



**JPI MYBL Conference 2016**



**HEALTH, AGEING AND MIGRATION:  
new patterns of demographic change.  
Past work and future challenges  
of the JPI MYBL**

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# Some thoughts on health and ageing in the Italian context

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# LoLA

## Laboratory on Longevity and Ageing

LoLA is an Italian network of researchers from different disciplines that deals with issues related to longevity and population ageing.

LoLA aims at a better understanding of the demographic, social and economic consequences of the progressive lengthening of life

LoLA offers a scientific contribution of ideas and to create a forum for debates and actions as well as participating to research projects both at national and international level

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# Different lines of research (selected)

- ▶ *The impact of social inequalities on health, care and welfare in ageing populations*
- ▶ *The impact of economic crises on health and mortality and wellbeing*
- ▶ *Health in the final years of life*
- ▶ *Formal and informal support for the oldest old and quality of life*
- ▶ *Ageing in inner areas: how to reach older people in poor health?*
- ▶ *Indicators of subjective health and wellbeing*

# THE IMPACT OF INEQUALITIES ON HEALTH, CARE AND WELFARE IN AGEING POPULATIONS

## Background

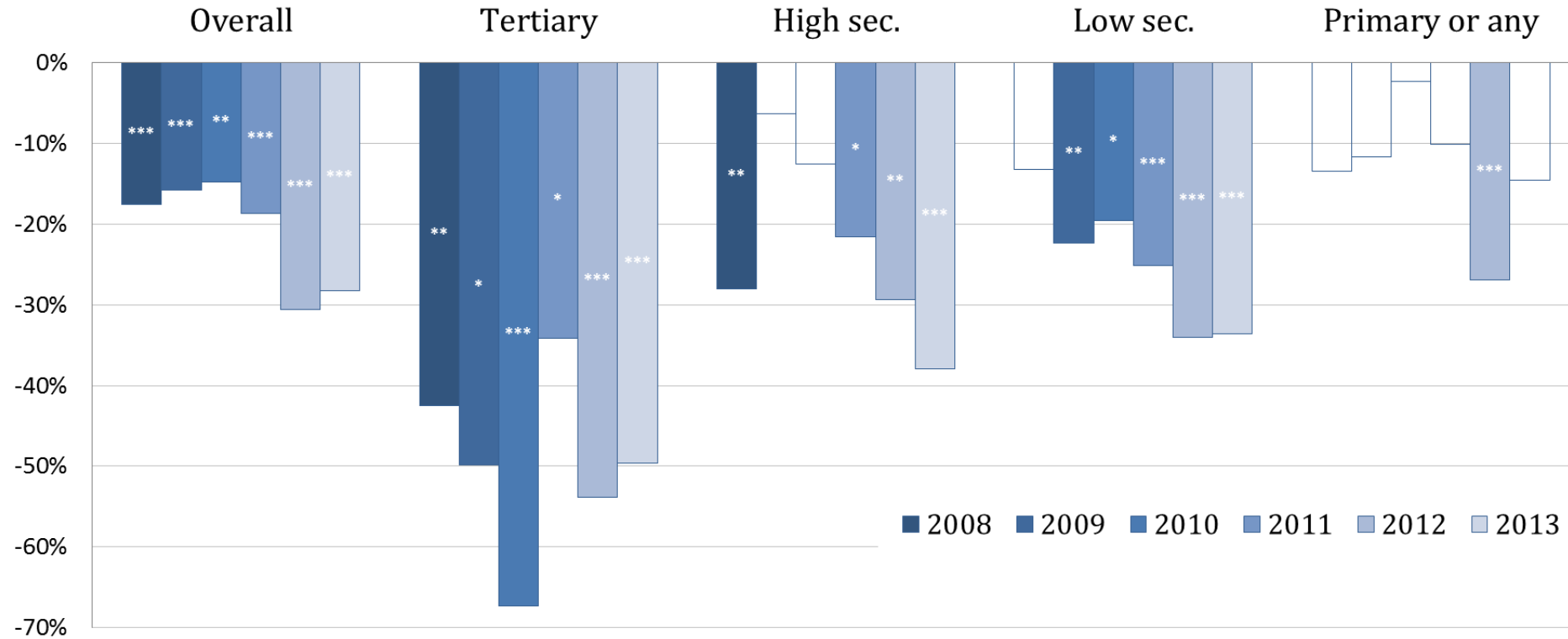
- ▶ Improvement in health and mortality has not been equally distributed across the population: for example, men and women, young and old, north and south, more educated and less educated, professional and unskilled workers, all followed different paths, showing that at time of the crisis certain groups were better protected than others.
- ▶ Disparities in health, care and longevity are mainly due to socio-economic inequalities: different socioeconomic circumstances in the individual life course are strongly related to each other in a “chain” of disadvantages (advantages) where every link amplifies the negative (positive) effects on quality of life, health and survivorship.
- ▶ Risky behaviours for health, the “life-style” determinants of health, are not randomly distributed among the population, but tend to be concentrated on the most disadvantaged.

# THE IMPACT OF INEQUALITIES ON HEALTH, CARE AND WELFARE IN AGEING POPULATIONS

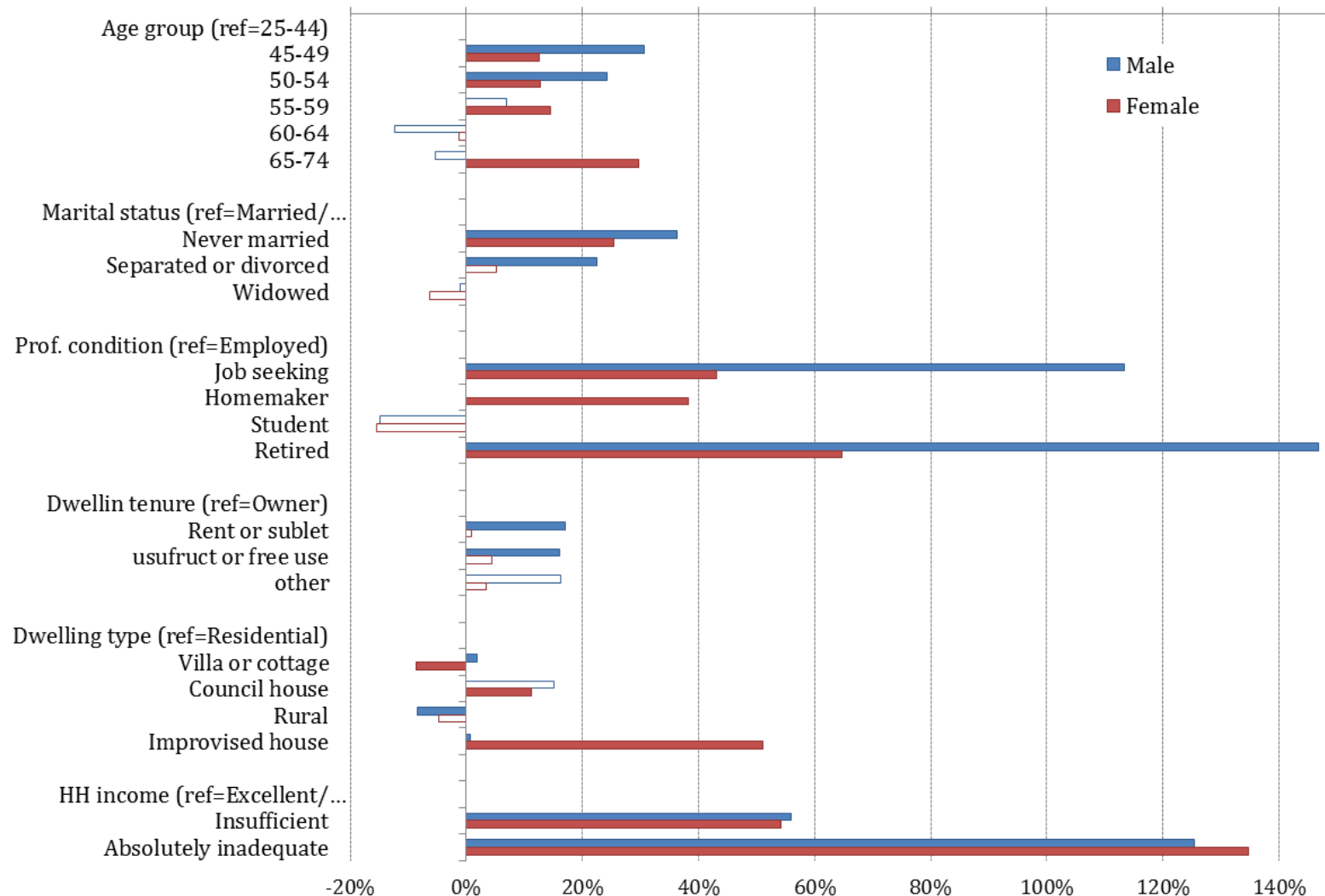
## Research questions

- ▶ 1) have a deeper and more integrated understanding of relevant SES dimensions of ageing;
- ▶ 2) detect what effect the Great Recession has had on them and hypothesise its future impact;
- ▶ 3) quantify the socio-economic status (SES) impact on economy, welfare expenditure, fiscal revenues and welfare provisions;
- ▶ 4) develop possible innovative policies commensurate to older people's needs and abilities, and possibly able to mobilise individual, family and social resources (in some cases idle) to implement sustainable and adequate actions to secure healthy and active ageing for all.

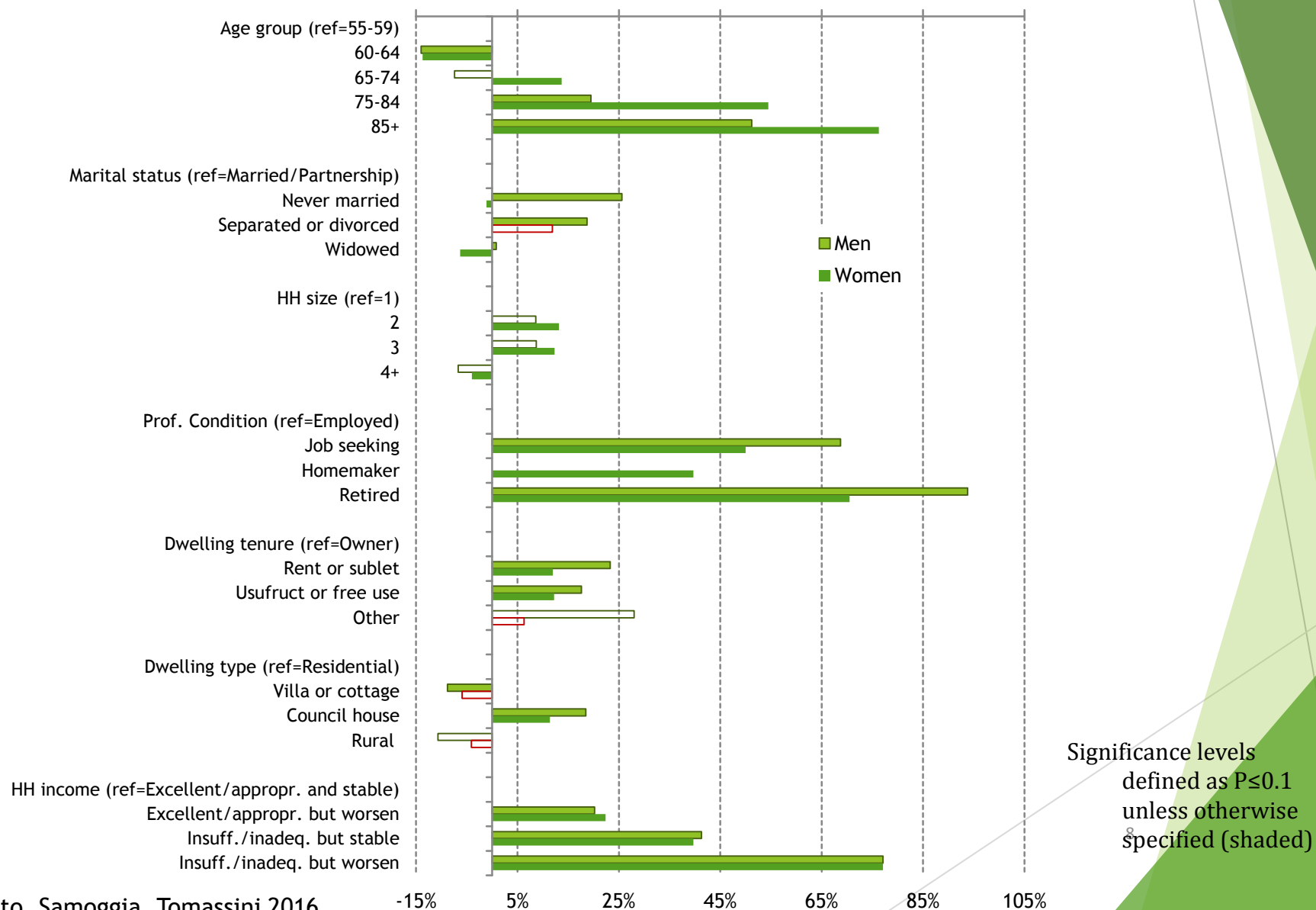
# Improvements in SRH men by education



# Effects on the probability to feel poor/very poor health



# Effects on the probability to feel poor/very poor health





# THE IMPACT OF INEQUALITIES ON HEALTH, CARE AND WELFARE IN AGEING POPULATIONS CHALLENGES

- ▶ Large dataset provided by Departments of Work and Pensions or Welfare institutions able to investigate the empirical evidence on SES inequalities in health, care and longevity.
- ▶ Verify the possible existence of miscalculations in the impact of ageing on welfare expenditure (especially pensions)

# THE IMPACT OF CRISES ON HEALTH AND WELLBEING

## BACKGROUND

- ▶ • **Social differences in health tend to increase during economic crises** (*Marmot 2010*) mainly due to risky behaviours and individual choices concerning certain factors (diet, smoking, physical activities) directly or indirectly linked to the economic situation of individuals. (*Mackenbach 2006*)
- **Poverty and precarious job conditions** are important risk factors for health especially if they are persistent during the life course (*Aue et al. 2016, Pirani & Salvini 2015*)

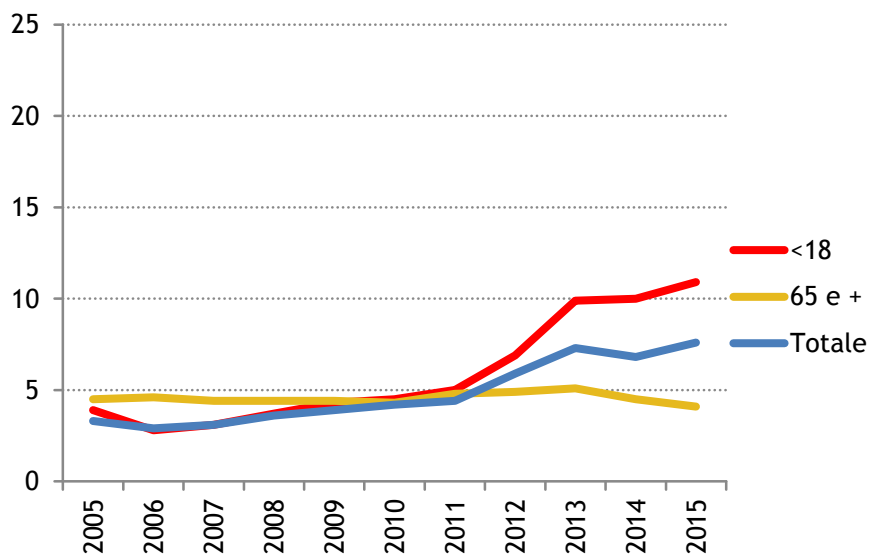
## The advantage of being younger is reduced for SRH

Mean year variation ( % ) by age (*)				
				Δ vs. 15-39
	Poor SRH	2000-05	2005-13	2005 to 2013
SRH gets worse for younger people while it gets better for older people	15-39	-8.5	+5.4	rif.
	40-64	-6.6	ns	↓
	65-74	-6.2	-3.4	↓
	75+	-4.1	-3.9	↓
The decreasing trend of disability has halted at all ages	Severe disabilities	2000-05	2005-13	
	15-39	-3.6	+2.5	rif.
	40-64	-3.1	+3.7	≈
	65-74	-1.9	ns	≈
	75+	ns	+0.8	≈

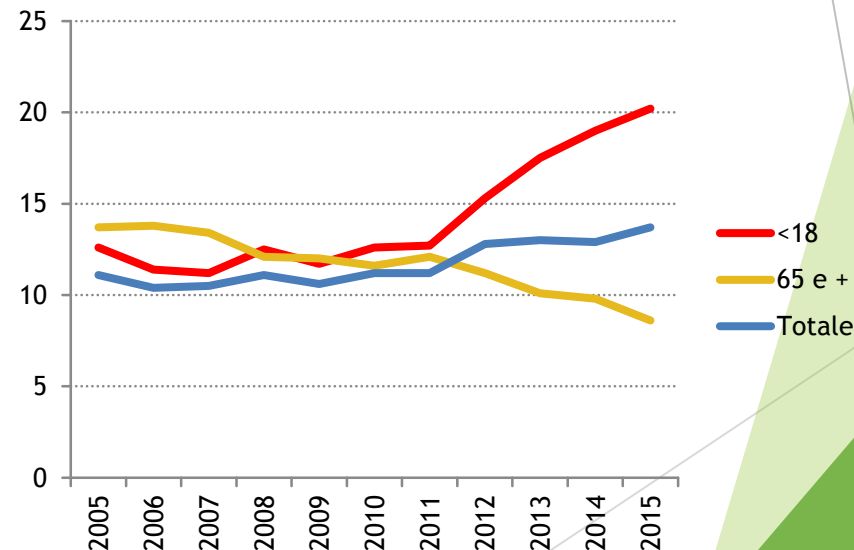
\* Controlling by sex, marital status, education, geographic area

## A dangerous thought about the future: Poverty among younger people

**Absolute poverty** (% people in poverty on people in the same age group)



**Relative Poverty** (% people in poverty on people in the same age group)



# HEALTH IN THE FINAL YEARS OF LIFE

## Background

- The major burden of poor health on social and economic systems as well as on families is determined by the health status of individuals at the end of life. Before dying, each individual experiences a period of poor health that can be long or short depending on specific health conditions and during which the use of health care services is much more frequent and costly. We need to discern if this period is lengthening or shortening over time in order to correctly estimate the social and economic consequences of population ageing.

## Previous analyses and future steps (2)

LOGISTIC ANALYSIS: predictive value of age VS proximity to death on health status

Multiple logistic regression models. Outcome: disability

Covariates		OR	95% CI
Age	65-84 VS 50-64	4.75	4.37 - 5.18
	85+ VS 50-64	32.63	29.01 - 36.70
Proximity to death	Last 2 years VS Survivors	-	-
	3 to 5 years before death VS Survivor	-	-
	6 to 8 years before death VS Survivor	-	-

Covariates		OR	95% CI
Age	65-84 VS 50-64		n.s
	85+ VS 50-64	14.65	12.90 - 16.64
Proximity to death	Last 2 years VS Survivors	6.63	5.91 - 7.44
	3 to 5 years before death VS Survivor	3.53	3.20 - 3.89
	6 to 8 years before death VS Survivor		n.s

Controlled for sex, marital status, education and geographical area

0.1% significance level

# Previous analyses and future steps (3)

## WORK IN PROGRESS...

### ○ **EXPLORING THE BURDEN OF ILL HEALTH IN THE LAST YEARS OF LIFE OF ITALIANS**

More in-depth descriptive analyses on life conditions (with a focus on disability) in the final years before death in Italy: health status and health service use, sex/socioeconomic/geographical differential (more detailed age groups)

#### **PERCENT PREVALENCE OF DISABILITY BY SEX, AGE AND GROUPS OF PROXIMITY TO DEATH**

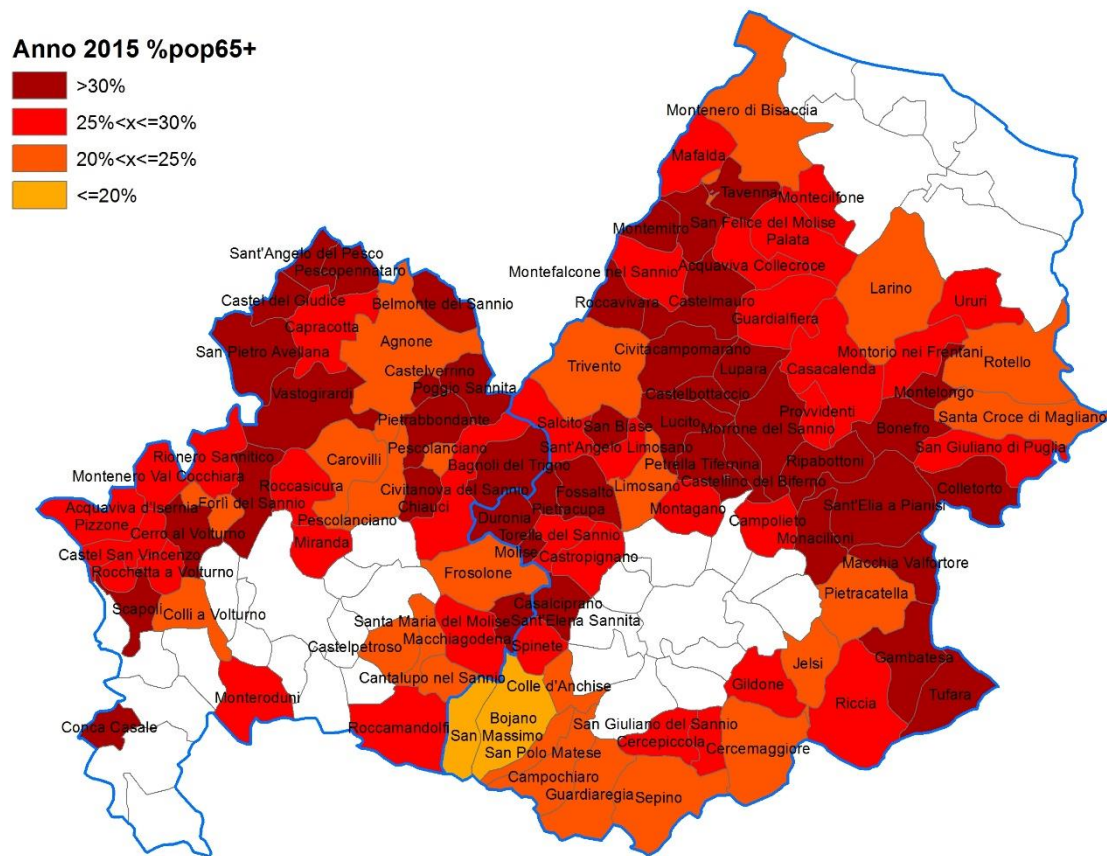
<b>Men</b>	<b>Proximity to death\Age</b>	<b>50-64</b>	<b>65-74</b>	<b>75-84</b>	<b>85+</b>	<b>Total</b>
	Last 2 years of life	16,47	25,75	40,61	73,3	38,74
	3 to 5 years before death	8,91	14,4	22,89	48,55	21,4
	6 to 7 years before death	5,42	12,26	17,39	30,68	14,02
	Survivors	1,56	4,61	10,94	27,93	3,59
<b>Women</b>	<b>Proximity to death\Age</b>	<b>50-64</b>	<b>65-74</b>	<b>75-84</b>	<b>85+</b>	<b>Total</b>
	Last 2 years of life	26,88	37,06	52,65	75,31	55,29
	3 to 5 years before death	12,8	21,93	45,68	66,44	42,86
	6 to 7 years before death	10,69	17,95	36,92	61,7	32,97
	Survivors	2,61	7,93	20,54	48,01	7,77

# AGEING IN INNER AREAS BACKGROUND

- ▶ Territories with no adequate offer of/ access to essential services to assure a certain level of citizenship among population.
- ▶ Territories substantially far from large and medium-sized urban centers able to supply adequate health, educational and transport services.
- ▶ In Italy inner areas covers almost 60% of the national territory with a quarter of total population living there.
- ▶ Inner areas are considered by this government strategically relevant to foster a more sustainable and inclusive national growth.
- ▶ Most of these areas are characterised by an old age structure



# A region in the Appenines



Source: Tomassini, Ferrucci, Pistacchio forthcoming

# AGEING IN INNER AREAS

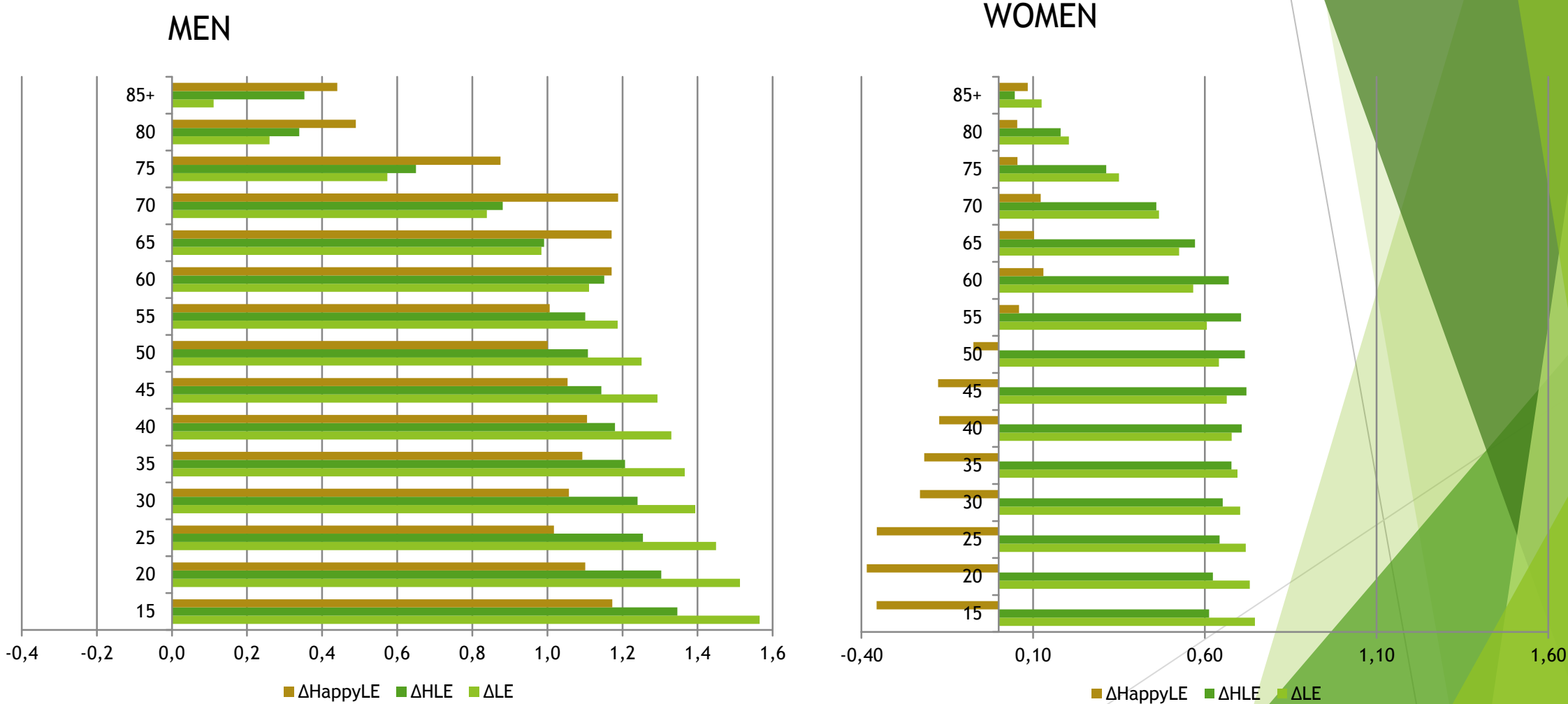
## RESEARCH TOPICS

- ▶ Older people in poor health may not have the primary carers living close by. What kind of care resources may be activated?
  - ▶ Informal social network
  - ▶ Carer sharing (e.g. immigrants)
  - ▶ Community nurses
  - ▶ Telemedicine

# OTHER SELF PERCEIVED HEALTH INDICATORS BACKGROUND

- ▶ Individual perception of health conditions has been commonly used in ageing research in the last decades.
- ▶ Other subjective measures may offer interesting insights as well
- ▶ Perceived age, physical appearance, happiness may provide useful information for research and policy makers

# LE, HLE and Happy life expectancy in Italy 2005-2013



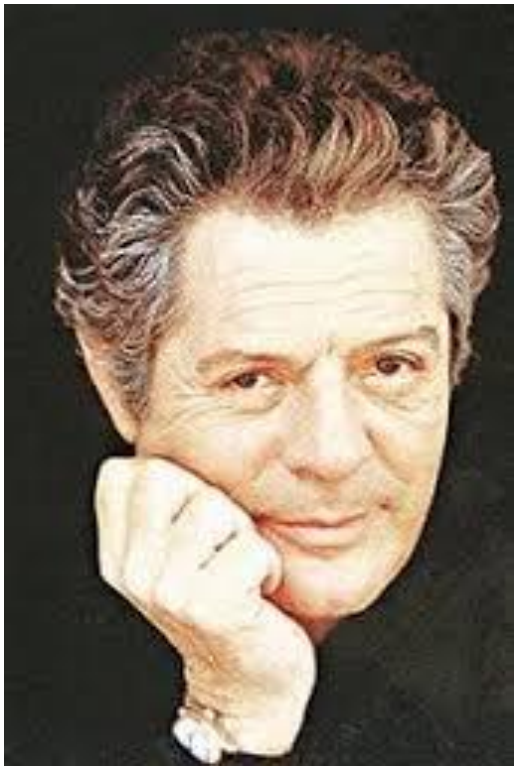
Source: Tomassini, Egidi, Lallo 2016

# PERCEIVED WORK PERFORMANCE INDICATORS

- Population ageing → labour force is ageing
- Surveys on the perception of ageing among heads of personnel in big, medium and small firms and how they deal with it.
- Ageing in the labour force is not perceived as an issue and the health of older workers is not considered a problem
- On the workers side both physical and mental health problems that may hamper work performances are perceived by a minority of the “aged” employees (Racioppi, Checcucci, Tomassini 2016)

# Perceived age

- Subjective perception of feeling old and its relation with the work status, the attitudes towards retirement and other relevant social domains.
- Strong association with SF1, but also with social life. Work and its discontinuity have a stronger association for men on the subjective age, while family relations have a stronger association for women (Rosina&Tomassini 2015)



*I'm not feeling old... At most mildly senior*