www.ilcuk.org.uk

Newcastle University

Institute of Health & Society

Athena SWAN Silver Award

Unequal Ageing: A Challenge for Innovation

Thomas Scharf
Institute of Health & Society, Newcastle University
and
Newcastle University Institute for Ageing

Ageing Population: Meeting Needs through Innovation, Manchester, 11 July 2018

Introduction

- ‘Robust but non-exhaustive’ review of inequalities relating to people aged 50+ in England (commissioned by Centre for Ageing Better)
- Research partnership between Newcastle University and ILC-UK
- Outcomes: physical and mental health; (healthy) life expectancy; subjective wellbeing; social connections; financial security; living environment
- Inequalities associated with: gender, race, age, disability, sexual orientation; socioeconomic status; geography; being a carer

Two-stage approach

- Stage 1: Conceptual overview
- Stage 2: Six separate reviews of the academic evidence relating to each selected outcome:
  - Specification of keywords for each scoping review
  - Database searches (Applied Social Sciences Index and Abstracts; Scopus; Web of Science; PsycINFO)
  - Data charting
- Questions guiding each stage of the review:
  - What is the scale and nature of inequalities in terms of specific outcomes in later life?
  - What is the quality and strength of the evidence, and where are there gaps or limitations in the evidence base?

Review process

	Inequalities in:						
	Conceptualising inequalities	Subjective wellbeing	Physical and mental health	Life and healthy life expectancy	Financial security	Social connections	Living environment
Records selected for abstract/title review	1626	1140	4039	2515	4157	7256	3730
Records selected for full text screening	82	106	167	140	72	123	46
Records included in data extraction	48	30	88	34	15	44	12

Conceptualising inequalities in later life

1. Life-course approaches

- Cumulative advantage and disadvantage reflects idea that that the same birth cohorts may become more unequal over time (e.g. Dannefer, 2003)
- Seeks to understand impact of early life on later life outcomes (e.g. influence of limited educational and work opportunities in early and adult life on retirement incomes, health, access to a range of social and health services)
- “origins and destinations in the life course are linked by patterns of appreciation, depreciation and compensation of life course capital that are highly complex and interdependent with age” (O’Rand, 2003)

Conceptualising inequalities in later life

2. Intersectional approaches

- Typically related to race, class, gender, sexuality, ethnicity, nation, ability, and age
- For example, work on:
  - Older LGB and LGBT adults (e.g. Cronin & King 2010; Otis & Harley 2016)
  - Age, race/ethnicity, gender and education (e.g. Hinze et al. 2012)
  - Men’s ageing, with focus on gender, race, class, nation and sexuality (King & Calasanti 2013)

Conceptualising inequalities in later life

Key implications for innovation

- Understanding processes that lead to inequalities in later life
  - Opportunities in early life shape outcomes later in life
  - Access to technological/design innovations across the life course may divide some birth cohorts more than others
  - Needs of birth cohorts may vary over time
- Considering diversity of ageing
  - Heterogeneous older population, with some groups potentially benefiting more from innovation than others

Inequalities in physical and mental health

- Health outcomes in older age strongly linked to socioeconomic factors
- Regardless how socioeconomic status is assessed, people of lower socioeconomic status have poorer health outcomes than those of higher socioeconomic status
- This pattern occurs across a wide range of physical and mental health conditions

Inequalities in physical and mental health

- e.g. significant gap in walking speed between people in richest and poorest wealth quintiles:
  - A person aged 71 in richest wealth quintile has a mean walking speed of 0.91 m/s compared to 0.75 m/s for someone in poorest wealth quintile
  - Such differences persist over time and into advanced old age (Zaninotto et al. 2013)

Inequalities in physical and mental health

- Socioeconomic status in early life, reflecting occupational status of parents and/or educational attainment, has a strong bearing on outcomes in later life
- Some of the impact of disadvantage in early life can be ameliorated by upward social mobility across the life course

Inequalities in physical and mental health

- e.g. life-course influences on biomarkers of health:
  - Early-life factors more relevant in explaining unequal health outcomes for people aged 75 and over
  - For people aged 50-64 years, current rather than childhood socioeconomic position more important
  - Points to potential influence of social change processes on health outcomes for younger cohorts of older people (Ploubidis et al. 2014)

Inequalities in physical and mental health

- Intersection of sociodemographic characteristics, (e.g. age, sex and ethnicity), socioeconomic circumstances, and area of residence associated with especially poor health outcomes for some
- Older people in socially disadvantaged communities typically have poorer physical and mental health than those living in more advantaged communities
- Older people with greatest need for health care do not always have access to appropriate services and treatments

Inequalities in physical and mental health

- Share of women **not** having surgery for operable breast cancer increases from 7-10% at ages 35-69 years to 82% for women aged 90+ (Bates et al. 2014)
- Coronary angiography significantly less likely to be performed in patients aged over 64 compared with those aged under 50 years (Sekhri et al. 2008)
- Older people with most to gain from attending cardiovascular disease screening least likely to participate in screening (Lang, S.J. et al. 2016)

Inequalities in life and healthy life expectancy

- Robust evidence of strong association between socioeconomic status and inequalities in life expectancy, healthy life expectancy, and disability-free life expectancy
- People belonging to more advantaged groups tend to live longer in better health and without functional impairment than people who are less advantaged

Inequalities in life and healthy life expectancy

- e.g. wealth more strongly associated with mortality than other measures of socioeconomic status:
  - Significantly higher risk of deaths among people aged 50-64 years in lower two-thirds of wealth distribution
  - Compared to people in highest third of wealth distribution, mortality risk 1.21 times greater in intermediate tertile and 1.77 greater in lowest tertile
  - Similar patterns in people aged 65 and over, but association is weaker (Demakakos et al. 2016)

Inequalities in life and healthy life expectancy

- Powerful evidence connects inequalities in mortality and survival to area characteristics, with residence in socially deprived locations associated with higher mortality and lower chances of survival

Inequalities in life and healthy life expectancy

- From 1990-2013, life expectancy at birth increased in England by 5.4 years to 81.3 years with a greater increase amongst men than women
- General increase in life expectancy not matched by reduction in geographic inequalities in male life expectancy; difference between the most and least deprived areas remained at 8.2 years
- For women, difference between the most and least deprived areas decreased from 7.2 years in 1990 to 6.9 years in 2013 (Newton et al. 2015)

Inequalities in later life: the evidence

- Review highlights deep-seated and persisting nature of inequalities in later life based on such factors as age, gender, ethnicity/race, socioeconomic status, place of residence, care relations
- Later life unnecessarily diminished in quality and quantity for key groups in society
- Evidence strongest in relation to inequalities in physical and mental health, life expectancy and healthy life expectancy, financial security
- Scope for further work on other themes, especially to reflect better the diversity of an ageing population

Three key messages

1. We already know a lot about inequalities in later life in England. But more evidence needed in relation to:
   a) How innovations (e.g. in technologies or service design) may contribute to shaping unequal outcomes
   b) What works in reducing inequalities in later life
2. Regardless of evidence gaps, there are compelling arguments for action to reduce inequalities
3. Action on reducing inequalities involves all sectors of society and should also be a priority for innovation

Inequalities in later life

December 2017

Inequalities in later life

The issue and the implications for policy and practice

Centre for Ageing Better

December 2017

Full report at:

https://www.ageing-better.org.uk/publications/inequalities-later-life

Contact

thomas.scharf@ncl.ac.uk