Health, wealth and lifestyles of older people in England today

A new study, published today, reveals that the health and well-being of older people are strongly related to wealth and social position. The study, conducted jointly by University College London, the Institute for Fiscal Studies and the National Centre for Social Research has collected detailed information from over 12,000 people aged 50 and over. It will continue to follow the same group of people over time to build up a unique picture of how older people live in Britain today.

The most pressing concerns in the debate on the ageing population are whether individuals will have adequate economic resources to maintain sufficient standards of living in retirement, and whether increasing levels of ill-health and disability will over-burden health and social services. If this is the case, what can the government provide, in terms of pensions, health and social care, to meet the needs of a population with an increasing proportion of older individuals? More neglected in current debates is consideration of the contribution that older people make to our society such as the voluntary or caring work that they undertake.

This study will have important implications for policy-makers, but is also of much wider interest for the picture it paints of inequality in health, wealth, social participation and labour market activity amongst the older population. Particularly of interest is the clear links it finds between all these aspects of people’s lives.

Inequality

Inequality in wealth across the older population is much greater than inequality in incomes. A quarter of the population over 50 have financial assets worth less than £1,500, while half have less than £12,000. Those in the wealthiest quarter, on the other hand, have financial assets worth more than £44,500.

These socio-economic inequalities are strongly related to inequalities in health. Those whose working life was characterised by routine or manual jobs appear to be reaching a state of poor health ten or more years earlier in their lives than those in more advantaged social positions. For example, while around a third of 50-59 year old men who had routine or manual jobs report having a longstanding illness that limits them, rates for men from a professional or managerial background do not reach this level until they get beyond age 75.

The study also shows that:

- Those without housing or pension wealth also have the lowest levels of financial savings.
- Single men and women aged 50 and over are particularly likely to have little or no wealth; a quarter of them have almost no wealth at all.
- Looking across wealth groups, those in the lowest wealth groups are least likely to be working, but the wealthiest individuals are also less likely to work than those in the middle of the wealth distribution.
- Less than three-quarters of 55 to 59 year-old men and less than half of 60- to 64-year-old men are currently working. For women, these numbers are around 60% and 30% respectively; many working women in this age group are working part-time.
- The prevalence of reported physical disabilities is surprisingly high at the younger end of the sample, with 43% of respondents in their 50s reporting some difficulty with mobility and 13% reporting difficulty with a basic activity of daily life (such as dressing or preparing food). In contrast, 58% of the respondents in their 80s and older report no difficulties with basic activities of daily life and 17% report no difficulty with mobility.
• Looking at individuals below the state pension age, there is a strong correlation between economic activity and poor health, whether health is self-reported or measured by limitations in activities of daily living. For those already out of work, the expectation of returning to work is also lower for those with poor health, of whom over 75% say there is no chance they will work again in the future.

• Those in poor health are also less likely to engage in social activities, to belong to organisations such as charities or sports clubs and political parties or trade unions, and are more likely to report difficulty in accessing basic amenities such as a post office or supermarket.

The link between health and wealth

An equally important set of issues surrounds the relationship between financial resources and health outcomes over an individual’s lifetime. Amongst the study’s initial findings are:

• Wealth is between two and three times higher (depending on age) for those whose report their health as “excellent” or “very good” than for those where they say it is “fair” or “poor”.

• For those under 65, the least wealthy 20% of the population is four times more likely than the most wealthy to be in poor health.

• There is a strong link between occupational class and both self-reported health and the prevalence of most health outcomes covered in ELSA, including: heart disease, respiratory illness, having a limiting long-standing illness and mental health symptoms. Men and whose working life was characterised by routine or manual jobs are most likely, and men and women from professional or managerial backgrounds were least likely, to report having each of these conditions. Similarly, the variation in the level of physical disability by occupational class is considerable.

• Similar differences appear for activities likely to enhance health. For instance, undertaking physical exercise decreases with age more rapidly for men and women in routine or manual households than for those in professional or managerial households.

• Cognitive ability is more strongly related to education than age. Respondents aged 75 and over, who have a degree or other higher educational qualification, often perform as well as, and sometimes better than, younger respondents with no educational qualifications. This trend is particularly strong in the case of numerical ability, where the youngest group with no qualifications give fewer correct responses than older groups with A-levels or equivalent or a degree or higher educational qualification.

• Cognitive ability was also related to gender. Women performed better than men on most of the memory tests, while men performed better than women on most of the executive function tests (these are measures of attention, mental flexibility, organisation, abstraction and problem-solving).

• People in routine or manual occupation households are most likely to abstain from drinking alcohol or only drink alcohol on special occasions, while people in professional or managerial households are more likely to drink moderately, in line with the pattern now thought to be protective against chronic illness.

Lifestyle differences

The study finds striking differences across the population in participation in social activities.

Some of the findings are that:

• Women are more likely than men to provide informal (unpaid) care for a child, parent or parent-in-law or other relative or friend, but men and women were equally likely to provide care for a spouse. About 1 in 15 of the 50 and older population provide care for a spouse.
• Most carers provide between 1 and 19 hours of care a week. A quarter of carers provide round-the-clock care.
• Adult children appear to play a central role in the social networks of the older population, with more than half of those aged 50 and older seeing their children at least once a week.
• There is some evidence that social relationships become more supportive and less negative as people get older.
• Those in older age groups are more likely to have voted in the last general election.
• Access to email and the Internet is strongly related to age (younger people have greater access), occupational class (those in the managerial and occupational classes have greater access) and gender (men have greater access than women).
• Whereas certain durable goods, such as televisions and landline phones, are almost universally owned by members of today’s older population, men and people in professional and managerial occupational classes are more likely than women and those in other occupational classes to own other goods, such as computers and CD players.

ENDS

Notes to editors:
2. The design and collection of the English Longitudinal Study of Ageing was carried out as a collaboration between the International Centre for Health and Society at the Department of Epidemiology and Public Health at University College London, the Institute for Fiscal Studies, the National Centre for Social Research and the Institute for Public Health and Department of Psychiatry at the University of Cambridge.
3. For press enquires, please contact Emma Hyman on 020 7291 4850 or by email to emma.hyman@ifs.org.uk.
4. The report will be launched on Thursday 4th December at 5.30pm. Please contact the IFS press office if you would like to attend. Baroness Sally Greengross will chair the evening and Professor Michael Marmot will present the main findings of the study. There will also be short talks from Len Cook, The National Statistician, Adair Turner, Chairman of The Pensions Commission, Richard Suzman, Associate Director of the National Institute on Aging and Lord Norman Warner, Parliamentary Under Secretary of State at the Department of Health.