Longitudinal study of ageing shows extended working lives and health and wealth relationship

The poorest older people are more than twice as likely to die at any given age than the richest. This is one of the findings from the third wave of the English Longitudinal Study of Ageing (ELSA), which also shows that employment rates for people in their fifties and sixties have been rising in recent years.

The data, which are published on 16th July in the report ‘Living in the 21st century: older people in England’, make up the third set of results to be released from the most comprehensive study into the economic, social, psychological and health elements of the ageing process in Europe.

The multidisciplinary study follows the life experiences of a cohort of people born before 1952 through detailed interviews on many aspects of their life at two-year intervals 9771 people were interviewed in 2006-07. Aspects considered include: health, work, spending, receipt of healthcare, social participation and cognitive ability. In particular, the report examines an important aspect of diversity: how each of these areas varies according to an individual’s level of wealth.

Professor Sir Michael Marmot, of the UCL Department of Epidemiology & Public Health said:

“The study shows that mortality, ill health, social isolation and loneliness all differed, in a graded way, with people’s wealth: less wealth was associated with being sicker, less functional and more isolated.”

Professor James Banks, of the Institute for Fiscal Studies and UCL Department of Economics, said:

“Employment rates amongst the over-50s have increased markedly over the last decade in contrast to those for younger working age groups. Looking forward, they are also expecting to stay in work for longer than their predecessors.”

Some of the study’s key findings include:

Health and mortality

Mortality was higher in some groups than in others. The risk of dying was found to be significantly lower for those who are wealthier: out of those who were originally interviewed in 2002-2003, people in the poorest fifth of the population were more than twice as likely to have died by 2008 as those in the wealthiest fifth of the population. For some groups, the difference was even larger: for instance, the poorest women between 60 and 74 were six times more likely to have died than the richest women of the same age. This pattern was repeated for all age groups throughout the wealth distribution, with risk of death decreasing with increasing wealth.

The likelihood of dying was linked not only to wealth, but to social status. There were more deaths among those without qualifications and fewer among those with a degree or higher qualification, compared with those with an ‘intermediate’ level of qualification. Those in routine and manual occupations had a higher risk of death than those in intermediate occupations, while those in managerial and professional occupations had the lowest risk.

The report also found that the risk of dying was lower for both men and women who were living with a partner. Those living without a partner were about twice as likely to die as those who were married or living with a partner.

The data also showed that smoking and physical inactivity increased the mortality risk. Occasional alcohol consumption, but not daily drinking, was associated with a lower mortality risk than that seen among those who never drink alcohol.
As well as the links with mortality, health and quality of life are also linked to wealth and/or income. The report finds a clear link between wealth and social status and the development of difficulties with day-to-day activities. An increase in income was accompanied by an increase in quality of life score.

Another key finding was that older people were getting fatter. There was an increase in waist circumference among people under 75 in 2002-3 while Body Mass Index (BMI) increased for the youngest men and for women in their 50s and 60s. Higher body mass index, larger waist circumference or both are associated with increases over time in the prevalence of back pain, shortness of breath, difficulties with walking, arthritis. Obese people and those with a high waist circumference also had lower quality of life and increased likelihood of having cardiovascular disease. However only a large waist (i.e not obesity as such) appears to increase the risk of death.

The study will continue to follow the trends in health and mortality, building a more complete picture as more data are collected.

Work and retirement

People in their fifties and early sixties have increased their employment rates in recent years. 74% of men under the state pension age were working in 2006 compared with 69% in 2002; there was a small increase for men over the state pension age. The proportion of women working under the state pension age rose from 67% in 2002 to 72% in 2006; again, there was a small rise in the numbers of women working above the state pension age.

In addition to increases in current working, people on average expected to have significantly higher chances of being in paid work at older ages. For example, the expectations of being in work at age 60 reported by females aged 55-59 rose from 35% to 44% over the period 2002 to 2006.

Younger women in the study will also be affected by the increase in the female state pension age (SPA) that will be phased in for those born after 6 April 1950. However, the findings suggest that many are not aware of this: only about a third of those who will have a SPA of over 60 knew how they would be affected. Out of those who did not know, around half expect their SPA to be 60 and may therefore be expecting to receive a state pension earlier than they actually will and hence underestimating the extent to which they will need to continue working.

Individuals are less likely to leave full-time work if their partner is working. Men are more likely to continue working beyond State Pension Age if their partner is working, whether or not their partner is over State Pension Age.

There is a link between wealth, education and continuing to work. People with least education are least likely to work beyond State Pension Age. Also, among working people aged 52-69 those with least wealth are most likely to have onset of a work disability and to stop working.

Other findings

Other findings of the report include:

- Lower levels of personal wealth and higher levels of neighbourhood deprivation were both associated with increased risks of developing age-related impairments over a four-year period.

- Older people are more likely to be living in poverty if they are single (particularly widowed or divorced women), not working or have low levels of state or private pension rights.

- The average increase in total wealth for the over 50s was 39% between 2002 and 2006. This increase was largely due to rises in house prices, but there is no evidence that people have been saving less in other ways as a result of their increased housing wealth.

- Quality of life was found to be lower for those who are alone, ill or poor.

- In general, women are found to report higher levels of quality of life than men.

- It found that one in ten older people experienced ‘social detachment’ (defined using six criteria of lack of participation in various aspects of society). This was most likely for those who are single, in poor health, on lower incomes or with lower levels of education.
Notes to editors:


2. A press conference will be held on Wednesday 16th July at The Royal Society of Medicine 1 Wimpole Street
London W1G 0AE. Contact Sheema Ahmed on +44 (0)207 679 1656 if you would like to attend.
For map of location see http://www.multimap.com/maps/?&hloc=GB|W1G0AE

3. Press contacts:
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4. The design and collection of the English Longitudinal Study of Ageing was carried out as a collaboration between the Department of Epidemiology and Public Health at University College London, the Institute for Fiscal Studies, the National Centre for Social Research, the School of Social Sciences at the University of Manchester, and the Department of Psychiatry at the University of Cambridge.

5. The English Longitudinal Study of Ageing has been supported by grants 5 RO1AG7644-06 from the National Institute on Aging, USA, and several British government departments, specifically: Department for Environment, Food, and Rural Affairs; Department of Health; Department of Transport; Department for Work and Pensions; her Majesty’s Revenue and Customs (HMRC); the Department for Communities and Local Government; and the Office for National Statistics.