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The age pattern of social inequalities in health at older ages: are common measures of socio-economic status interchangeable?



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ABSTRACT

Objectives: Social inequalities in health have been largely documented in social science research. Members of the most disadvantaged groups experience worse health and higher mortality from birth throughout adulthood. However, it is not clear whether this association persists at older ages. Some studies have found a narrowing of the social gradient in health, at least when ‘traditional’ measures of socio-economic status (SES)—income, education, and occupation—are used. The main goal of the article is to highlight similarities and discrepancies in the age trend of social inequalities in health that arise when multiple measures of SES are considered.

Study design: The present study uses a longitudinal sample of over 7000 individuals age 50+ from the Survey of Health, Ageing, and Retirement in Europe to examine the age trend of social inequalities in health.

Methods: By using growth curve models, individual trajectories of self-rated health and physical functioning were analyzed. SES is measured through wealth, income, and education.

Results: The findings show that for both health outcomes, the choice of the indicator of SES is very consequential, as the age trend of social inequalities in health is substantially different for different measures of SES.

Conclusion: Using multiple measures of SES is recommended, as using only one measure would give only a partial account of the age trend of social inequalities in health. In particular, wealth seems to better capture individual's socio-economic position, as it is able to detect health gradients even where education and income fail to do so.

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Introduction

Health is not distributed equally across social groups. Individuals in lower socio-economic groups systematically

experience higher mortality and worse health outcomes. In particular, individuals with lower education, lower income, fewer assets, or a less prestigious occupation tend to be disadvantaged compared with their more educated, richer,

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wealthier, or better job-holding counterparts. The negative association between socio-economic status (SES) and health has been long established and holds for a number of physical and mental health outcomes, including mortality, self-rated health, chronic conditions, physical limitations, and depression.^{1–4}

Social inequalities in health are observed from birth and infancy throughout the entire life course. Among the elderly, however, this relationship shows inconsistent age patterns.^{5,6} On one hand, because aging is associated with an increase in the risk of illness and a decline in physical functioning regardless of SES, the SES-based health gradient may narrow at older ages; on the other hand, because later-life health reflects the accumulative effects of earlier life experiences, the health gradient may become steeper. Some research has reported a narrowing of social inequalities in health at older ages, whereby health trajectories tend to converge in late life—typically after 60 years⁵—consistent with the age-as-leveler model.^{7–11} At the individual level, the age-as-leveler model implies that after a certain age, health deterioration occurs at a faster rate for high SES individuals than for low SES individuals. A possible explanation to this apparently counterintuitive pattern is that the convergence of health trajectories across SES groups might be generated by the use of indicators of SES that are not particularly suited for the elderly.^{9,10,12} In fact, the most commonly used socio-economic indicators—income, education, and occupation—may not adequately capture the socio-economic standing of the elderly.^{12–16} Table 1 contains a summary of the pathways and mechanisms through which the traditional measures of SES are related to health, as well as their drawbacks when applied to the subpopulation of older adults. By this logic, by using a

better measure of SES, social inequalities in health might be still detected at older ages, where traditional measures might give the appearance of an age-as-leveler pattern.

Overall, there is a shared consensus that wealth is a crucial and arguably the most appropriate indicator of SES for older adults.^{6,9,11,12,14,15,17–19} First of all, the distribution of wealth is more dispersed than that of income among the elderly.¹⁴ In fact, at older ages, while income tends to decrease, wealth is at its peak.¹⁹ In addition, there is great variation in wealth within the same level of income.^{9,15,20} This suggests that looking at income without considering wealth may underestimate social inequalities in health.^{18,20} Income and wealth are both measures of financial well-being and consumption capability, but income in a single year is much more volatile than wealth. And even though they are related, they tap into different aspects of social stratification. While income is a flow of financial resources—and as such represents only current economic well-being—wealth is a stock of assets deriving from inheritance, lifelong income, as well as spending and saving patterns.¹⁵ In addition to providing a better quality of life (in terms of material and economic well-being), wealth can also act as a ‘security fund’ that allows households to maintain their usual lifestyle during a period of economic hardship. However, despite its conceptual advantages, wealth—perhaps because it is a difficult variable to measure²¹—is still less frequently used than the other indicators of SES in the social epidemiology and medical sociology literature.^{6,14,20,21}

This article focuses on social inequalities in self-rated health and physical functioning in middle and late life, with a particular focus on the measurement of SES. Specifically, I examine the age trend of social inequalities in health based on

Table 1 – Traditional measures of SES: pathways to health and why they might not appropriately capture socio-economic position at older ages.

Indicator of SES	Pathways/mechanisms	Why they might not be appropriate for the elderly
Occupational class	<p>Physical: low-ranked jobs tend to be more physically demanding and are more often associated with unhealthy exposures (e.g. construction workers and agriculture field workers).</p> <p>Material: low-ranked jobs are usually low-income jobs.</p> <p>Psychosocial: low-ranked jobs correspond to lower prestige and social recognition.</p>	Most of the elderly are out of the labor force, especially after the age of 65 years. The use of alternative measures (such as the longest occupation, preretirement occupation, or partner's occupation) does not solve the problem because these indicators do not capture the current socio-economic position.
Educational attainment	<p>Material: higher education is advantageous on the job market.</p> <p>Behavioral: highly educated individuals are less likely to engage in unhealthy behaviors (drinking, smoking, and so forth).</p> <p>Medical: highly educated individuals are more aware of disease prevention and treatment.</p>	Education remains stable since early adulthood; therefore, it does not account for any subsequent socio-economic change such as career trajectory, economic success, or unemployment or poverty spells. In addition, there is limited variability in the distribution of education among today's elderly in many European countries.
Income	<p>Material: higher income is the means to get better housing, higher quality food, better health services, and so forth.</p> <p>Psychosocial: besides purchasing power, higher income provides security and a sense of control over one's life. In addition, income can help prevent stress by acting as a buffer in everyday life circumstances.</p>	Income tends to drop at older ages, especially after retirement, while assets and savings reach their peak. Therefore, current income does not capture the cumulative effects of economic advantage or disadvantage throughout a lifetime.

SES, socio-economic status.

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