Gender and socio-economic inequality in health and access to care in old age

Stefania Ilinca PhD
Policy challenges for ageing societies

“Europe's population is getting older”

“Population ageing to put pressure on public spending”

- “The total cost of ageing (public spending on pensions, health care, long-term care, education and unemployment benefits), is expected to increase […] to 26.7% of GDP by 2070”

- “Long-term care and health care costs are expected to contribute the most to the rise in age-related spending”
Population projections by age and gender

Note: 2016: estimates, 2090: projections.
Source: Eurostat (online data codes: demo_plan and proj_15years)
“Population ageing put upward pressure on public spending”
Equity and dignity in old age

But older people are not all alike and do not all enjoy access to benefits and support.

Every story of ageing is different but many stories differ in similar ways!

Gender dimension of ageing
Income/wealth inequality in old age
Different experiences of ageing

As compared to men, older women …

• Have higher life expectancy but live less years in good health
• Higher prevalence of chronic conditions and disability
• Higher levels of poverty and less financial independence
• Are more likely to live alone
• Higher levels of care provision but receive less care themselves
Different experiences of ageing

Poorer individuals...

- Have lower life expectancy but higher morbidity burden
- Higher economic burden from illness
- Higher barriers in access to care and medicines
- Higher reliance on informal care provision in old age
- Worse housing and living conditions
Dementia in the EU:
Gender and social class disparities
What do we fear most as we grow old?

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>50-59</th>
<th>60-69</th>
<th>70-79</th>
<th>80-89</th>
<th>90+</th>
<th>Total</th>
</tr>
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<tbody>
<tr>
<td>Dementia</td>
<td>43%</td>
<td>39%</td>
<td>47%</td>
<td>40%</td>
<td>43%</td>
<td>43%</td>
<td>42%</td>
<td>45%</td>
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<tr>
<td>Cancer</td>
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<td>34%</td>
<td>25%</td>
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<td>32%</td>
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<td>18%</td>
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<td>Stroke</td>
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<td>11%</td>
<td>13%</td>
<td>9%</td>
<td>12%</td>
<td>13%</td>
<td>11%</td>
<td>5%</td>
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<td>Heart condition</td>
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<td>3%</td>
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<td>5%</td>
</tr>
<tr>
<td>Diabetes</td>
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<td>1%</td>
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<td>1%</td>
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Public opinion poll UK (2015)

Dementia is a global public health challenge of enormous scale and impact

- Fifth leading cause of death in 2016 (GBD, 2016)
- More than 10 mil. people live with dementia in Europe (50 mil. globally) and numbers will double by 2030
- Higher health and social care cost for dementia than for cancer and heart disease combined (Alzheimer UK, 2015)
More women than men live with dementia (at any age)
More women than men die from dementia

Standardized death rates from Alzheimer’s and other dementias in the EU-28 (2015)
Why are women at such disadvantage?

**Biological factors** and gaps in life expectancy explain part of the gender differences in brain health:

- Women with APOE4 are more likely to develop mild cognitive impairment or Alzheimer’s disease than men

**Gendered experiences across the life-course** contribute substantially to gender gaps in dementia risk, most noteworthy:

- Education achievement
- Mental health (depression twice as prevalent among women)
- Physical activity
- Social isolation and loneliness
Beyond differences in risk exposure

There are well documented, although insufficiently understood, gender differences in …

Time of diagnosis
• By the time women are diagnosed with dementia they already have a more severe disease burden

Disease progression and severity
• Greater cognitive deterioration and faster cognitive decline in women

Access to treatment & care quality
• Women with dementia have fewer visits to the GP, receive less health monitoring and take more potentially harmful medication than men
More women than men are affected by dementia

Women overwhelmingly bear the care burden associated with cognitive and functional decline in Europe:

- 2/3 of all informal carers in Europe are women
- Women are more likely to provide demanding and intensive caregiving
- Women more often provide all needed care for their spouse, whereas caregiving by men is often supplemented by formal service provision
- Women are more likely to give up paid employment as a result of their care responsibilities
- Women caregivers experience greater caregiver-burden and mental and physical strain
And the burden they bear is enormous

Estimated global cost of dementia in 2018
1 trillion $, that is
1 000 000 000 000 $

World Alzheimer Report 2015
Not one story of ageing: compounding and intersecting inequalities

- Inequalities in risk exposure
- Inequalities in brain health
- Inequalities in access to care
- Inequalities in health outcomes

Intersections:
- Gender inequality
- Regional inequality
- Income inequality
- Ethnicity
- Education
- Migration
Placing dignity at the centre of equality

Can we do better, for everyone?
Where do we start?

Move away from overly broad categorizations in policy making

• ‘older people’ is as diverse and varied a group as ‘people’

Focus on equity and fairness rather than on equality

• From gender blind to gender specific and gender transformative policies

Inclusiveness in research, care systems and policy making

• We can not plan for what we do not understand

Move from care system centric to societal level approaches
Thank you

Stefania Ilinca PhD
Stefania.ilinca@gbhi.org
ilinca@euro.centre.org