



Self-rated health (SRH) and socioeconomic position (SEP) among urban home-dwelling older adults

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ABSTRACT

The main purpose of this study was to examine the association of education and adequacy of income with self-rated health (SRH) among home-dwelling older people aged 75 and over living in the urban area. A cross-sectional survey from 2008 was used to study 1395 older adults aged 75 and over living in one of the central areas of the city center of Helsinki, the capital of Finland. Associations of SRH with education and adequacy of income were tested using ordinal regression model. Those with a lower level of education had higher level of poor health. Self-assessed adequacy of income had also a strong association with SRH. For the oldest respondents this association was even stronger than the association between education and SRH. Subjective evaluation of financial situation should be used as a key indicator of socioeconomic position (SEP) in studies examining inequalities in health especially among older adults.

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1. Introduction

SRH has become one of the key indicators of overall health status over the past few decades (De Bruin et al., 1996; Idler and Benyamini, 1997). A number of existing evidence shows SRH to be associated with morbidity, functional disability, use of services and overall mortality (Idler and Benyamini, 1997; Bath, 1999; Idler et al., 2000; Leinonen et al., 2001; Ford et al., 2008).

Well established socioeconomic health inequalities implies that the lower the SEP, the poorer the health (Huisman et al., 2003; Von dem Knesebeck et al., 2003; Sulander et al., 2006; Nummela et al., 2007). This pattern has been found especially when education, occupation and income have been used as indicators of SEP.

Traditionally, SEP among older people has been measured through education and previous occupation (Avlund et al., 2003; Sulander et al., 2006, 2009; Rueda et al., 2008). Income level has been also used as an indicator of SEP. However, income may not differentiate older people in the same magnitude as working aged people (Lynch and Kaplan, 2000). Therefore, various measures should be used in studies concerning older people (Dalstra et al., 2006). Self-rated economic status has found to be a strong indicator of financial capacity in older age (Litwin and Sapir, 2009).

Even though strong evidence exists on association between SEP and health, studies concerning self-rated economic condition and

health are scarce. Only a few studies have examined this association among aged people. A recent study from Finland indicated adequacy of income to be strongest SEP measure to be associated with health among 52–56-, 62–66- and 72–76-year-olds, especially among those living in the urban areas (Nummela et al., 2007). Similar association has been suggested also from Hong Kong (Cheng et al., 2002).

The main purpose of this study was to examine the association of education and adequacy of income with SRH among home-dwelling older people aged 75 and over living in the urban area. A special interest was to find out whether adequacy of income was more strongly associated with health than education. Furthermore, we were interested whether the previously found association between adequacy of income and health among aging people in Finland could also be found among older adults.

2. Subjects and methods

2.1. Subjects and data collection

This study is part of the ongoing Seniors in the City Project 2008–2010 conducted at the Age Institute in Finland. A cross-sectional survey from 2008 was used to study all home-dwelling older adults aged 75 and over living in one of the central areas of the city center of Helsinki. The primary purpose of this survey was to obtain information about the state of health and health-related behavior. The total sample size was 1968 people. The average response rate was 71%; so that data from the questionnaires were

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used to study 1395 people (456 men and 939 women) aged 75–99 years.

2.2. Measures

2.2.1. SRH

SRH was defined by the answer to the question “Is your health good, rather good, average, rather poor or poor”. SRH was used as a continuous variable.

2.2.2. SEP

Education was divided into three categories. The first category included those respondents who had graduated from secondary school, the second category included those with a background in middle school and the third category those with an elementary school education.

Self-assessed adequacy of income after the necessary expenses (e.g., cost of living and installment of a loan) was divided into two categories: very and rather good into the first category and average, rather poor, and very poor into the second.

2.3. Statistical analysis

The simultaneous contribution of several factors to SRH was examined by means of an ordinal regression method using the SPSS statistical program. The results are presented as cumulative odds ratios (CORs) with 95% confidence intervals (CI). Cumulative models examine the relations between the categories of an ordinal dependent variable. Thus, COR expresses the incidence of upper values of the dependent variable compared to the lower values in various categories of independent variables.

For ordinal regression analyses two models were constructed. In model 1, each independent variable was studied individually in comparison to SRH. In model 2, age, marital status, education and adequacy of income were examined simultaneously. Furthermore simultaneously adjusted results were calculated separately for each age group (75–79, 80–84, and 85+).

All analyses were calculated separately for men and women.

3. Results

Distribution of SRH and background factors by age and gender is quoted only in the text and number of respondents in different subgroups in Table 1. Poor SRH increased with age. Those respondents aged 85+ had double the prevalence of poor SRH in comparison to those aged 75–79 years. The majority of men were married and most of the women were widowed. Over half of the men and slightly less than half of the women had a secondary education. Approximately half of the respondents had good or very good adequacy of income.

According to age adjusted CORs, older respondents had a poorer health than younger ones (Table 1). No differences in poor SRH by marital status were found. Educational disparities in poor SRH were evident. The lower the educational status the poorer the health. Similarly those respondents with lower adequacy of income had poorer SRH. Figures concerning age and marital status did not changed after simultaneous adjustment. Health disparities by education and adequacy of income attenuated among both men and women. However, differences in poor SRH by adequacy of income among women were wider than by education.

Table 2 shows cumulative odds ratios of poor SRH by background factors in different age groups. Statistically significant

Table 1

Ordinal regression with COR and their 95%CI for associations of poor SRH with age, marital status, education and adequacy of income.

	<i>n</i>	Age-adjusted	Adjusted for all variables in model
Men			
Age (years)			
75–79	226	1.00	1.00
80–84	141	1.69 (1.15–2.50)	2.06 (1.38–3.08)
85+	89	2.58 (1.64–4.08)	3.44 (2.12–5.59)
Marital status			
Married	310	1.00	1.00
Divorced/single	71	1.41 (0.88–2.26)	1.17 (0.72–1.88)
Widower	74	0.88 (0.54–1.41)	0.76 (0.47–1.23)
Education			
Secondary	265	1.00	1.00
Middle school	85	2.44 (1.54–3.87)	2.19 (1.38–3.49)
Elementary school	101	3.26 (2.13–5.00)	2.44 (1.55–3.86)
Adequacy of income			
Good or very good	343	1.00	1.00
Average or less	102	3.37 (2.22–5.13)	2.45 (1.57–3.82)
Women			
Age (years)			
75–79	333	1.00	1.00
80–84	309	1.40 (1.05–1.86)	1.40 (1.05–1.88)
85+	297	2.07 (1.55–2.77)	2.32 (1.70–3.16)
Marital status			
Married	221	1.00	1.00
Divorced/single	265	1.08 (0.77–1.50)	0.84 (0.60–1.18)
Widow	451	0.91 (0.67–1.23)	0.83 (0.60–1.13)
Education			
Secondary	426	1.00	1.00
Middle school	276	1.58 (1.20–2.09)	1.35 (1.01–1.80)
Elementary school	225	2.36 (1.75–3.19)	1.88 (1.38–2.57)
Adequacy of income			
Good or very good	600	1.00	1.00
Average or less	317	3.34 (2.57–4.33)	3.00 (2.29–3.93)

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