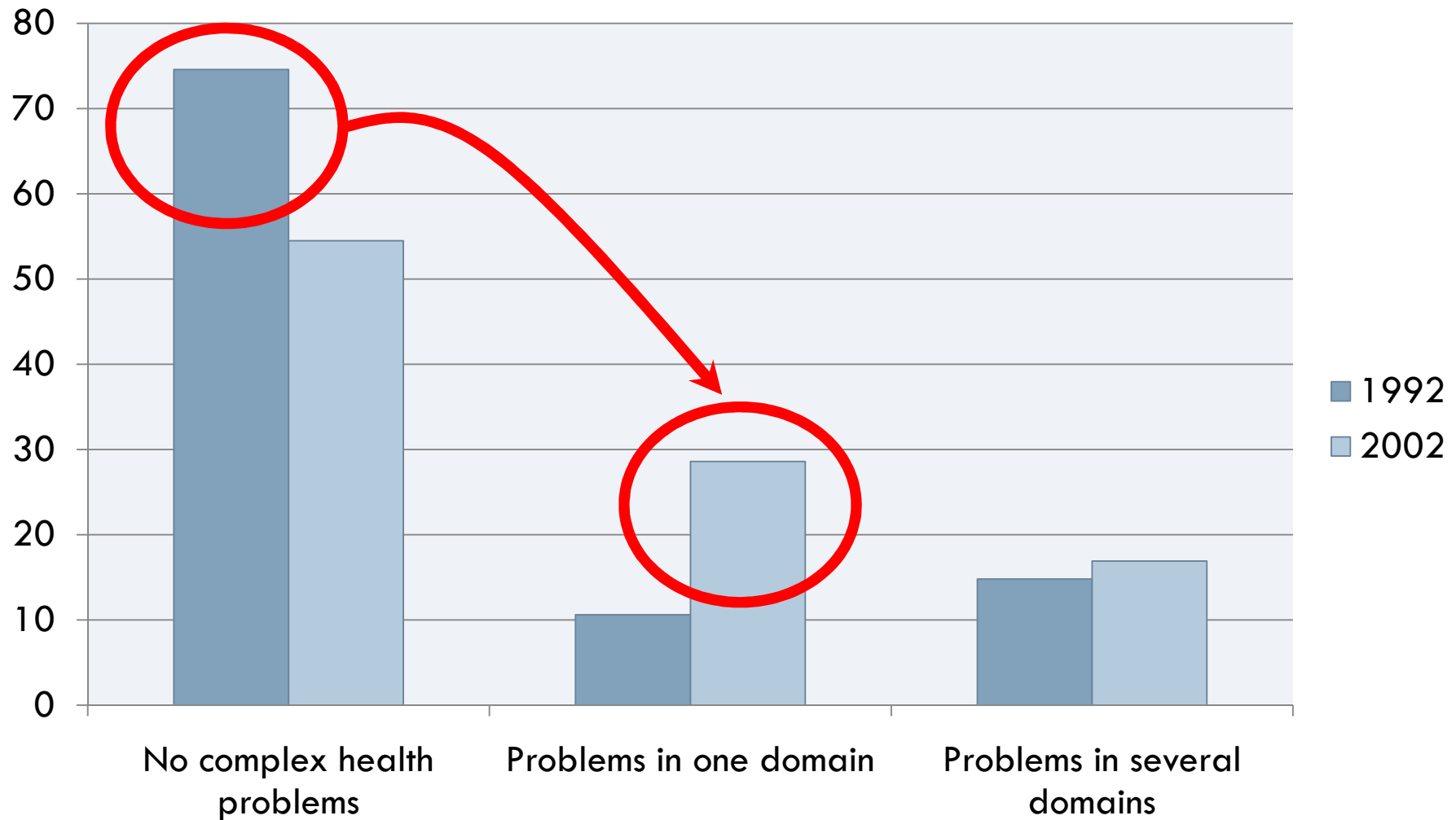
Prevalences of complex health problems (Low education)



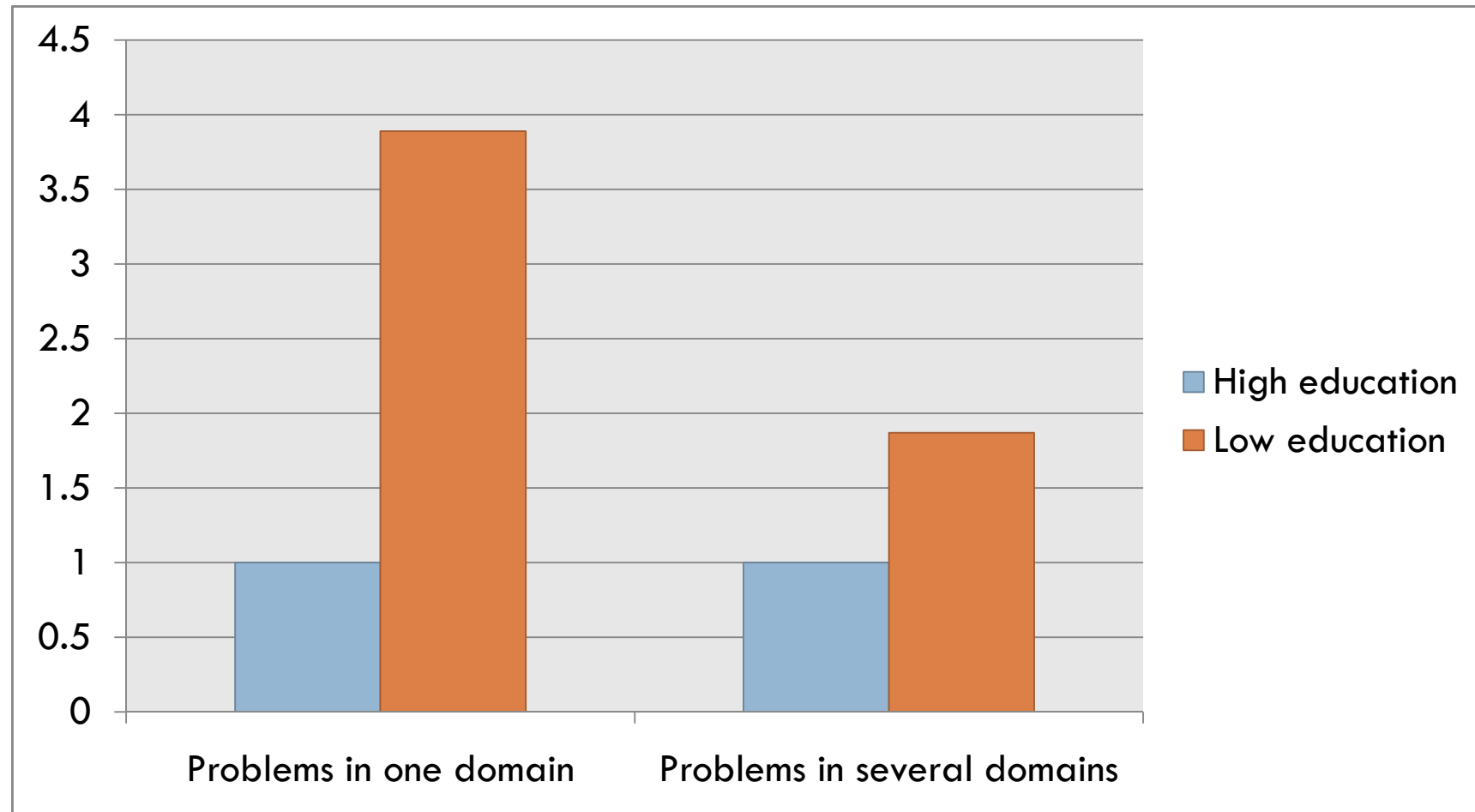
Prevalences of complex health problems (High education)



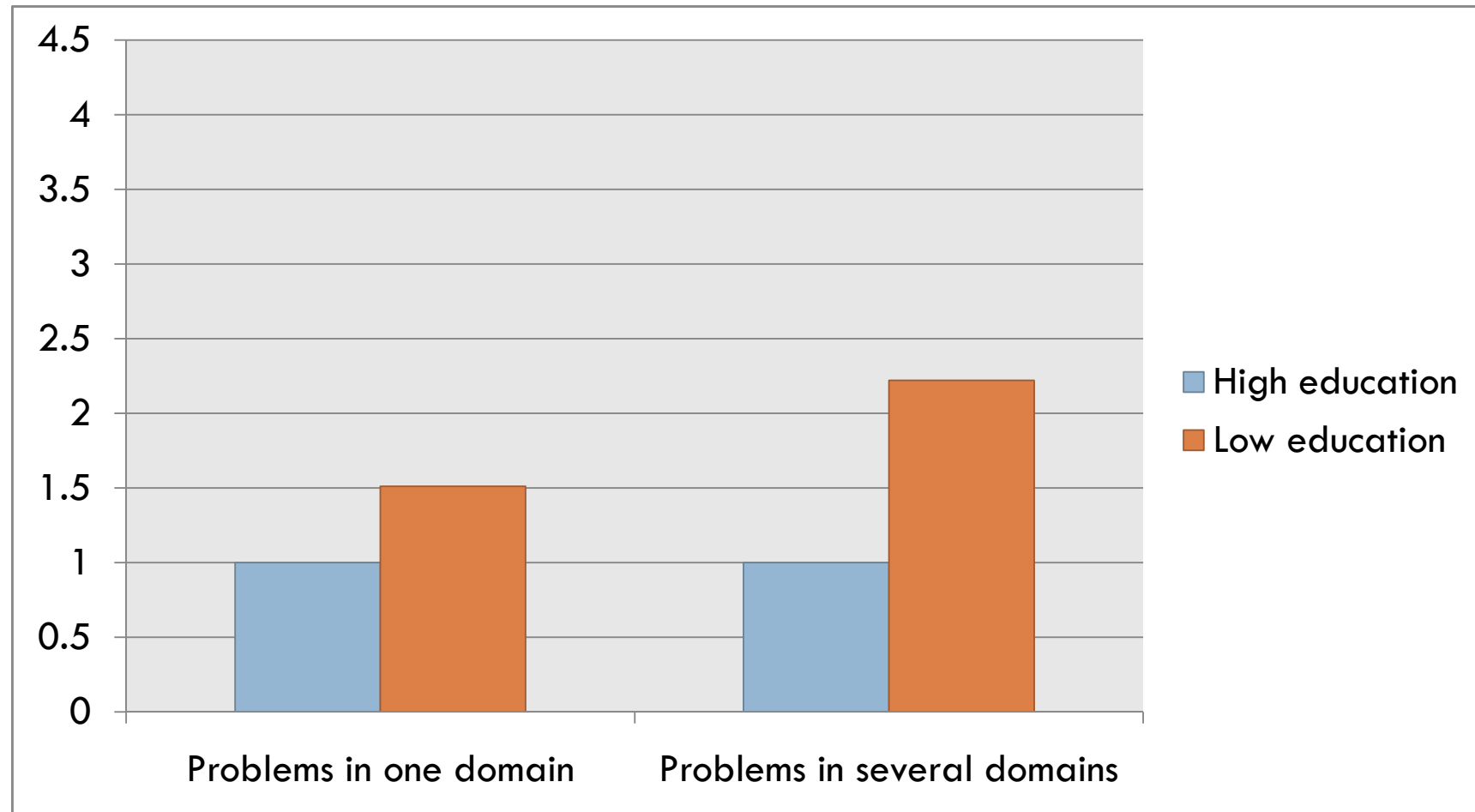
Prevalences of complex health problems (High education)



Odds ratios of having complex health problems in 1992, by education



Odds ratios of having complex health problems in 2002, by education



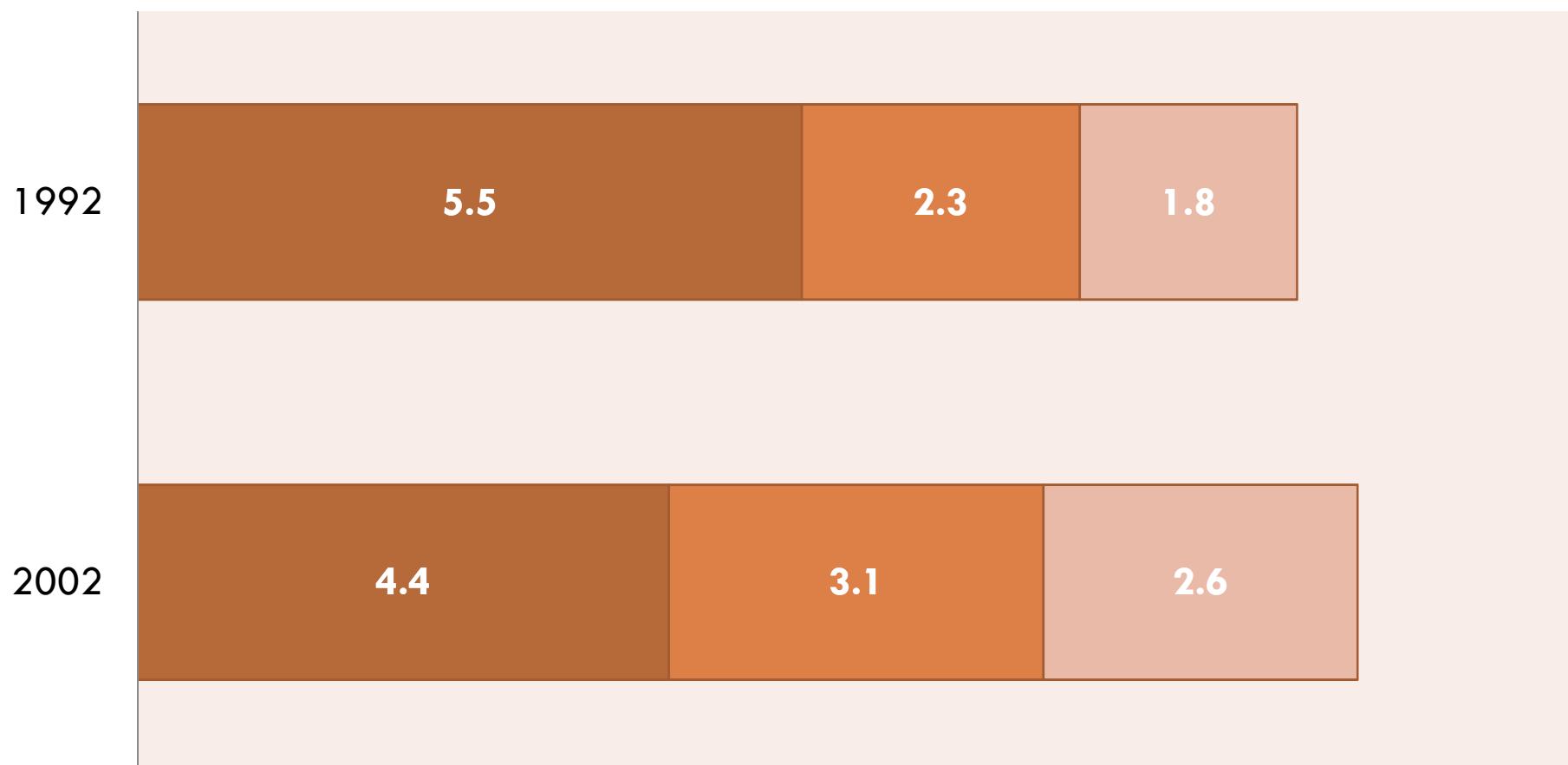
Attributable risk of complex health problems by education, 1992 and 2002



- An estimation of the percentage of complex health problems that can be 'explained' by educational differences:
 - In 1992 the attributable risk was **42.7 %**
 - In 2002 the attributable risk was **20.5 %**

Healthy (and unhealthy) life expectancy at 77

■ No complex health problems ■ Problem in one domain ■ Problems in several domains



Conclusions



- The prevalence of complex health problems increased between 1992 and 2002.
- The social inequalities in the likelihood of having problems in one health domain decreased over the period.
- The social inequalities in the likelihood of having problems in several health domains remained unchanged.