

Economic Living Standards Of Older People: Inequalities And Health.

HEALTH WORK
AND RETIREMENT



E tū te huru mā,
haramai e noho

LONGITUDINAL STUDY

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Massey University



Health Research Council of New Zealand
Te Kaunihera Rangahau Hauora o Aotearoa

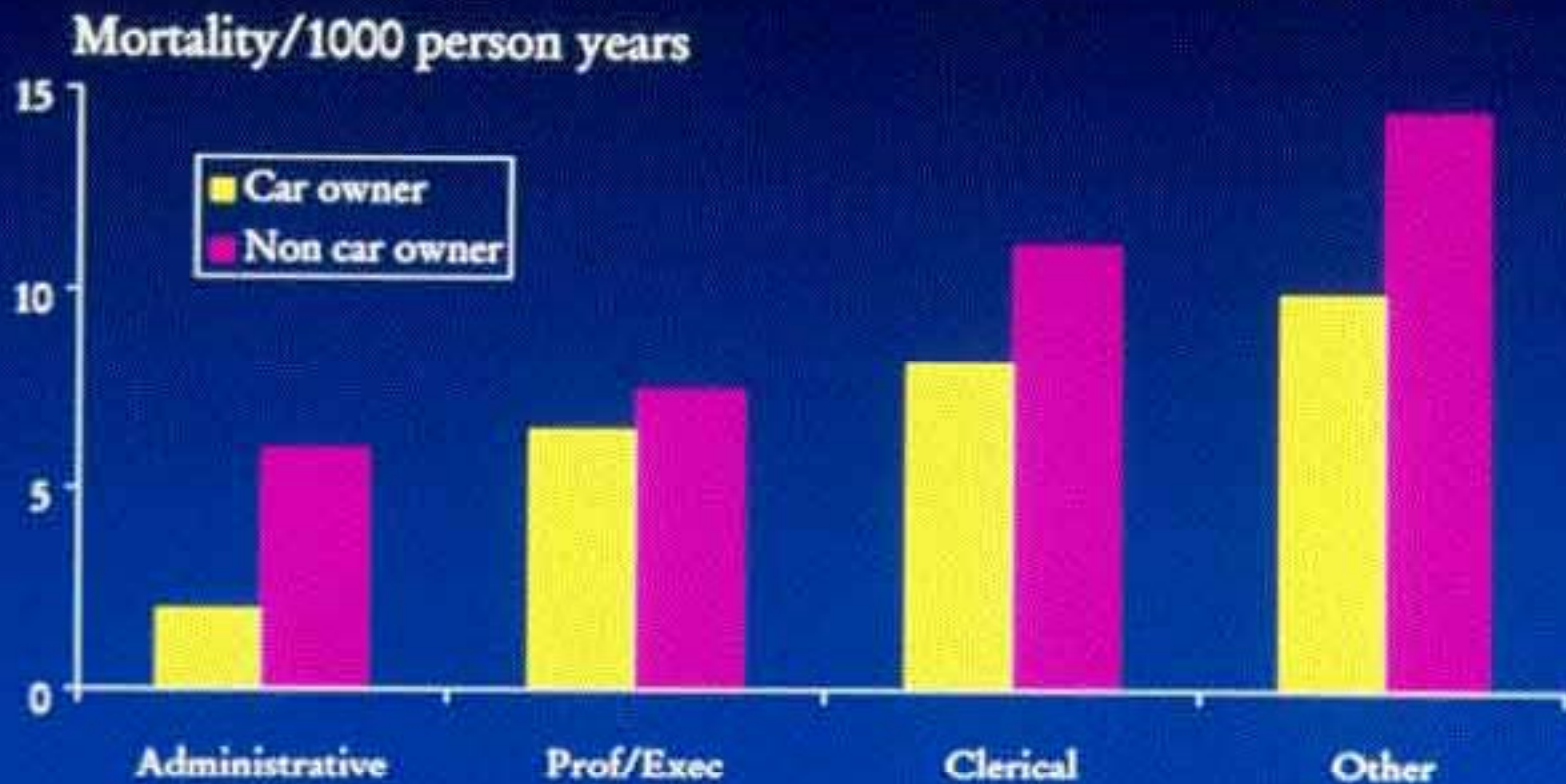
Ageing and Health

- Factors related to changes in physical and mental health
 - Age
 - Individual health behaviours: e.g. health care utilisation, physical activity, smoking and alcohol use.
 - Structural factors: retirement, ethnicity, gender, and SES (income, occupation and education).

The SES and health gradient

- People of higher SES live longer healthier lives
- One of the strongest and most consistent predictors of public health
- A gradient - not just the poor and the rest

**All-cause mortality by employment grade and car ownership
in the Whitehall study of London civil servants, excluding
subjects with prevalent disease at the time of study entry**



Inequalities in older age

[Chandola T](#), [Ferrie J](#), [Sacker A](#), [Marmot M](#). (2007). Social inequalities in self reported health (SF-36) in early old age: 18 year follow-up of Whitehall II study participants.

- Inequalities contribute to widening gaps
- Physical health deteriorated more rapidly with age among men and women in lower occupational grades
- Improved mental health rate slower for lower grades

HEALTH, WORK, AND RETIREMENT STUDY

Two waves of data collection.

- Phase 1 involves three studies:
 - Postal survey of representative sample of NZers aged 55 to 70 (oversampling of Māori)
 - Interview with a representative sample of Māori in same age range.
 - Interview with sub-sample from the general population
- Phase two – 2nd wave of survey and interview data

Survey

■ *Participants*

- From NZ Electoral Roll
- General Sample = 5,264 (61%)
- Māori Sample = 7,781 (48%)
- N = 6662 Average Return rate = 53%

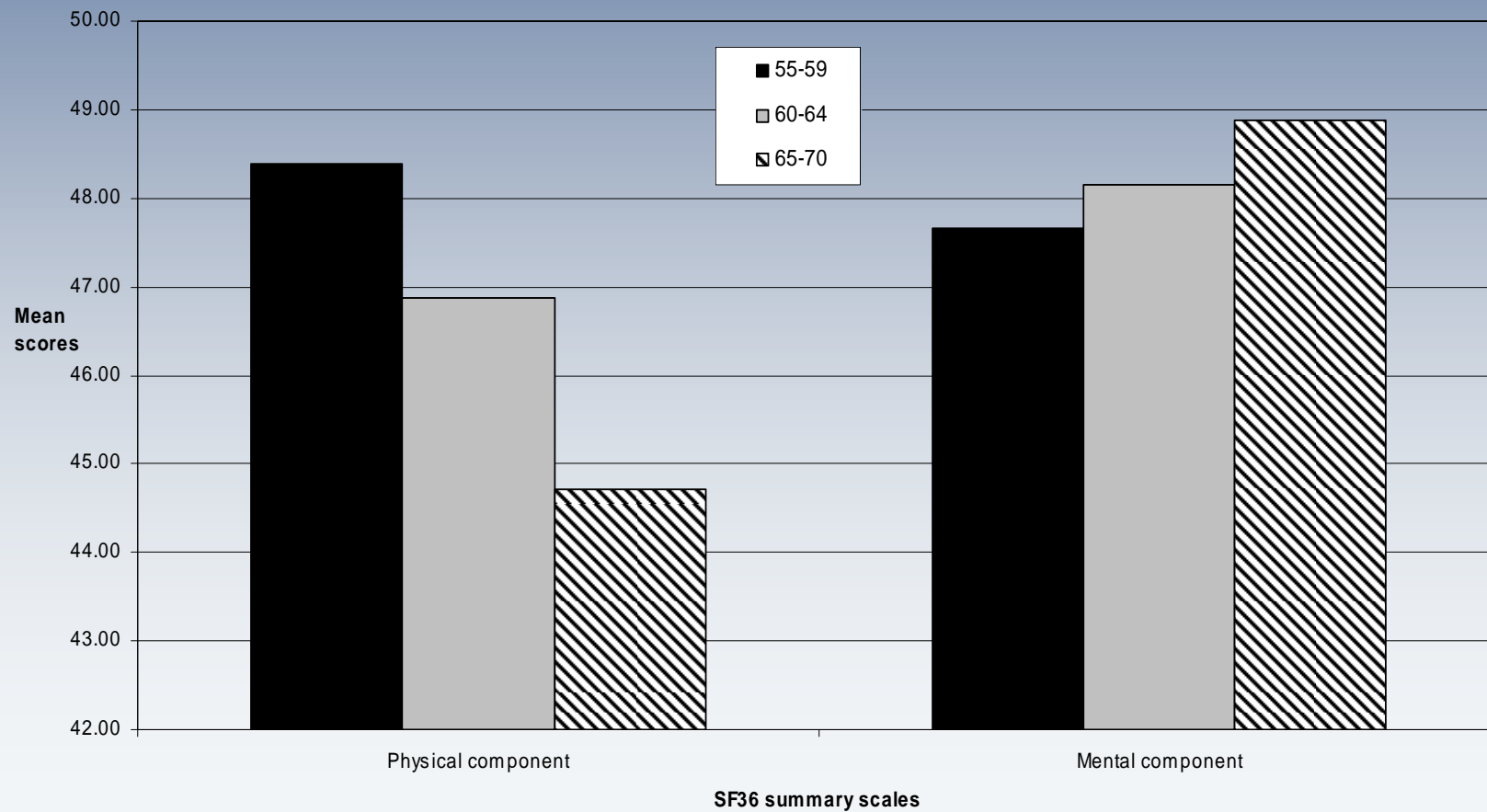
■ *Postal questionnaire*

- Individual and Household demographics
- Physical and Mental health (SF-36)
- SES (wealth, economic living standards, ethnicity, educational qualifications)
- Health related behaviours (smoking, exercise).

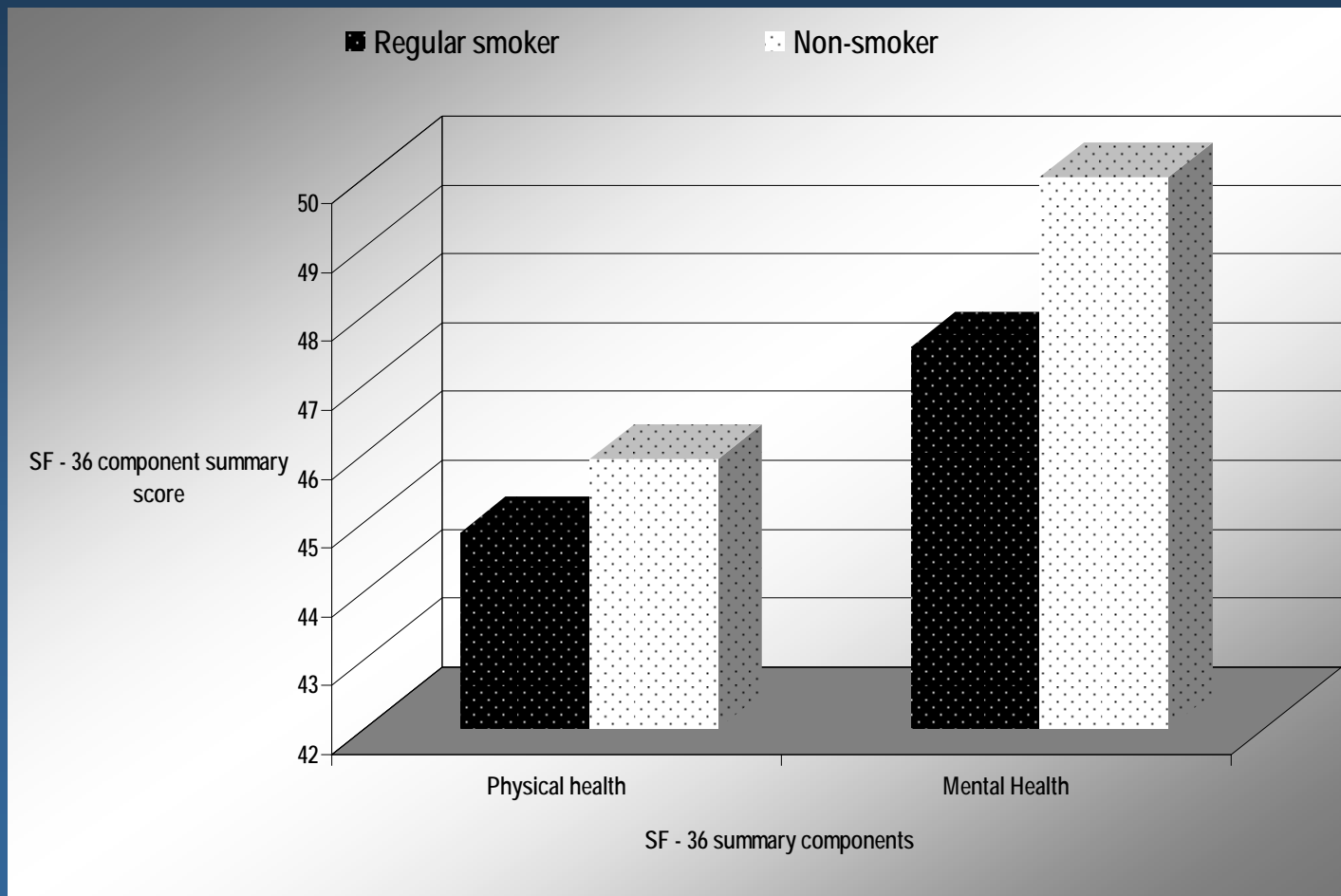
Individual and Behavioural Factors Related to Health

- Age
- Smoking
- Physical Activity

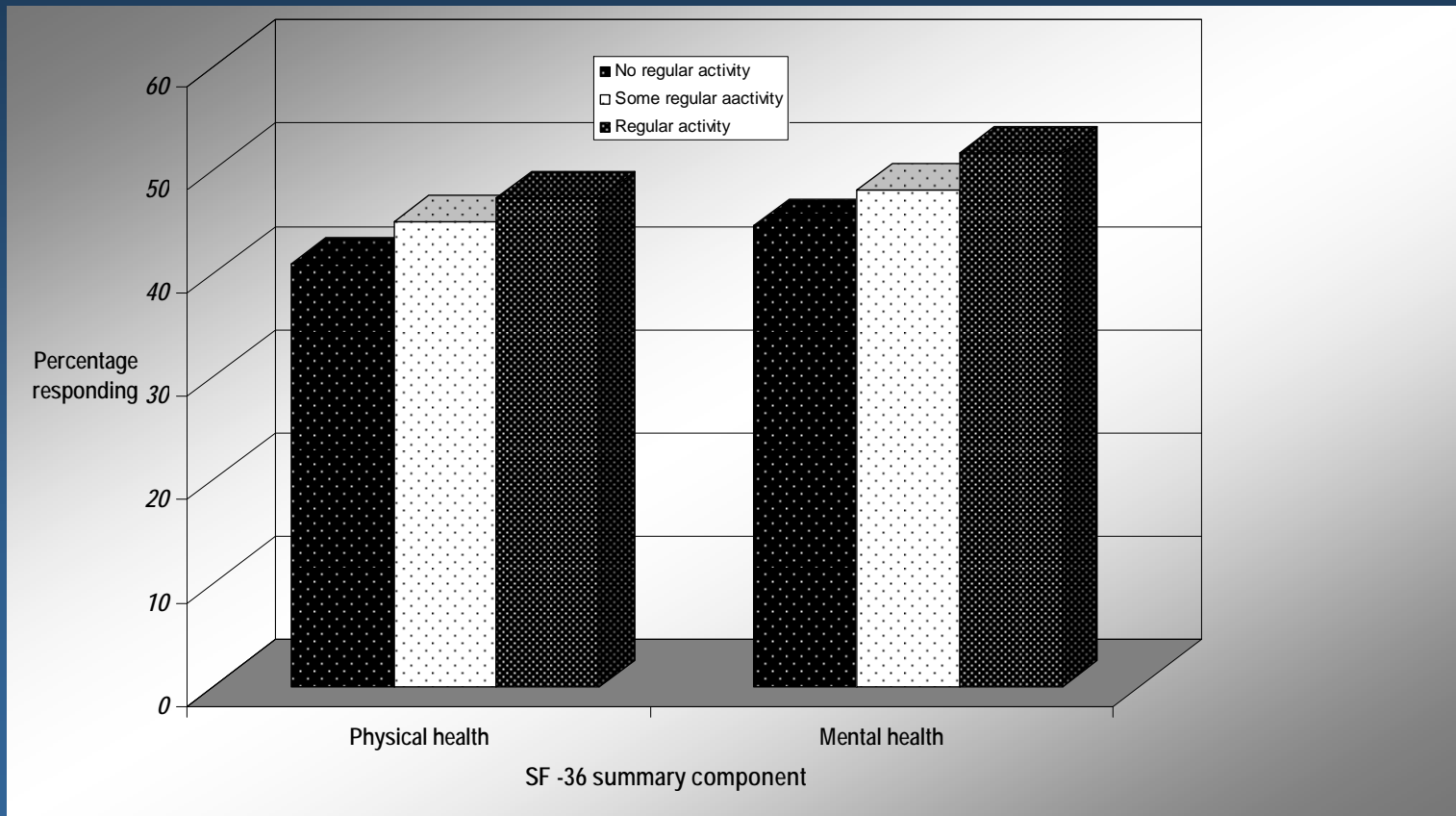
SF36 summary scores by Age



Smoking Tobacco



Physical Activity

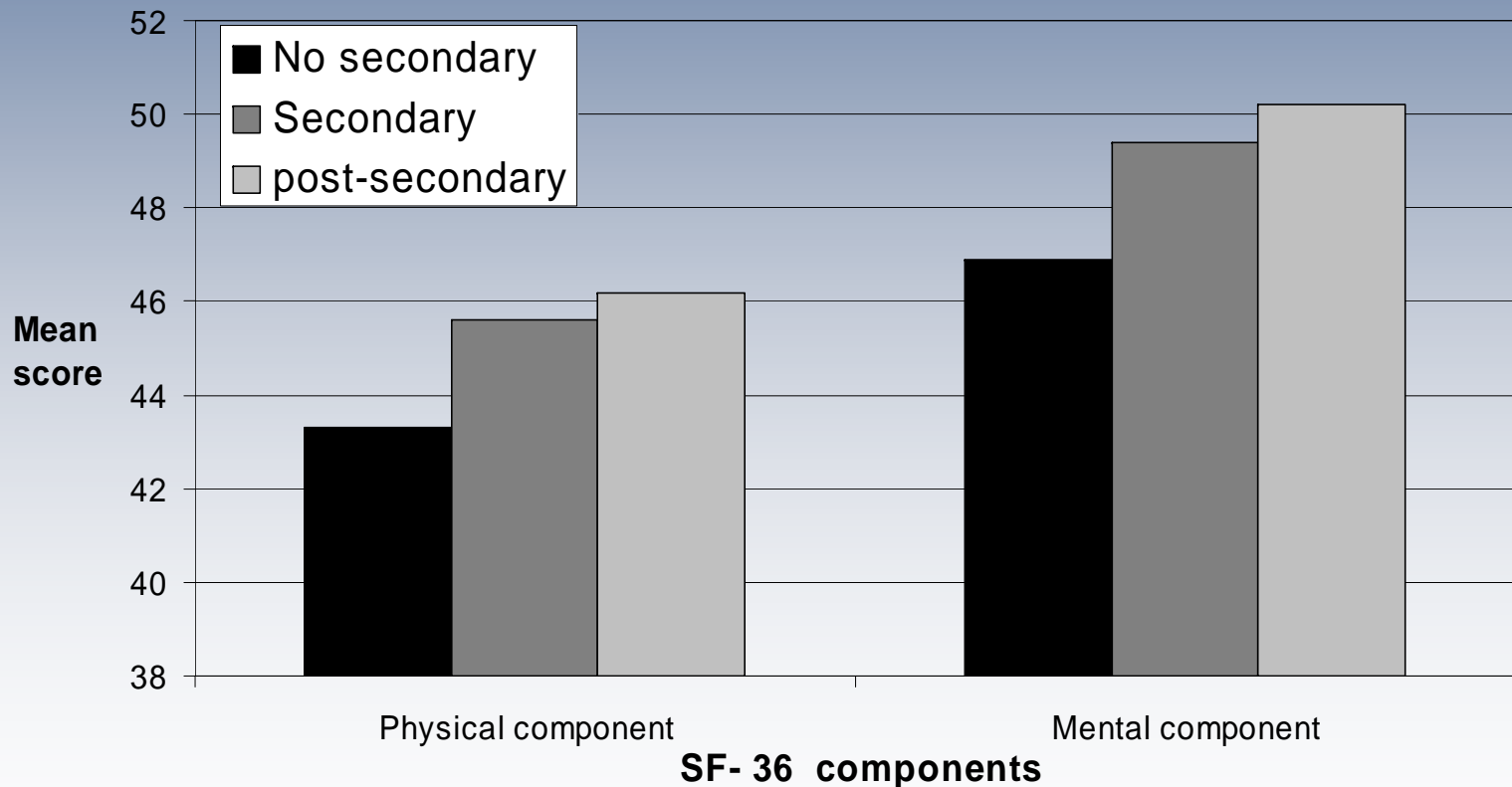


Structural Factors Related to Health

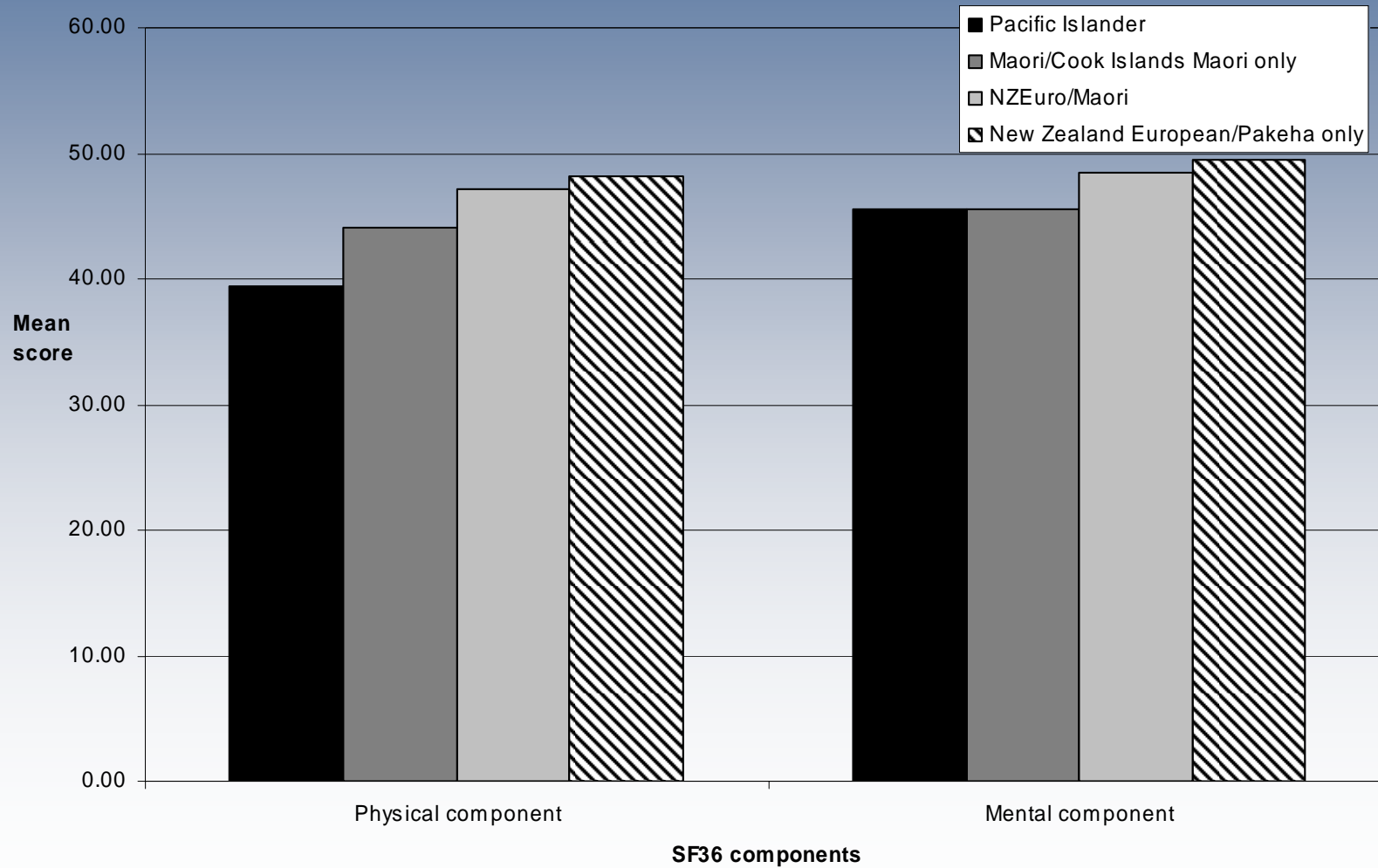
- Education
- Ethnicity
- Household Income
- Economic Living Standards



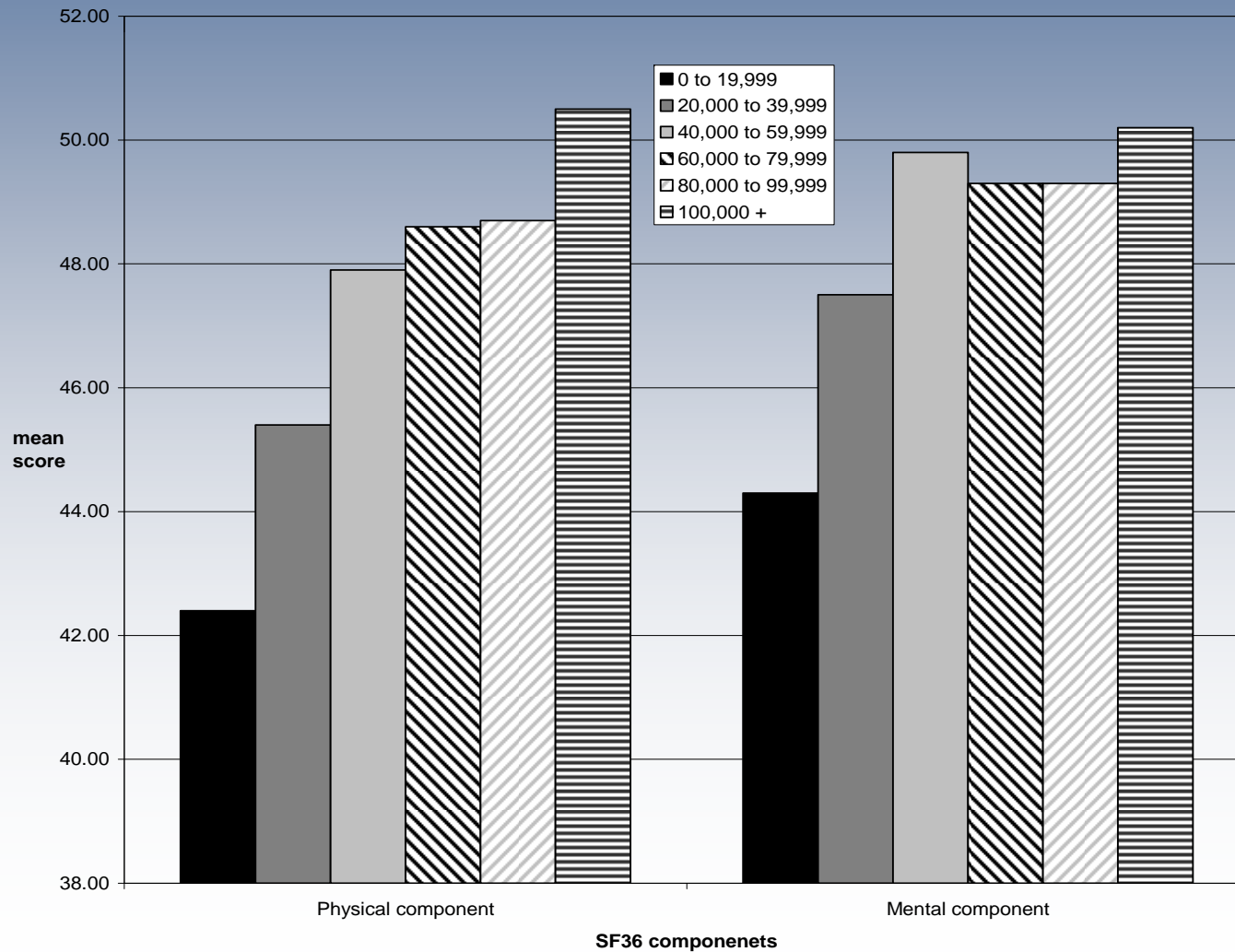
SF 36 summary scores by levels of educational qualifications



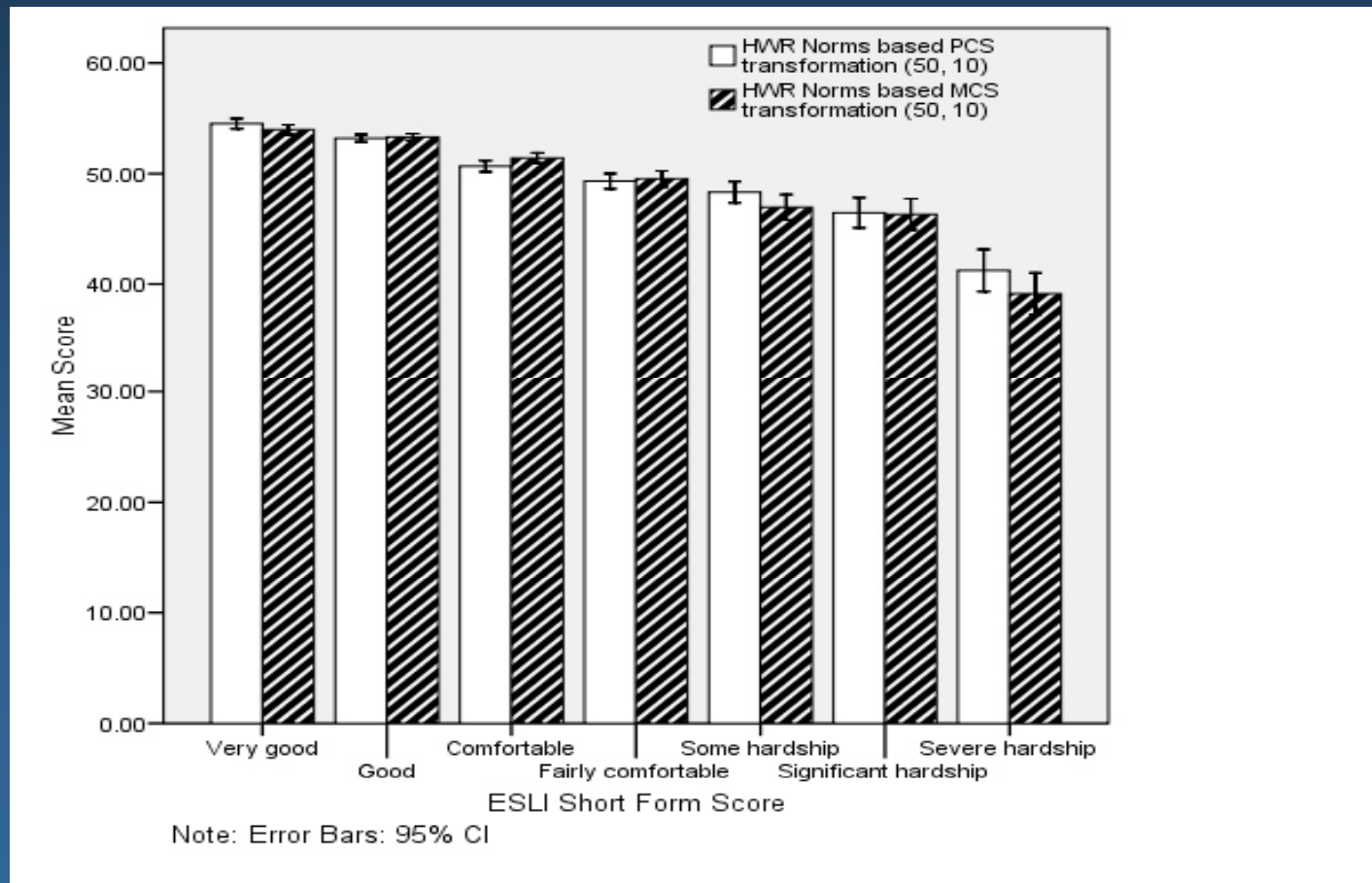
SF 36 summary scores by ethnicity



SF-36 scores by household income



Economic Living Standards



Physical Health as Criterion

■ Age	-.069***
■ Gender	.033*
■ Retirement Status	-.153***
■ Physical Activity	.105***
■ Smoking	.028*
■ Wealth	.052***
■ Living Standards	.259***
■ Education	.063***
■ Ethnicity	.037**

Adj. $R^2 = .160$ ***

* $p < .05$, ** $p < .05$, *** $p < .001$

Mental Health as Criterion

■ Age	.125***
■ Gender	.034*
■ Retirement Status	-.047**
■ Physical Activity	.042**
■ Smoking	-.012
■ Wealth	.006
■ Living Standards	.341***
■ Education	.023
■ Ethnicity	.020

Adj. $R^2 = .160$ ***

* $p < .05$, ** $p < .05$, *** $p < .001$

Conclusion

- Evidence suggests that inequalities will be an important public health issue for the ageing population as 'baby boomers' move from work to retirement.
- Health promotion for older people must take account of the broader social and structural factors.
- These relationships must be explored since they have important implications for public health policy and practice.



<http://hwr.massey.ac.nz>