

On the meaning of health and primary care supply for a positive view on aging

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Images of Aging

Societal Images of Aging: Age(ing) Stereotypes

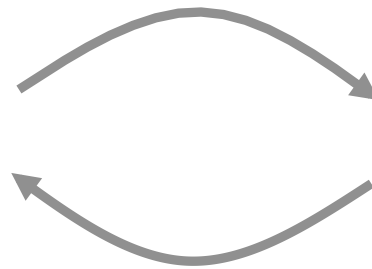


► Societal factors

Theory of stereotype embodiment (Levy, 2009):

Age stereotypes

- (a) become internalized across the life span,
- (b) can operate unconsciously,
- (c) gain salience from self-relevance,
- (d) utilize multiple pathways.



Individual Images of Aging: Self-Perceptions of Aging



► Individual Factors, e.g.:

- Age
- Education
- Well-Being
- **Health**

(Huxhold & Wurm, 2009; Levy, 2008;
Rothermund & Brandtstädter, 2003;
Schelling & Martin, 2008)

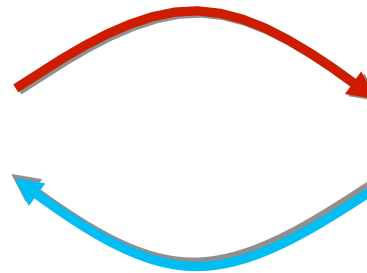
Health

Health Status

e.g., Chronic diseases



Self-Perceptions of Aging



► Self-perceptions of aging and health are interrelated

e.g.,

- Levy, Slade & Kasl, 2002
- Wurm, Tesch-Römer, Tomasik, 2007
- Sargent-Cox, Anstey, & Luszcz, 2012

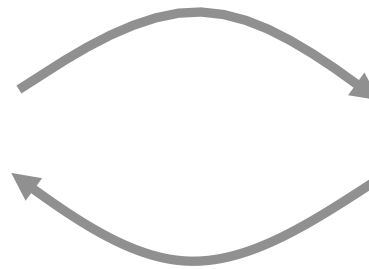
Health

Health Status

e.g., Chronic diseases



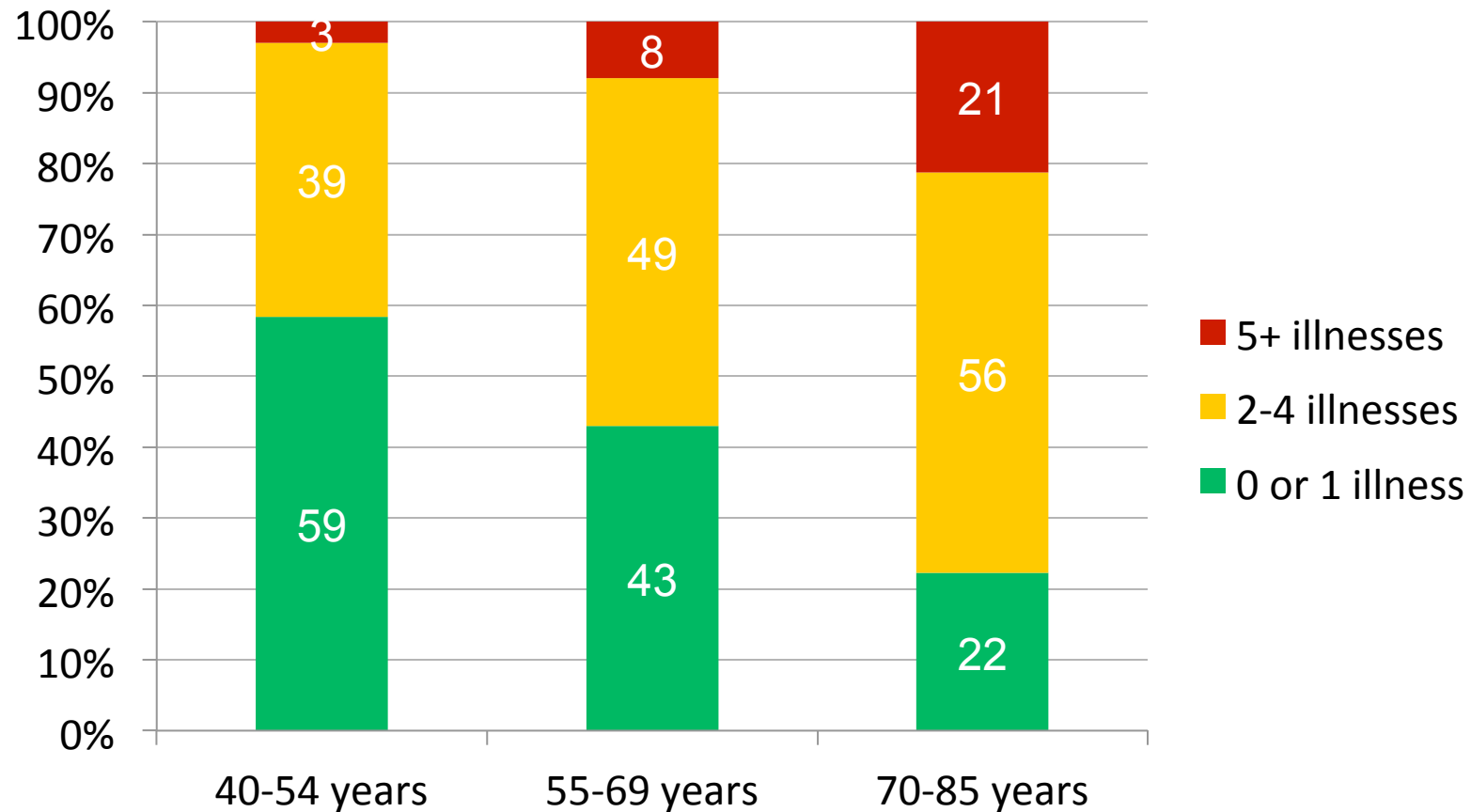
Self-Perceptions of Aging



From middle-age on...

High prevalence of chronic diseases
and multimorbidity (2 or more diseases)

Number of Chronic Diseases (Germany)



Data base: German Ageing Survey, 2008

Health care (Primary Care)

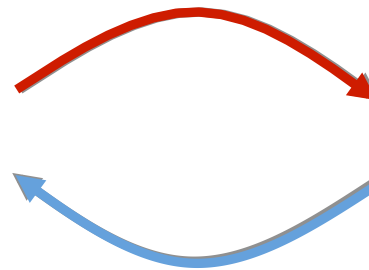
Health Status

e.g., Chronic diseases



Health Care

Need – and – availability of



- ▶ **Need of Health Care**
Chronic diseases need sustained continuity of primary care (partially due to medication)

- ▶ **Primary care supply**
differs by district (Germany)

- ▶ **Primary care supply:**
 - higher satisfaction, better compliance, lower hospitalizations & emergency room use (see Cabana & Jee, 2004 for a review)
 - Health is better in areas with more primary care physicians (Starfield et al., 2005)
 - Increase of one primary care physician per 10,000 population → average mortality reduction of 5.3% (Macinko et al., 2007)

What we know so far...

Primary Care (Need and Supply)

(e.g., Cabana
& Jee, 2004)



Health Status

e.g., Chronic diseases



Self-Perceptions of Aging



(e.g., Wurm et al. 2007)

What we don't know... Research question

Does higher primary care supply moderate the negative impact of diseases on SPA?

Primary Care Supply



Health Status

e.g., Chronic diseases



Self-Perceptions of Aging (SPA)



Data base: German Ageing Survey (DEAS)

- * Population-based survey representative of the German adult population aged 40-85
- * In 2008: N = 6,205 (newly included) individuals were interviewed
- * M = 61.5 years (SD = 12.1); 49.5% women
- * Number of diseases: M = 2.26, SD = 1.83
- * Self-perceptions of aging: PGCMS subscale “Attitude toward own aging” (Lawton, 1975). 5 Items, Cronbach’s $\alpha = .76$
- * Primary care supply: Measured by the number of GPs per 100,000 inhabitants
Data source: INKAR 2008 = Indicators and maps on Urban Affairs and Spatial Development in Germany and Europe. Data is based on district level (n=211 districts; M=49.6 GPs per 100.000 inhabitants)
- * Covariates: age, gender, net household income

Primary care supply as moderator?

Hyp.3: Adults with diseases and higher primary care supply have better SPA compared to those with diseases and lower primary care supply (primary care supply as “buffer”)

Level 2
District

.....

Level 1
Individuals

No. of
Diseases

(H1: sig.)

(H3: sig.)

Primary care
supply

(H2: ns.)

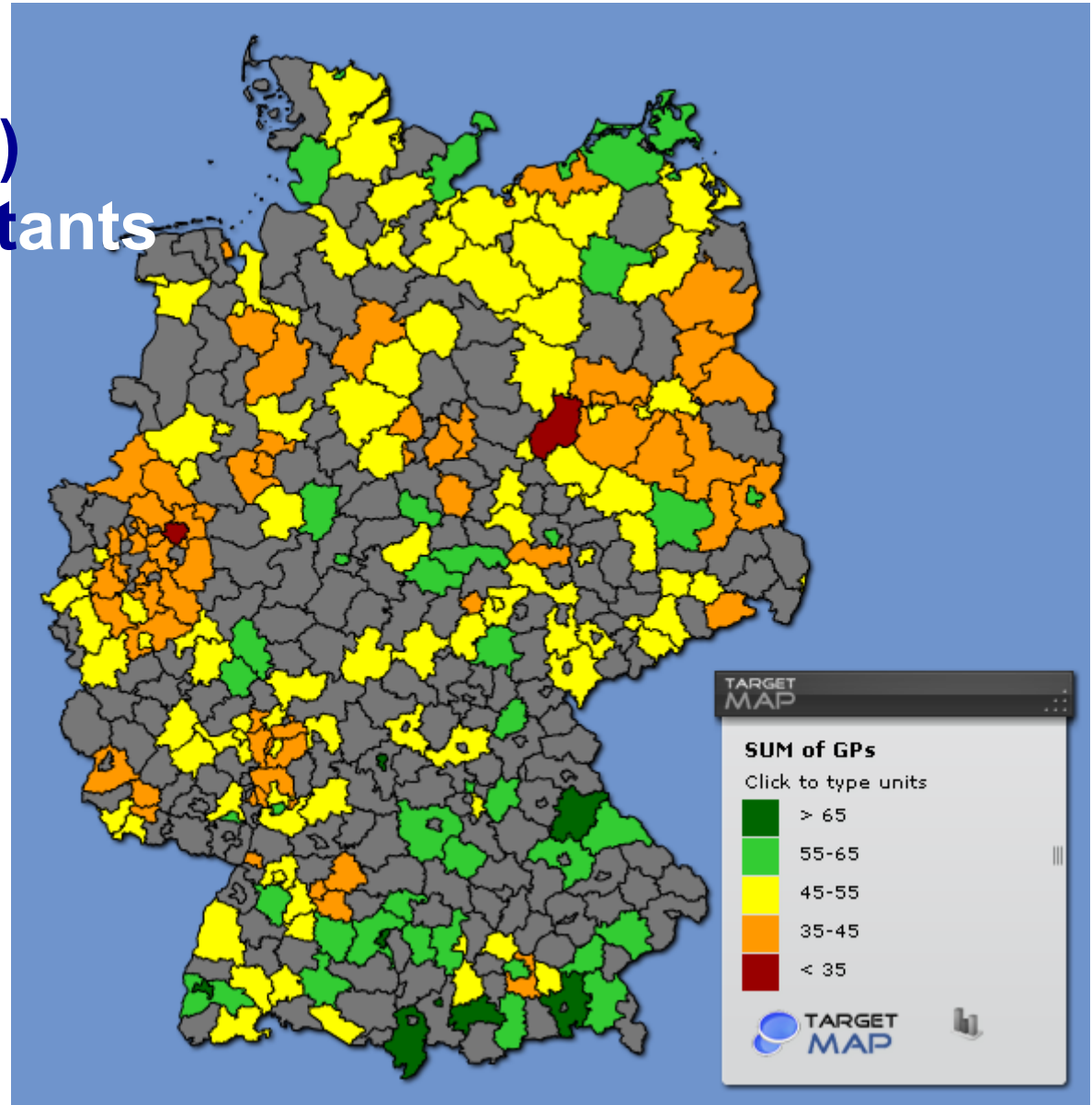
Self-perceptions
of aging (SPA)

No. of General Practitioners (GPs) per 100.000 inhabitants

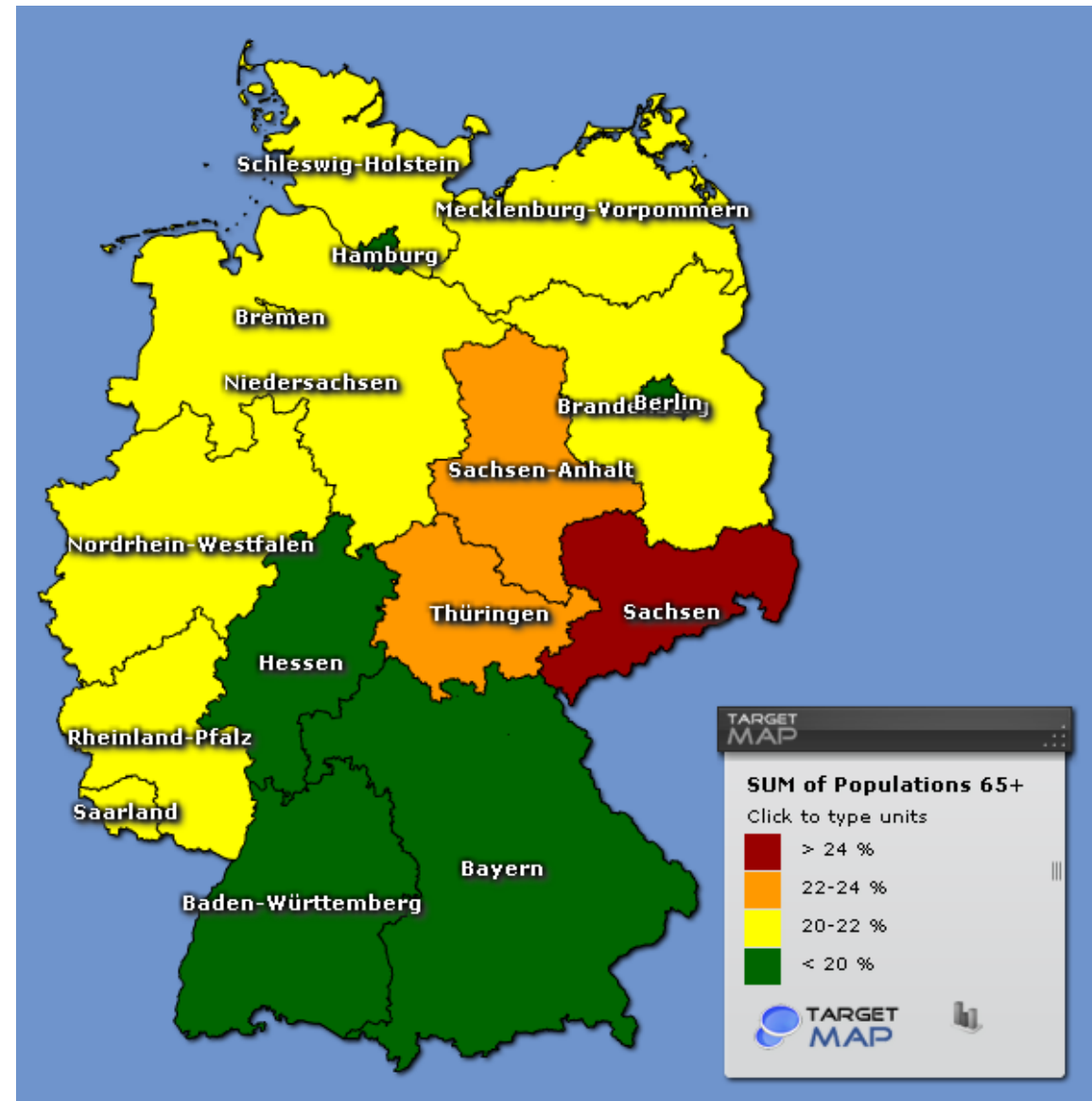
N=211 Districts

Higher primary care supply in Southern Germany

Lower primary care supply in Western and Eastern Germany



Percentage of older people (65+) in Germany by federal state



Primary care supply as moderator Results

Data analysis: Multilevel model (HLM)

Level 2
District

Level 1
Individuals

Physical
Health

primary care
supply

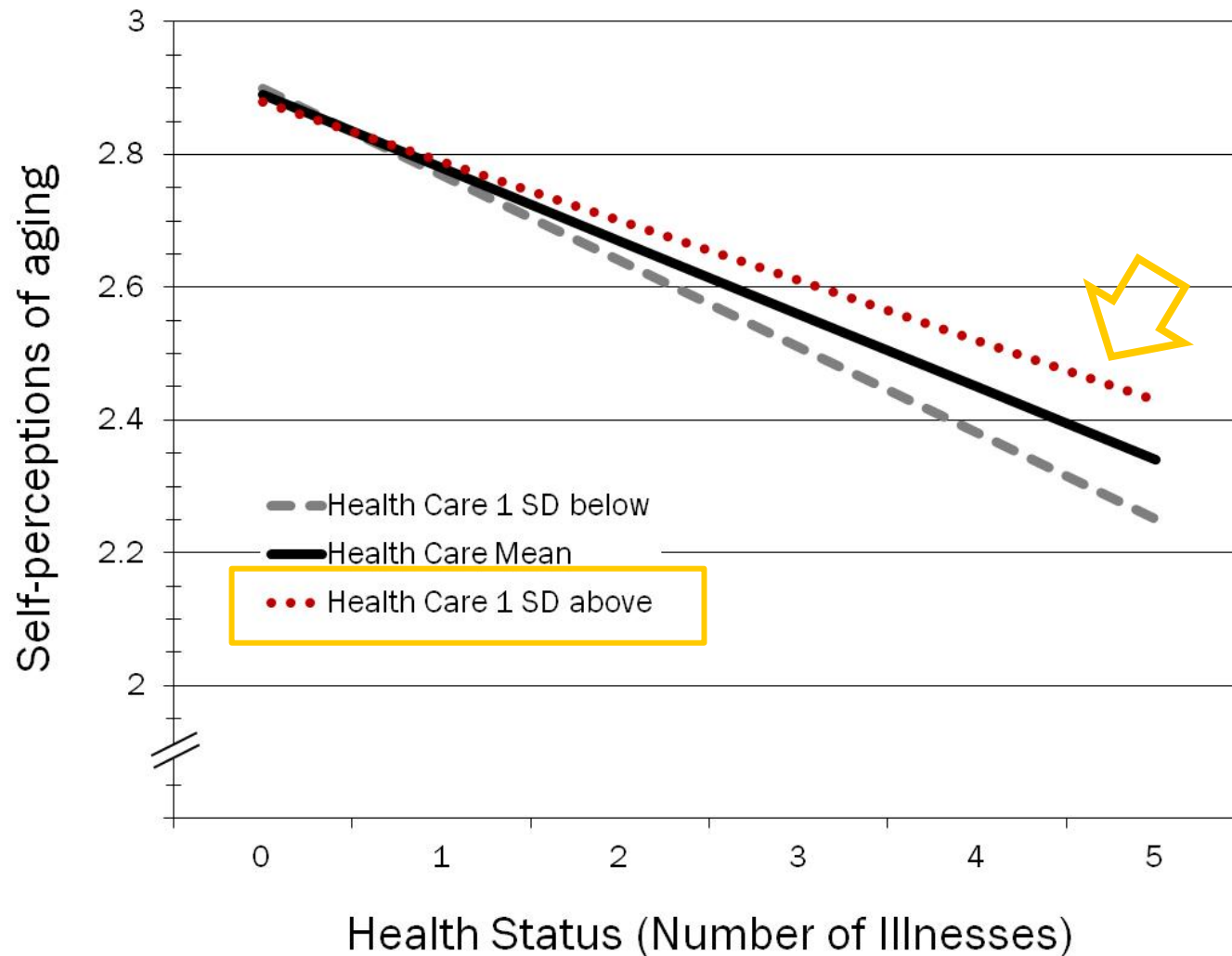
(H3: sig. = ✓
($B = .001$,
 $p < .01$)

(H2: ns. = ✓)

(H1: sig. = ✓
($B = -.11$, $p < .01$)

Self-perceptions
of aging (SPA)

Primary care supply (health care) serves as buffer between diseases and self-perceptions of aging



- * **Previous studies** have pointed to the interrelationship of health and SPA
- * This is the first study explaining the link between health and SPA by a (within country) **contextual factor**: primary care supply
- Findings suggest that high primary care supply is a crucial factor for **good and healthy aging** (“successful aging”):
How much the age-related increase in illnesses is associated with negative SPA partially depends on primary care.
- * Due to **demographic change**, a worsening of primary care supply is expected for Germany, particularly in rural areas → insufficient primary care could have cumulative negative effect on life expectancy, both by affecting health and SPA (see presentation of Maja on SPA and mortality)
- * **Limitation / Outlook**: Analyses were based on cross-sectional data
→ Next step: Analysis of **changes** in self-perceptions of aging by health and primary care supply

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PGCMS – Subskala „Attitudes toward own aging“

PGCMS = Philadelphia Geriatric Center Morale Scale

- Things keep getting worse as I get older
- I have as much pep as last year
- As you get older, you are less useful
- As I get older, things are better/worse than I thought they would be
- I am as happy now as when I was younger