



POPULATION CHANGE AND LIFECOURSE

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CHANGEMENTS DE POPULATION ET PARCOURS DE VIE

Policy Brief No. 23

May 2015

Health Inequalities Among Older Adults: Reconciling Theories and Policy Approaches

About the Brief

This brief is based on Amélie Quesnel-Vallée, Andrea Willson, and Sandra Reiter-Campeau (2015) *Health Inequalities among Older Adults in Developed Countries: Reconciling Theories and Policy Approaches*, PCLC Discussion Paper 3(1):6.

This brief summarizes policy options that can reduce health inequalities in older adults and sociological theories explaining health disparities in older people. This also highlights implications for further sociological research.

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Target Audience

- ◆ Policymakers
- ◆ Service planners for older people
- ◆ Sociological researchers

Summary

Despite universal access to healthcare, there are disparities in older people's health status in developed countries. These inequalities are rooted in lifelong differences in social and economic status. Government policies to assist older people may end up reinforcing these inequalities if they fail to create a buffer against their effects. However, best case practices and WHO guidance show that policies can also mitigate against the effects of lifelong disadvantage in older age. There is opportunity to design initiatives for older people in Canada that lessen the disparities in health outcomes that we currently see.

Key Findings

- ◆ Initiatives to support older people, such as increasingly privatized pension schemes, may serve to reinforce **lifelong socioeconomic inequalities that underlie health disparities in old age**.
- ◆ Universal access to acute services fail to consider that older people are increasingly expecting (and expected) to stay in their own homes for longer. Thus, **only the wealthiest people are able to meet all of their needs** for support to stay independent.
- ◆ World Health Organization (WHO) policy guidance addresses the need to buffer against socio-economic status disparities and to design targeted services.
- ◆ Few countries have successfully adopted WHO recommendations, but **Finland and France provide strong case examples** of the potential for policies that reduce health inequalities among older people.
- ◆ Further sociological **research exploiting natural policy experiments and determining the best indicators** to measure policy impact on older people will help to provide evidence for policymakers.



Sociological Theories on Health Disparities

While we all might start our lives at an equal status, socio-economic (SES) (dis)advantage can cause us to follow different trajectories to end up where we are today. Theories in sociology have attempted to explain disparities in people's social/health status:

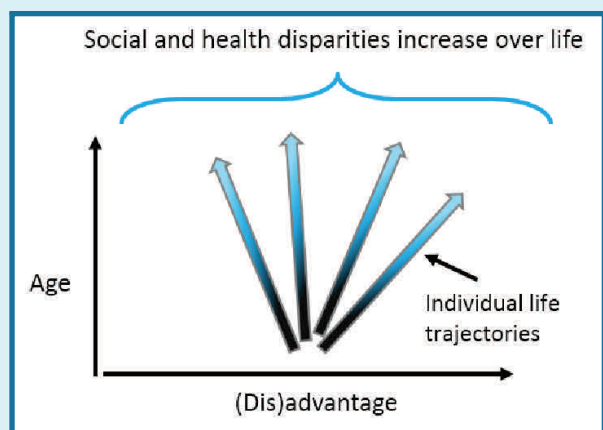
- ◆ (Dis)advantage accumulates over our lives because investment into resources like education compound themselves.
- ◆ Disparities arise from an interplay between genes, reproduction, environment and childhood, as well as people's own actions (Ferraro and Shippee 2009).

Linking Theories to Policies for Older People

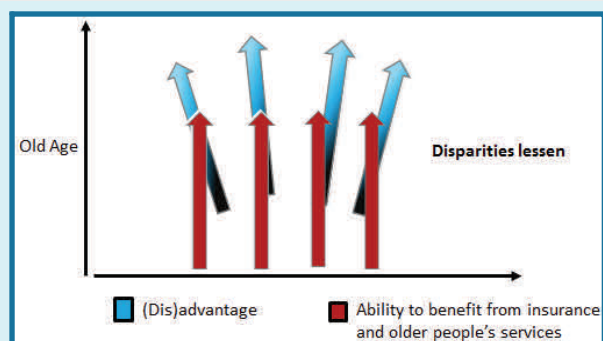
Government policies such as welfare state initiatives can mitigate against the effects of life-long inequalities (Briggs 2000). But government policies can also reinforce the effects of lifelong disparities if access to schemes they promote, such as tax-free savings plans, depend on pre-existing means. For example:

- ◆ The increasing trend towards **privatizing pension schemes** results in retirement income that depends on the amount people are able to contribute throughout their lives (OECD 2013).
- ◆ There is an increasing emphasis on older people maintaining **independent lives in the community**, rather than being institutionalized. As home services are not universally covered, people end up paying out of pocket. The result is that only the wealthiest are able to meet all their support needs (Carriere 2006).

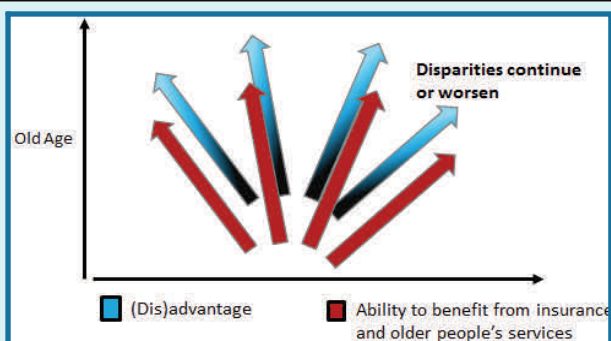
Lifecourse model of SES inequalities



Policies that are accessible regardless of SES status



Policies where accessibility follows SES status





WHO Guidance and Case Examples of Policies

The World Health Organization (WHO) has two key approaches to policies ('Health in All Policies' and 'Age-Friendly Environments Program') that support reducing disparities and providing targeted services to older people. The Advantage Initiative Model was adopted in an area of Washington state and experienced success by focusing on outreach to isolated seniors.

Table 1. Example policies and programs favourable to reducing health disparities and creating targeted services for older people

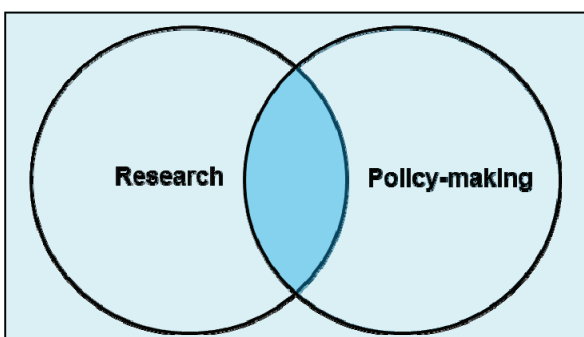
Policy	Description	Implementation & Evaluation
'Health in All Policies'	Advocates intersectoral partners across government levels coordinating actions towards a common goal (WHO, 2014b).	To date, largely focused on early-life to prevent disparities in life trajectories. However, Finland has adopted this approach to support older people. The effectiveness remains to be evaluated.
'Age-Friendly Environments Program'	Checklist of age-friendly aspects to community design based on focus groups with older people, like proper housing and transportation	Can reduce inequalities because social, economic and physical features cause differences in life expectancy, functional capacity and health among older adults (WHO, 2007).
Advantage Initiative Model	Outreach program in Western Washington involving information distribution to low-income and isolated older people	Between 2003 and 2004, there was a 2.5 times increase in the number of older people seeking help through this program (Hanson & Emler, 2006).



Sociological Research to Support Policy

Further sociological research can help to support policymakers by providing evidence on the most effective approaches to supporting older people. Two key areas to develop are:

1. Natural policy experiments using methods such as difference-in-difference to identify the impact of policies.
2. Indicators research: what are the best indicators to capture the impact of policies for older people?



Policy Implications

Policies designed to support older people might worsen disparities in health if they do not consider cumulative social disadvantage. In particular, policies that rely on individuals' means to contribute can further inequalities in old age.

Government policies can embed means to lessen these inequalities. Such policies and programs could revolve around cross-working between government departments and local agencies, incorporating age-friendly design into communities, and/or creating targeted outreach programs for vulnerable older people.

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