Explaining health inequality at older ages in England and Wales

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Epidemiology Research Day, Newcastle University, 29. September

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InHALE

Inequalities in Healthy Active Life Expectancy: the role of time, place, person and methods



We know



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We want to know

Do we find similar relationships using longitudinal data?

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Are geographical variations simply a reflection of socioeconomic status?

MRC Cognitive Function and Ageing Study (CFAS)



- Five centres used
- Stratified random sample aged 65+ (equal numbers of 65-74, 75+)
- Includes those in institutions

East Cambridgeshire

Fenland

- N=13004 at baseline (1991)
- Death information from National Death Registry

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Data set contains cases with complete data on all health measures, education, social class and comorbidity

10.7% excluded (1388) more likely to be women, older and from Gwynedd

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CFAS study - our data set

Health expectancies of interest here

Disability free life expectancy (DFLE), derived from ADL/IADL

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Healthy life expectancy (HLE), derived from SRH

Factors to explore

- Education
- Social class (Manual / Non-manual worker)

Results

Women and men at age 65

Life years with and without an ADL/IADL limitation

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- Healthy and unhealthy life years
 - By centre
 - By centre and education
 - By centre and social class

Years free and with a ADL/IADL disability



Are these differences explained by differences in educational achievement or social class?

Years lived healthy and unhealthy



Are these differences explained by differences in educational achievement or social class?

Years free and with a ADL/IADL disability



Education does not explain variation between centres. *BUT* education increases life expectancy and does not reduce time spend with a ADL/IADL.

Years free and with a ADL/IADL disability



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Years lived healthy and unhealthy





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Years lived healthy and unhealthy



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Do education and/or social class explain variation between centres

Gender	Health	0-9 Edu	10+ Edu	Man	Non-man
Women	DFLE	NO	NO	NO	NO
*	HLE	NO	NO	NO	NO
Men	DFLE	NO	YES	NO	YES
*	HLE	Just	YES	NO?	YES

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Neither social class nor education fully explain variation in DFLE / HLE between centres for women

Men with 10+ education and non-manual workers have similar DFLE and HLE across centres

Education increases LE decreases time spend unhealthy does *not* reduce time spend with ADL/IADL.

At age 65

Women spend more time with an activity limitation but less time unhealthy.

Men spend less time with activity limitation but more time unhealthy.



Unemployment rate and social class compostion explained more of variation in men than in women *Similar here*

Why does education not translate into the same health for women as it does for men?

Live course

Heterogenic group

Double strain

Why does DFLE/HLE vary for men with less than 10 years of education?

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Region specific work conditions

Coal mining?

THANKS

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Area with most time spend with activity limitation,but has comparable high HLE

Women with higher education spend more time with ADL/IADL limitation than women with less education

Men with low education have one of the highest LE in the low education group

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Environment?

THANKS

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