

8.K. Workshop: Social Inequalities in Ageing

Chairs: Johan Fritzell, Sweden, Neda Agahi, Sweden

Organised by: Aging Research Center (ARC), Karolinska Institutet & Stockholm University

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Objectives

The European populations are ageing. The long-term trend of continuously increasing life expectancies has contributed to a fundamental demographic change. This change, which is essentially a success story, also poses substantial challenges. These challenges will affect the European societies both on macro- and micro levels, as they will have impacts on individuals, families, and social institutions.

On the micro level of individuals, the development leads to an increased concern for the determinants of active, healthy ageing processes, and to questions on whether, and if so, how we can postpone cognitive and physical impairment and disability to even higher ages. On the macro level of welfare systems, the development raises concerns about the future sustainability of affordable, available, and equitable health care, rehabilitation, and long-term care that can meet the increasing needs. The social inequalities in physical and cognitive functioning among older people are relatively well described, but knowledge about the timing and nature of the life course exposures that drive these inequalities is still sparse.

This workshop will present findings from a series of studies that explore health in old age from a life-course perspective, against the background of ageing populations. Thus, the workshop will start with a broad description of the demographic developments that make up the aging populations in the Nordic countries. The findings reveal both substantial similarities and differences in the way the demographic trends have developed in the different countries.

The second presentation will explore the interplay between socioeconomic success and cognitive abilities across life-course, in a cohort of Danish men. In the third presentation, we will show results from a comparative study of health trends among the oldest old in Sweden and Finland. The results suggest that the trends differ substantially depending on the health outcome. In the two final presentations, we move to changes in welfare systems. First, by focusing on eldercare in the Nordic countries from a perspective of universalism. Second, by exploring how health care reforms in the Nordic countries have affected the availability and equity of health care among older adults.

All of the presented results build on studies that have been conducted within the framework of the recently started project Social Inequalities in Ageing (SIA), a large scale project involving participants from all Nordic countries (PI: Johan Fritzell).

The structure of the presentations will follow those of a regular workshop, with an introduction by the chair followed by a series of presentations and with audience interaction.

Key messages:

- To highlight the changing, socially patterned, prerequisites of late life health.
- To analyse the consequences of the recent health and old-age care reforms for older adults.

The ageing populations in the Nordic countries: mortality and longevity from 1990-2014

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The Nordic countries are comparable on many parameters, but the longevity of their populations differs. Cross-country comparisons of whether such differences persist into old ages could contribute with novel insight into the development and compositional changes of the populations. We investigated three metrics on population ageing; the proportion of adults aged 75+ and 90+ years, the proportion of birth cohorts reaching 75 and 90 years, and life expectancy at age 75 and 90 years in the Nordic countries; Sweden, Norway, Iceland, Denmark and Finland in the period 1990-2014. Demographic information was collected from national statistical databases and the Human Mortality Database. All metrics increased in the countries during the study period, but there were some cross-country variations. The proportion of 75+ year old females were stable in Sweden, Denmark and Norway, whereas Finland experienced noteworthy steep increases in the proportion of 75+ and 90+ years old males and females. Regarding the proportion reaching old ages, the Finnish lagged behind from the beginning, but decreased the differences, and the Danes were more similar at the beginning, but did not experience the same increase as the other countries. Gender-specific life expectancy was overall similar in the five countries. The cross-country variation could suggest that living conditions and health-related behaviour have become more similar in Finland and more different in Denmark compared with the other countries. Similarities in life expectancy in old age could suggest that mortality in old age is influenced less by these factors.

Socioeconomic Position Across the Life-Course and Cognitive Ability in Midlife

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Cognitive ability is associated with morbidity and mortality in old age and preserved good ability has been proposed to be a marker of successful ageing. This study examines the association of socioeconomic position (SEP) across the life-course and midlife cognitive ability while addressing methodological limitations in prior work. Data from the Danish Metropolit Cohort of men born in 1953 ($n = 2479$) who have completed ability tests at age 12, 18 and 57 was used together with longitudinal prospective register data on paternal occupational class, own educational attainment and own occupational skill level through adulthood. Structural equation models were used to assess how these indicators of SEP both directly and indirectly were associated with midlife ability. Different models were estimated to examine the importance of accounting for early life cognitive ability and biased estimates due to measurement error in the early life ability test scores. Results showed a decrease in the direct paths from paternal occupational class and own education to midlife ability when including childhood ability in the model and additionally when taken measurement error into account. In the final model paternal occupation and education only had significant indirect effects on midlife ability and for the latter the effect size was small. The direct path of own occupational skill levels on midlife ability also attenuated when advancing the model, but stayed significant. The association between childhood and midlife ability was by far the strongest and it increased when accounting for measurement error in the childhood tests. The findings suggest that life-course SEP may have an impact on individual differences in midlife cognitive ability, but the differences are mainly due to differences in early life ability. The possible impact of life-course SEP may be exaggerated when not accounting for the stability of individual differences in cognitive ability and measurement error in test scores.

Change and Stability: Trends in Health and Function Among the Oldest Old in Finland and Sweden

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One of the key tasks of public health research, in the light of population ageing, is the tracking of trends in health and function among older adults. In this study, we have explored trends in health and physical function among the oldest old in Finland and Sweden during the period 1992 – 2014. The study is based on the SWEOLD survey from Sweden, and the Vitality 90+ survey from Tampere, Finland.

The results show that, for most measures of health, the prevalence either increased or remained stable throughout the period. For ADL disabilities, on the other hand, there was some indications of a decrease in the prevalence over time, depending on the indicators used, in both countries. In sum, these results suggest that different health measures may follow different trends and, thus, underscore the importance of using multiple health indicators when monitoring health trends in the older population.

Nordic eldercare – weak universalism becoming weaker?

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This presentation builds on recent research on the fortunes of universalism in European social policy by tracing the development of eldercare policy in four Nordic countries: Denmark, Finland, Norway and Sweden. Six dimensions of universalism are used to assess whether and how eldercare has been universalised or de-universalised in each country in recent decades and the consequences of the trends thereby identified. We find that de-universalisation has occurred in all four countries, but more so in Finland and Sweden than in Denmark and Norway. Available data show an increase in for-profit provision of publicly funded care services (via policies promoting service marketisation), and an increase of family care (re-familiarisation) as well of services, paid out-of-pocket (privatisation). These changes have occurred without an explicit attack on universalism or retrenchment of formal rights but are threatening the class- and gender-equalising potential of Nordic welfare states. Our findings also indicate that these changes have repercussions on the working conditions of care workers.

Market oriented health care reforms and equity in access in health care in the Nordic countries – impact on the ageing population

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Many European countries already have performed or are in the process of undertaking market-oriented health care reforms. These changes are often directed to satisfy relatively healthy and well educated, middle class and middle aged segments of the population. The reforms are rarely evaluated with respect to their impact on equity in access to health care, or considering groups with greater health care needs, such as elderly persons. In the study, we review published (scientific and grey literature) accounts of evaluation of reforms, and analysis of policy documents in Nordic countries.

The Nordic countries have implemented reforms to various degrees. In Denmark and Norway, the reforms have addressed specialised care and consolidated public providers to improve

governance and cost containment. In Sweden a comprehensive primary care choice reform in 2010 increased access to services, primarily among people with lesser needs but increased fragmentation and made integrated services to older people with complex needs more difficult. In Finland the Government is preparing a reform which would introduce patient choice and a strong impact of private providers in ambulatory health services. Most experts anticipate the proposal to lead similar challenges in terms of system fragmentation to those in Sweden.

While the Nordic countries are often considered as a homogenous block with health care systems based on public financing and provision, the recent reforms have drawn on different notions and further differentiated the Nordic health care systems. Market oriented reforms implemented in Sweden and planned in Finland may not benefit those with greater needs. Health care reforms should be evaluated for their effects on equity in access to health care among groups with greater health care needs.