

# Social determinants of health of older adults

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# Social determinants of healthy ageing

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- Initiated by WHO European Regional Office for their *Solid Facts* series
- Aim  
To identify the key social determinants of healthy and active ageing, with supporting evidence and policy recommendations
- Edited by Andrew Steptoe, Michael Marmot and Agis Tsouros

## Contributors

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- Hugh Barton (UWE)
- Lisa Berkman (Harvard)
- Peter Goldblatt (London)
- Sally Greengross (House of Lords)
- Susan Handy (UC Davis)
- Diana Kuh (UCL)
- Piroska Östlin (Karolinska)
- Javier Gómez-Pavón (Madrid)
- Brenda Penninx (VU Amsterdam)
- Teresa Seeman (UCLA)
- Gita Sen (Bangalore)
- Johannes Siegrist (Düsseldorf)
- Nicholas Steel (UEA)
- Richard Wilkinson (Nottingham)

# Social determinants of healthy ageing

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- Determinants that are active earlier in life, and persist into later life
- Determinants that are active earlier in life, but become accentuated in later life
- Emerging social factors at older ages
- Which determinants most amenable to policy initiatives:
  - Within health systems
  - At the societal level

# Social determinants of healthy ageing

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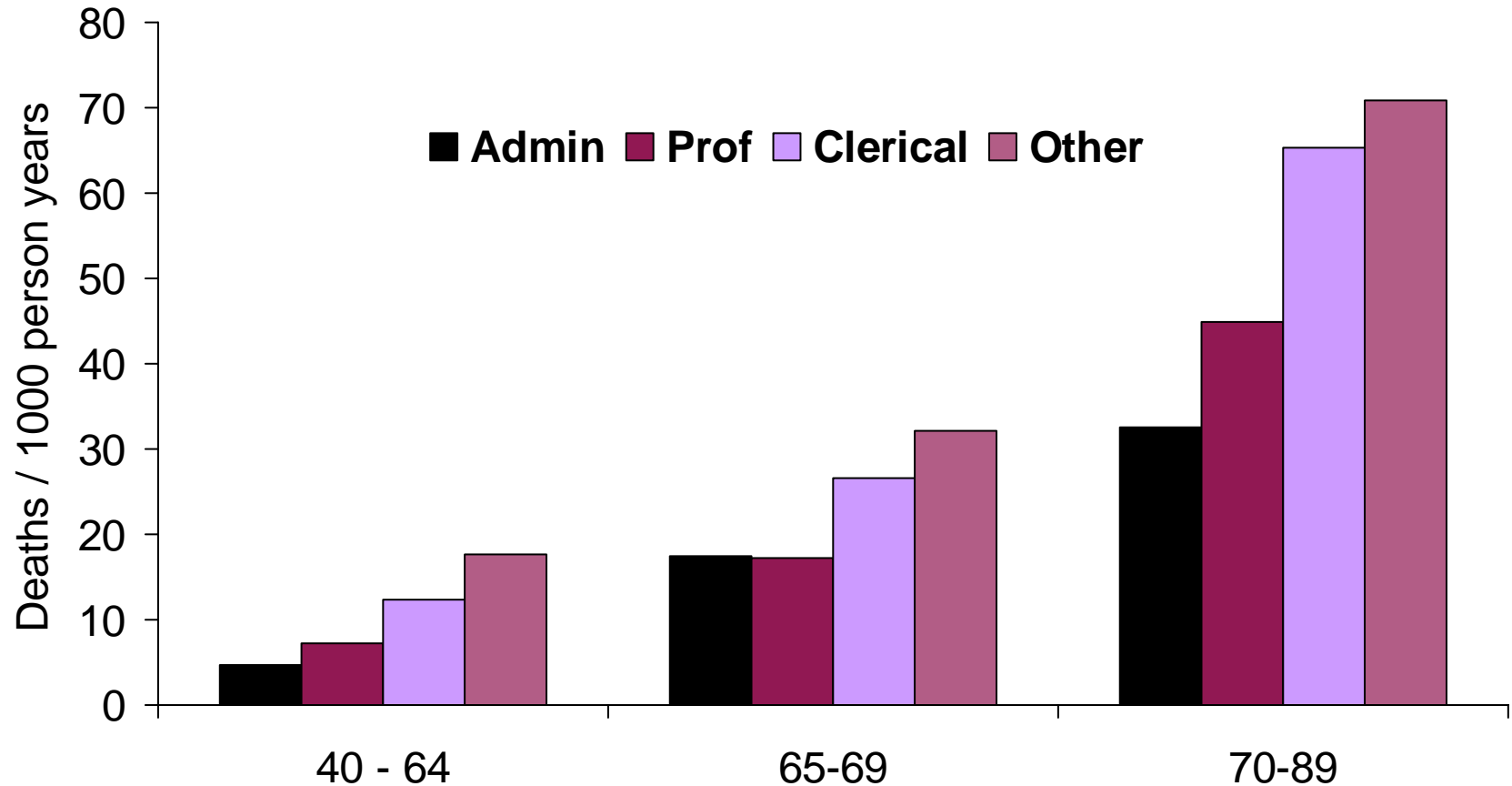
- Macrosocial factors
- Individual / microsocial factors

# Social determinants of healthy ageing

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- **Macrosocial factors**
  - **Economic factors / poverty**
    - Socioeconomic disparities persist into old age
    - Many older people face economic hardship

# SES, age, and all cause mortality



# Social determinants of healthy ageing

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- **Macrosocial factors**
  - **Economic factors / poverty**
    - Socioeconomic disparities persist into old age
    - Many older people face economic hardship
    - Ensuring adequate financial resources
    - Managing retirement more effectively
    - Ensuring appropriate facilities for care and support

# Social determinants of healthy ageing

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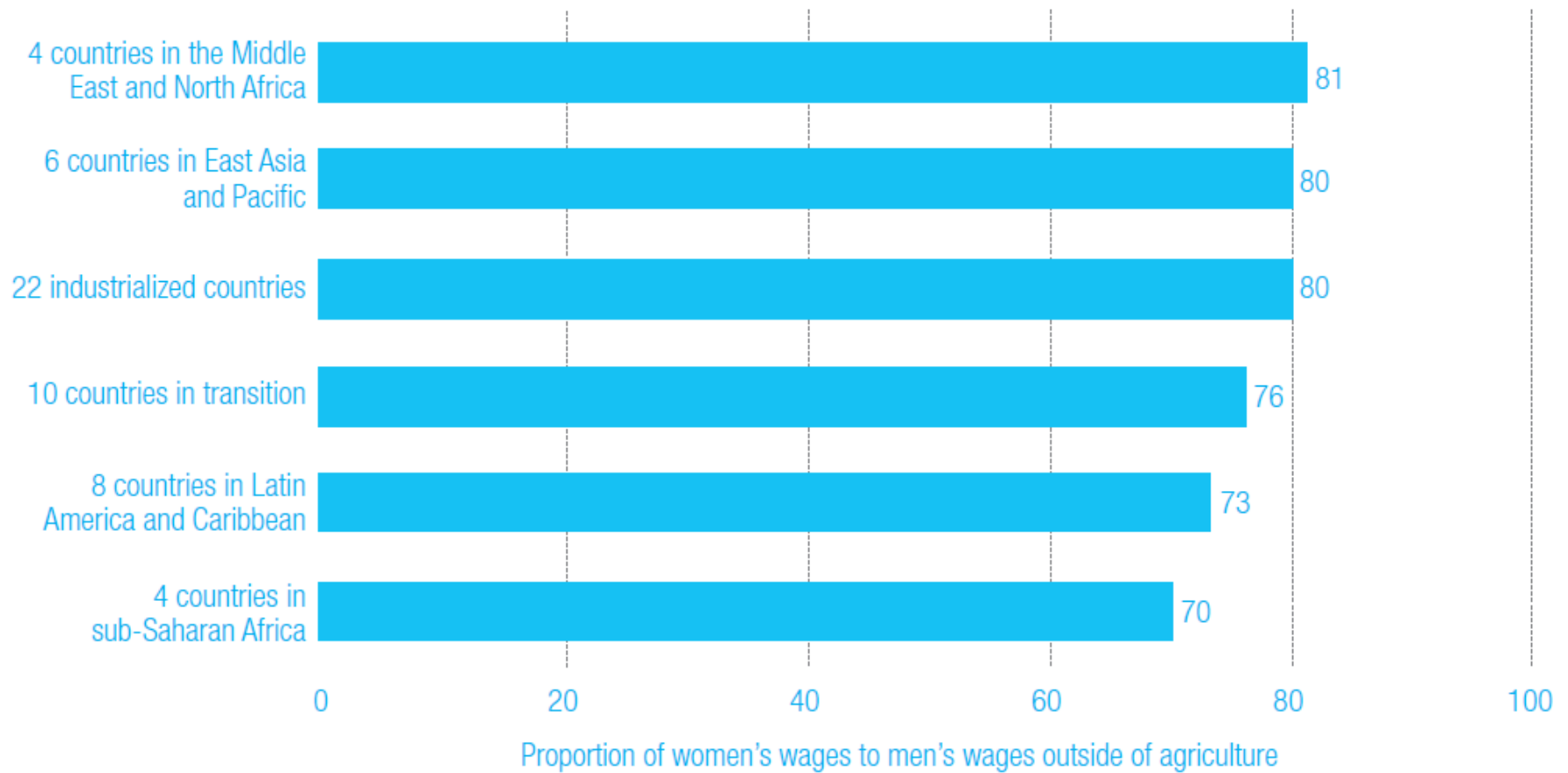
- **Macrosocial factors**
  - Economic factors / poverty
  - Empowerment and political engagement
    - Involving older people in planning for their older age
    - Promoting opportunities for participation
    - Reducing age discrimination
    - Reducing misconceptions and stereotypes

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- **Macrosocial factors**
  - Economic factors / poverty
  - Empowerment and political engagement
  - Gender issues
    - Health differentials result from a combination of biological differences and social differentials
    - Cumulative effects of women's lower social position throughout life impact in old age

Nominal wages for women are significantly lower than for men.



UNICEF, 2006

# Social determinants of healthy ageing

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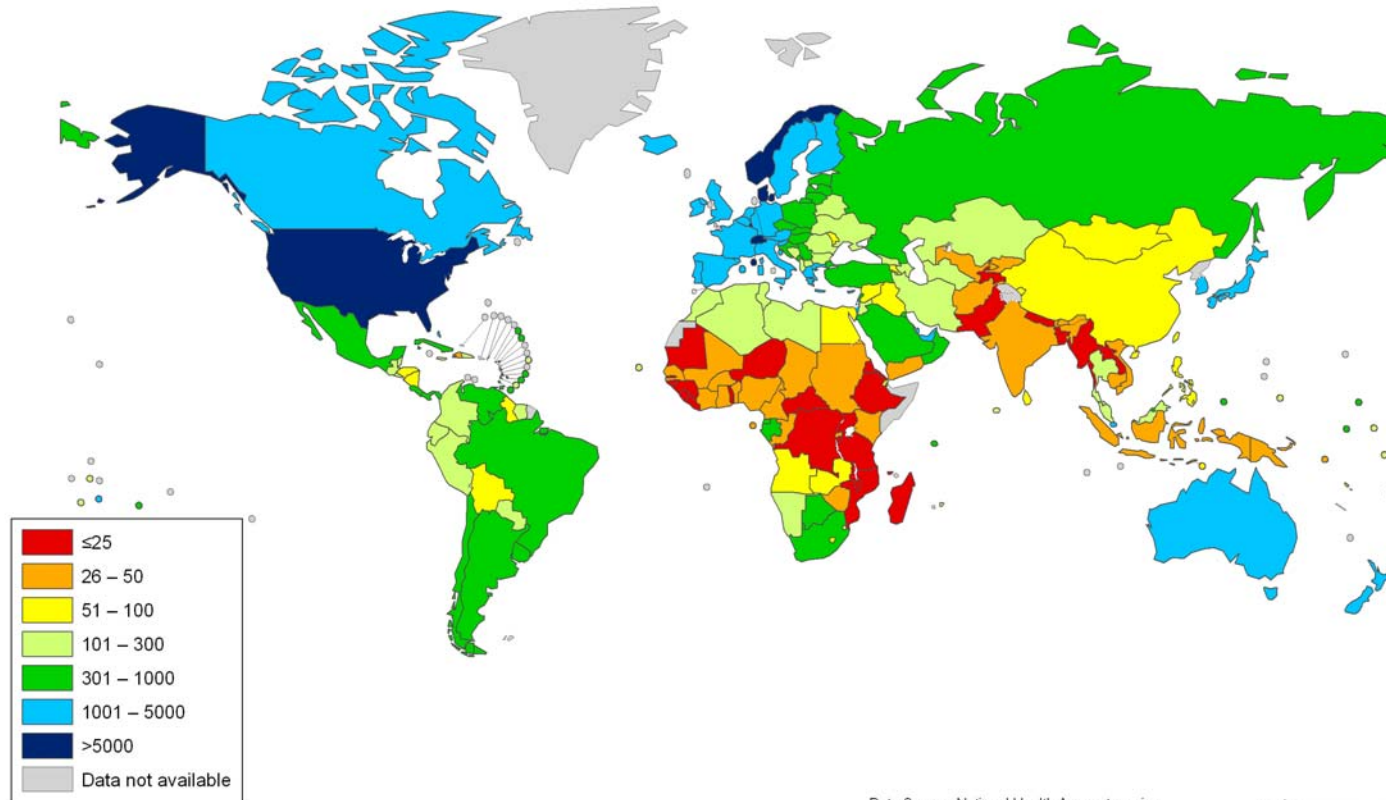
- **Macrosocial factors**
  - Economic factors / poverty
  - Empowerment and political engagement
  - Gender issues
    - Health differentials result from a combination of biological differences and social differentials
    - Cumulative effects of women's lower social position throughout life impact in old age
    - Gender related to other social determinants: widowhood (loneliness), lower income (poverty), less social support, less developed muscle mass (work patterns), poorer nutrition

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- **Macrosocial factors**
  - Economic factors / poverty
  - Empowerment and political engagement
  - Gender issues
  - Distribution of health resources

## Total expenditure on health per capita, 2006 (in US\$)



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: National Health Accounts series,  
World Health Organization  
Map Production: Public Health Information  
and Geographic Information Systems (GIS)  
World Health Organization



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# Social determinants of healthy ageing

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- **Macrosocial factors**
  - Economic factors / poverty
  - Empowerment and political engagement
  - Gender issues
  - Distribution of health resources
    - Maximise healthy ageing by compressing morbidity
    - Good quality health care for older people
    - Access to affordable preventive care
    - Better evidence base for effective treatment for older people
    - Well designed clinical information systems

# Social determinants of healthy ageing

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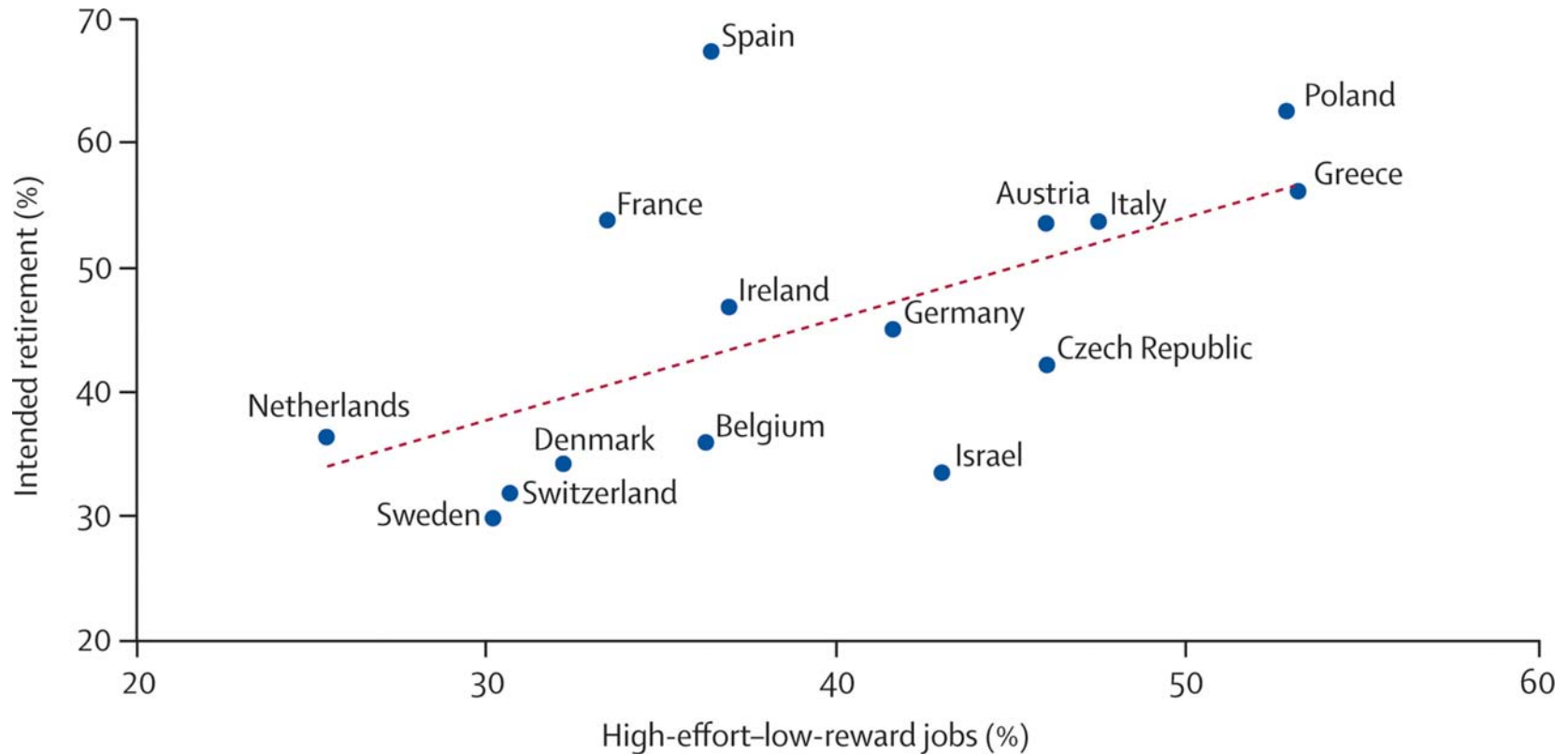
- **Macrosocial factors**
  - Economic factors / poverty
  - Empowerment and political engagement
  - Gender issues
  - Distribution of health resources
  - Design of living environments
    - Built environment tied to health concerns: risk of injury, exposure to toxins, crime, exercise, social contact, access to services
    - 'Ageing in place' desirable
    - Strategic planning for health equity and well-being required
    - Urban design for age-friendly environments

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- **Macrosocial factors**
  - Economic factors / poverty
  - Empowerment and political engagement
  - Gender issues
  - Distribution of health resources
  - Design of living environments
  - Working life
    - Work has direct and indirect health effects
    - Direct: physical demands, stress, exposure to hazards
    - Indirect: Socioeconomic position achieved through work
    - Need to improve quality of work for older people

# Quality of work and intended retirement



# Social determinants of healthy ageing

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- **Macrosocial factors**
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  - Distribution of health resources
  - Design of living environments
  - Working life
- **Microsocial factors**

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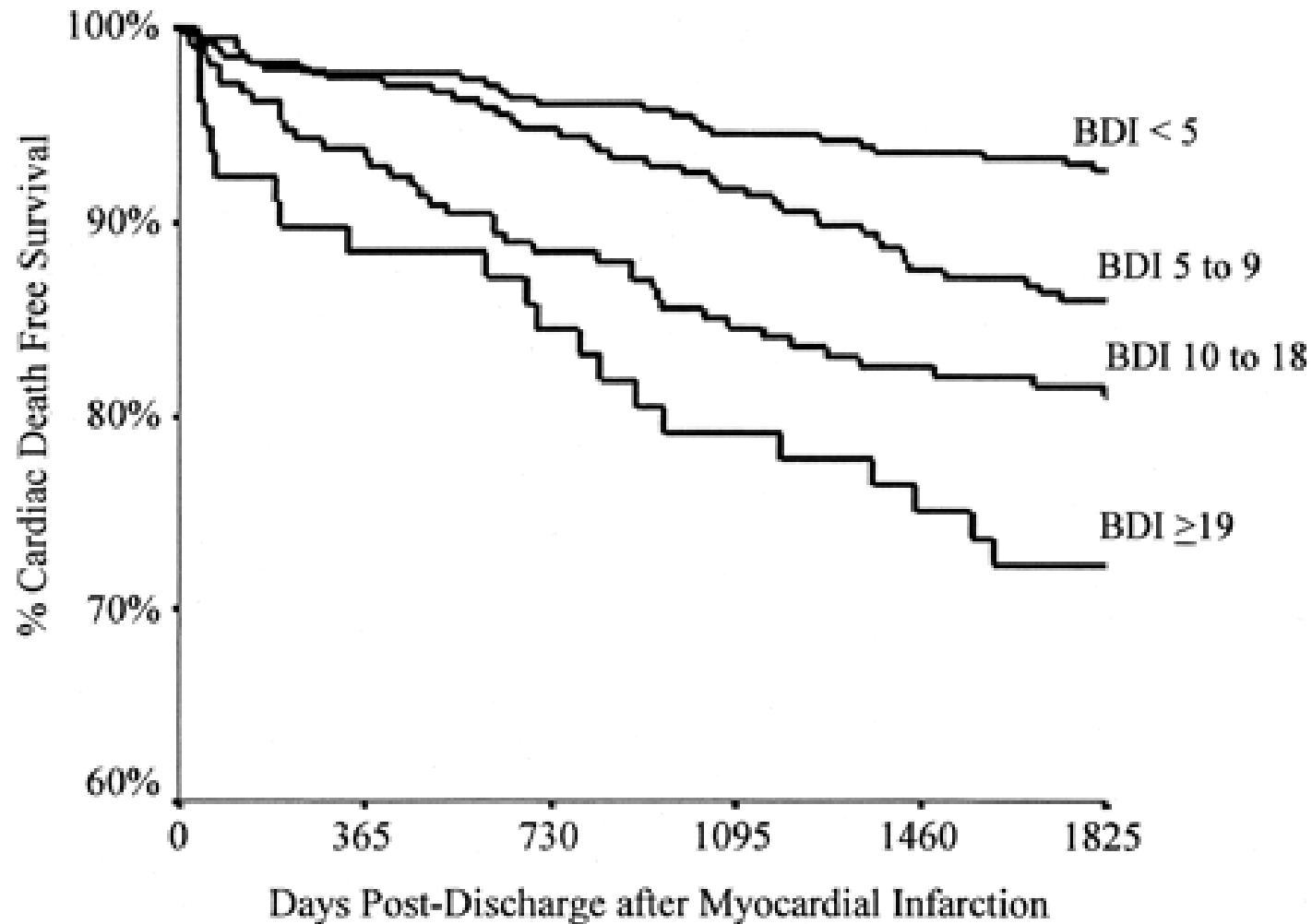
- Microsocial factors
  - Social relationships and social participation
  - Exposure to life stress / resilience and coping
    - Later life stressors: retirement, bereavement, caregiving
    - Accumulative effects of biological 'wear and tear'
    - Greater understanding of determinants of resilience in old age

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- Microsocial factors
  - Social relationships and social participation
  - Exposure to life stress / resilience and coping
  - Mental well-being
    - Poor mental well-being detrimental to physical health

## Depressive symptoms and survival following MI

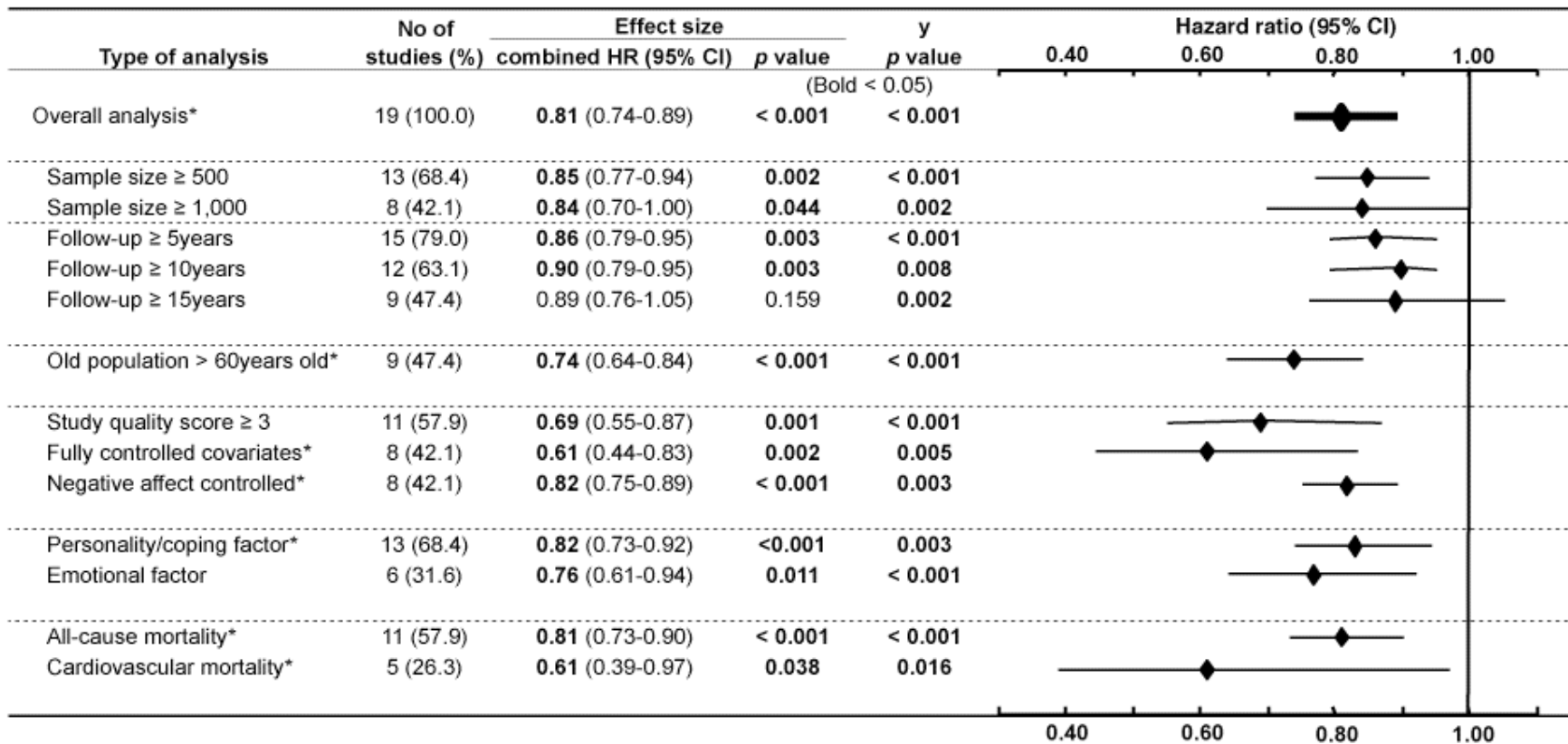


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- Microsocial factors
  - Social relationships and social participation
  - Exposure to life stress / resilience and coping
  - Mental well-being
    - Poor mental well-being detrimental to physical health
    - Direct biological correlates and impact on unhealthy lifestyles
    - Positive well-being appears to be protective

# Prospective association of positive affect and mortality



# Social determinants of healthy ageing

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- Microsocial factors
  - Social relationships and social participation
  - Exposure to life stress / resilience and coping
  - Mental well-being
  - Health habits and health behaviours
    - Habitual behaviours: smoking, alcohol, physical activity, food choice
    - Preventive actions: cancer screening, vaccinations, dental care
    - Individual motivation/choice and physical and social environmental determinants

# Health Benefits of Regular Physical Activity for Older Adults

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## How physical activity can improve physical functioning

- Improved cardiorespiratory fitness
- Improved glucose metabolism and insulin sensitivity
- Reduced blood pressure
- Improved lipid profiles
- Reduced levels of inflammatory markers
- Induction of growth factors
- Improved balance
- Improved strength, flexibility and joint mobility (range of motion)
- Reduced decline in bone density
- Helps maintain a healthy weight

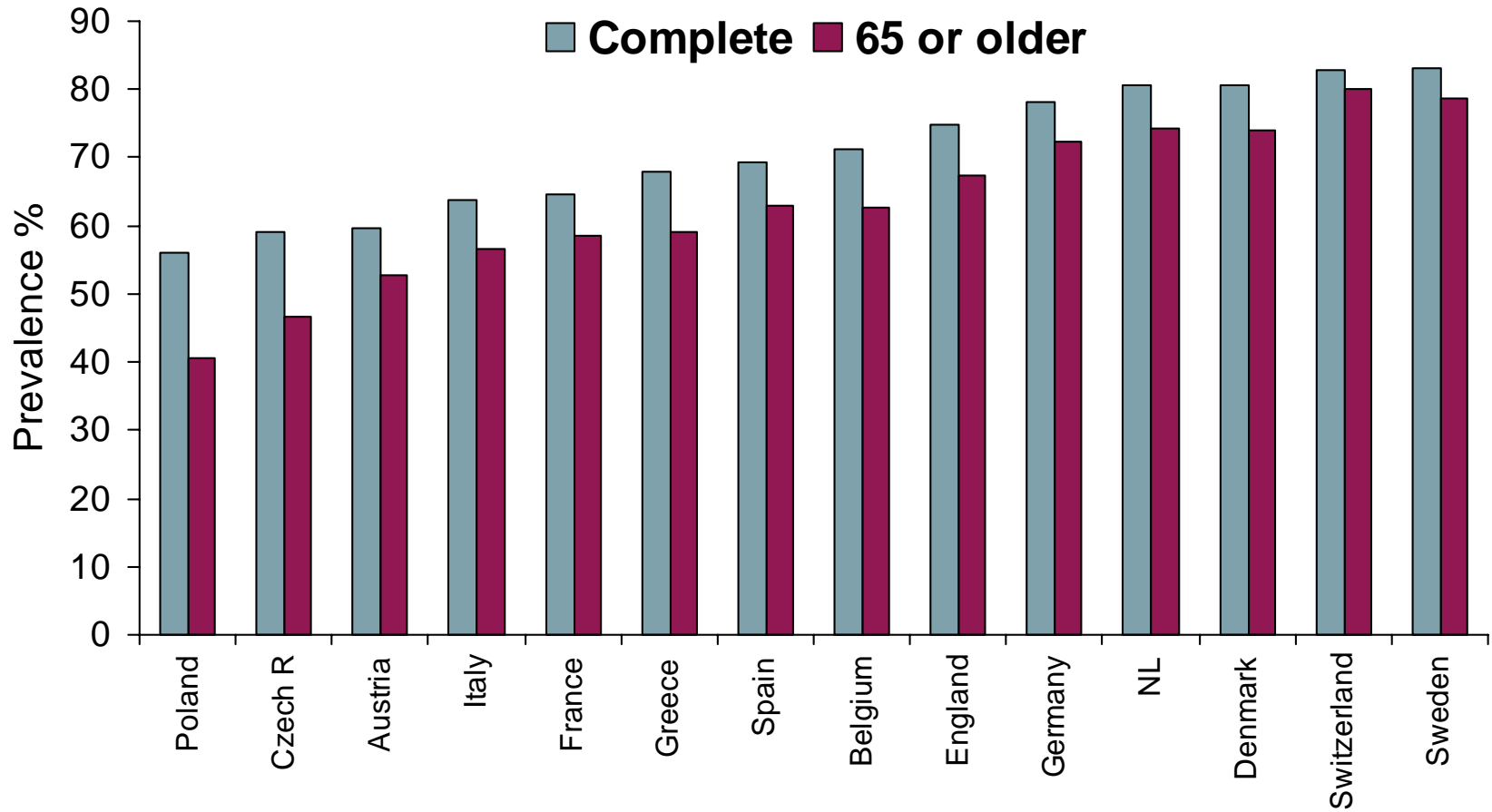
## How physical activity can improve mental functioning

- Enhanced emotional well-being
- Provides relaxation and helps lower stress levels
- Helps maintain cognitive function and alertness
- Helps reduce depression
- Enhanced perceptions of coping ability
- Improved sleep

## How physical activity can be beneficial at older ages in general

- Helps maintain independence
  - Improved quality of life
  - Increased energy
  - Helps maintain social connectedness
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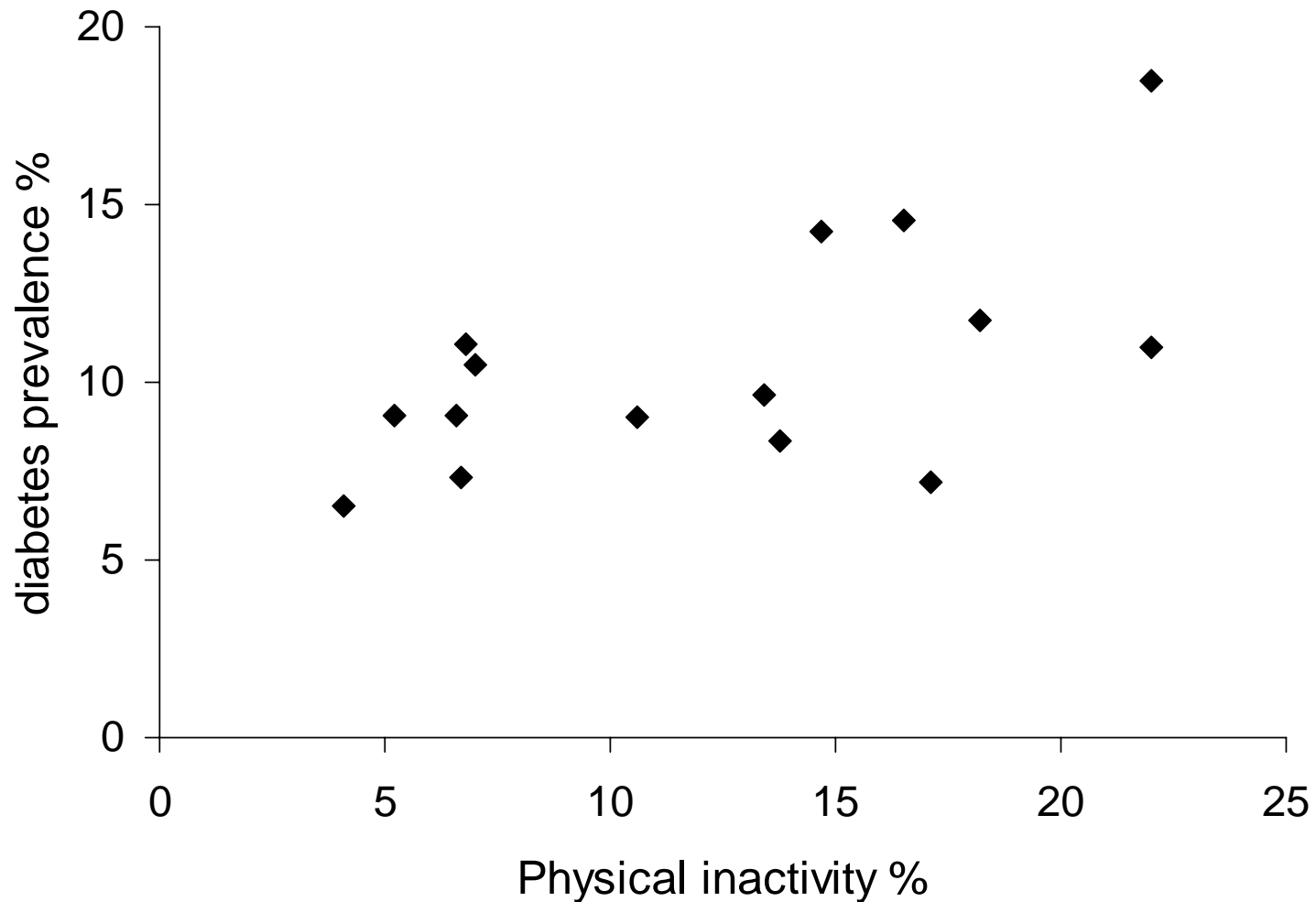
# SHARE/ELSA - physical activity in Europe



Proportion of adults (50+) reporting moderate or vigorous activity at least once a week

Share wave 2  
ELSA wave 2

# Diabetes and physical inactivity (HRS/SHARE/ELSA)



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  - Working life
- **Microsocial factors**
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  - Mental well-being
  - Health habits and health behaviours

UCL

# Diabetes and physical inactivity (HRS/SHARE/ELSA)

