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

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*Atlantic Fellows*

FOR EQUITY  
IN BRAIN HEALTH

# Policy challenges for ageing societies

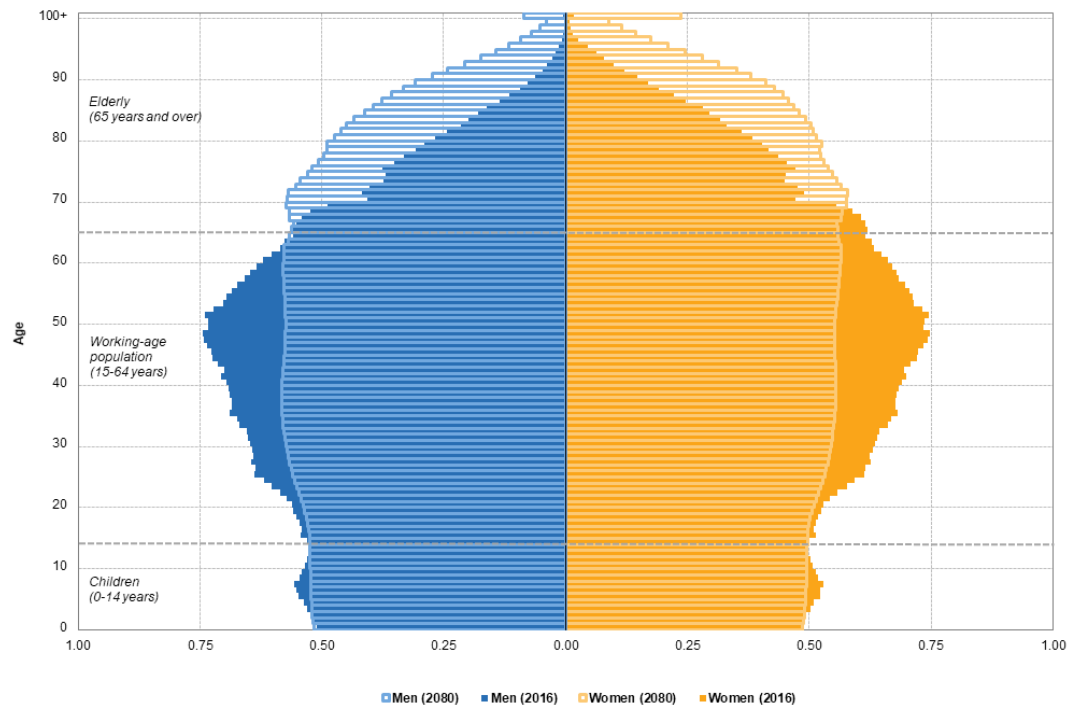
“Europe's population is getting older”

“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. 2080: projections.

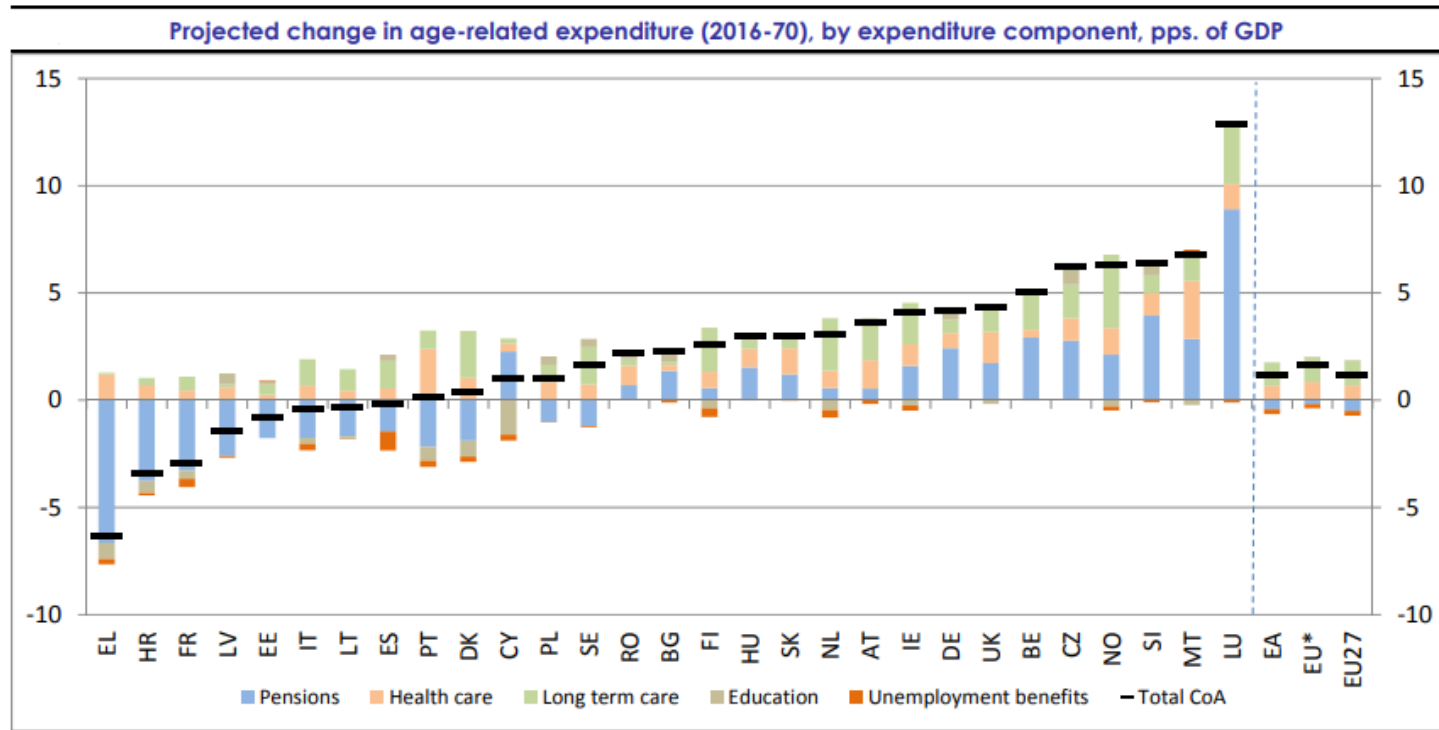
Source: Eurostat (online data codes: demo\_pjan and proj\_15npms)



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# “Population ageing put upward pressure on public spending”



Source: Commission services, EPC.

# Equity and dignity in old age

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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

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## As compared to men, older women ...

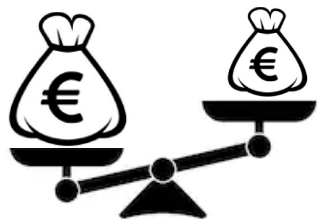


- Have higher life expectancy but live less years in good health
- Higher prevalence of chronic conditions and disability
- Higher levels of poverty and less financial independence
- Are more likely to live alone
- Higher levels of care provision but receive less care themselves

# Different experiences of ageing

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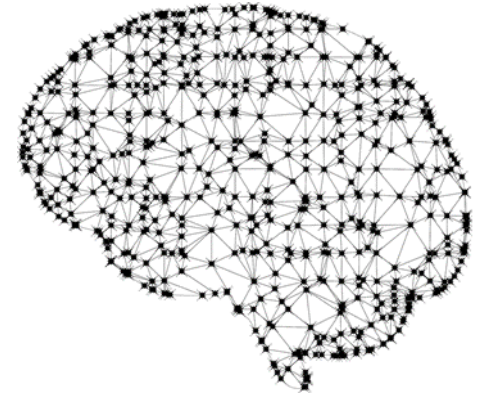
## Poorer individuals...



- 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

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## **Dementia in the EU: Gender and social class disparities**



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# What do we fear most as we grow old?

	Male	Female	50-59	60-69	70-79	80-89	90+	Total
<b>Dementia</b>	<b>43%</b>	<b>39%</b>	<b>47%</b>	<b>40%</b>	<b>43%</b>	<b>43%</b>	<b>42%</b>	<b>45%</b>
Cancer	30%	34%	25%	35%	32%	26%	22%	18%
Stroke	12%	11%	13%	9%	12%	13%	11%	5%
Heart condition	2%	3%	2%	2%	2%	2%	2%	5%
Diabetes	1%	1%	1%	1%	1%	1%	1%	1%

Public opinion poll UK (2015)

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

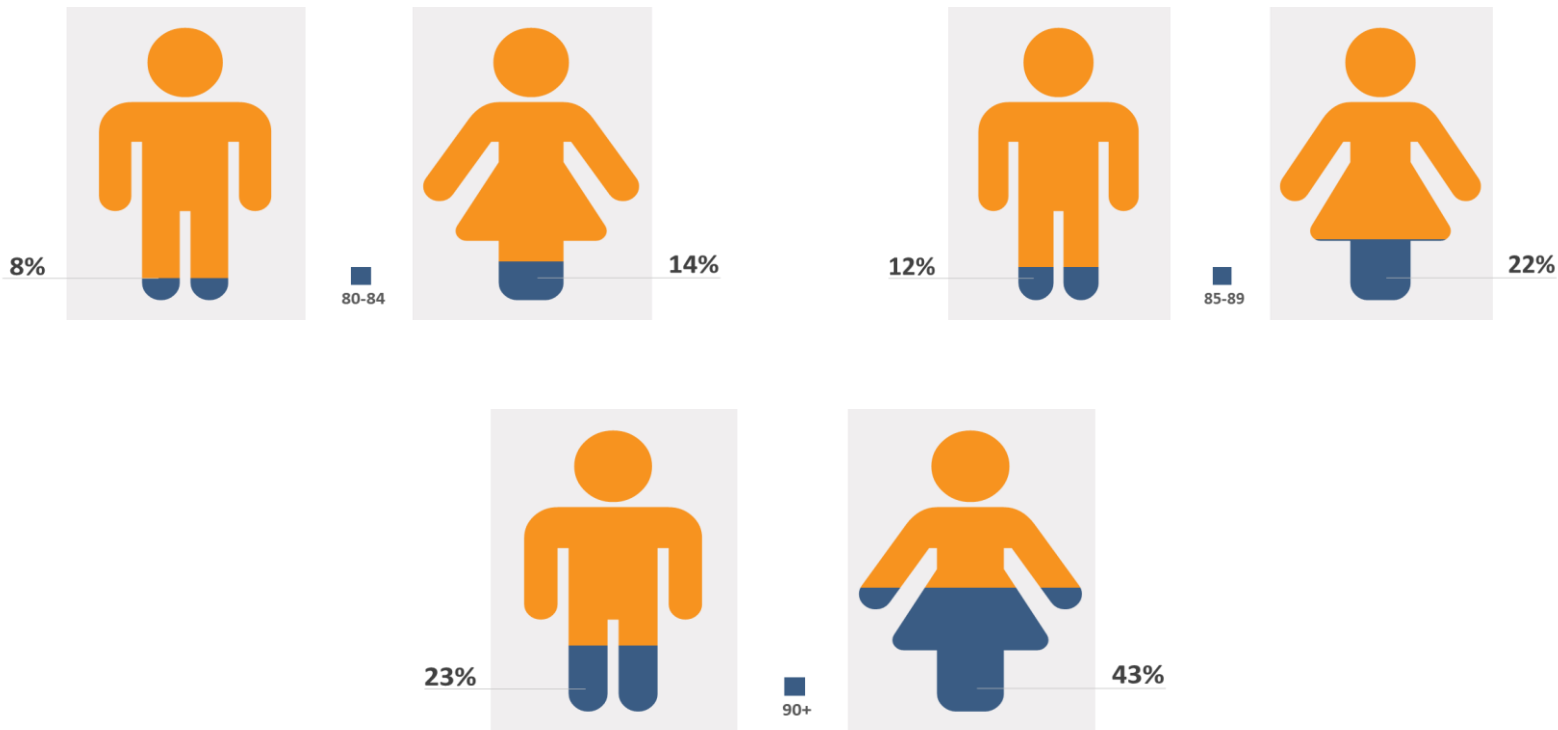
- Fifth leading cause of death in 2016 (GBD, 2016)
- More than 10 mil. people live with dementia in Europe (50 mil. globally) and numbers will double by 2030
- Higher health and social care cost for dementia than for cancer and heart disease combined (Alzheimer UK, 2015)



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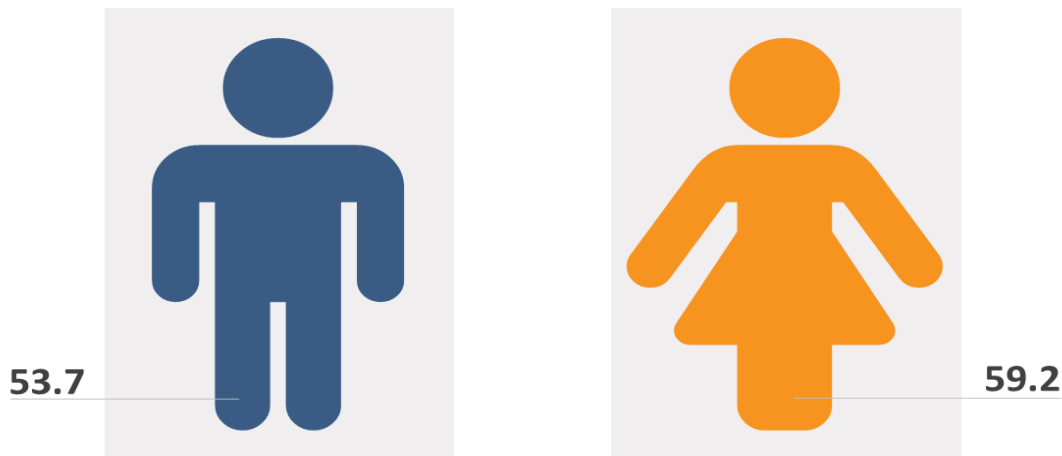
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# More women than men live with dementia (at any age)



# More women than men die from dementia

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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:

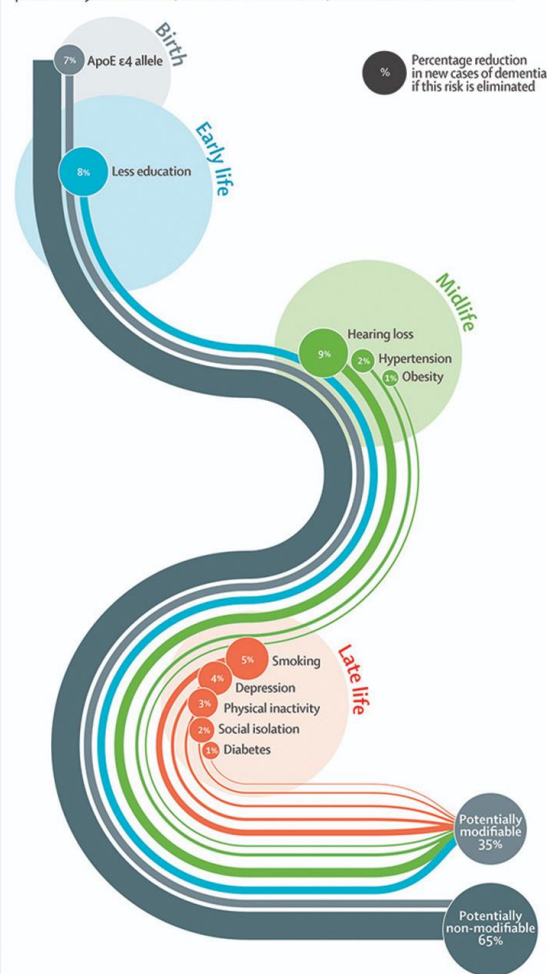
- Women with APOE4 are more likely to develop mild cognitive impairment or Alzheimer's disease than men

**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

## Risk factors for dementia

The Lancet Commission presents a new life-course model showing potentially modifiable, and non-modifiable, risk factors for dementia.



# Beyond differences in risk exposure

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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

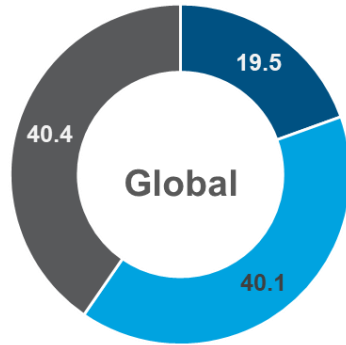
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Women overwhelmingly bear the care burden associated with cognitive and functional decline in Europe:

- 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

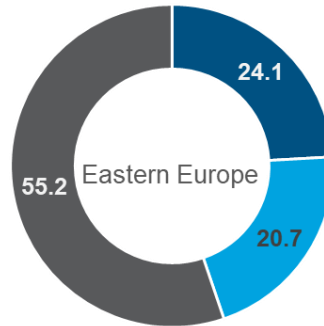
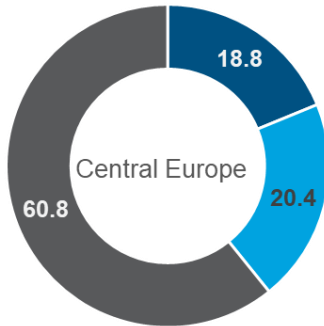
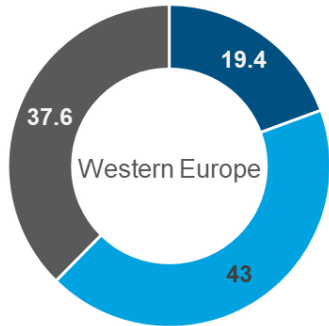


# And the burden they bear is enormous



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

■ Medical costs ■ Social sector costs ■ Informal care costs



World Alzheimer Report 2015



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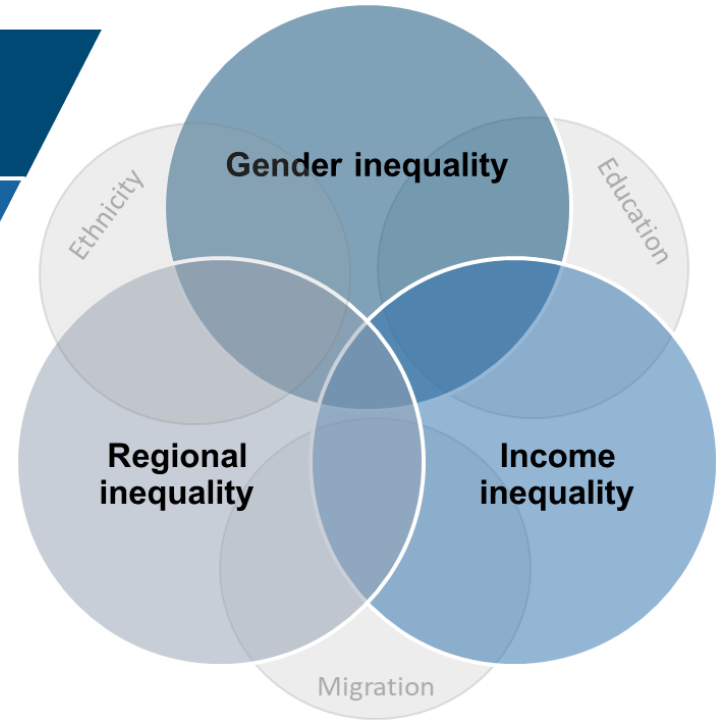
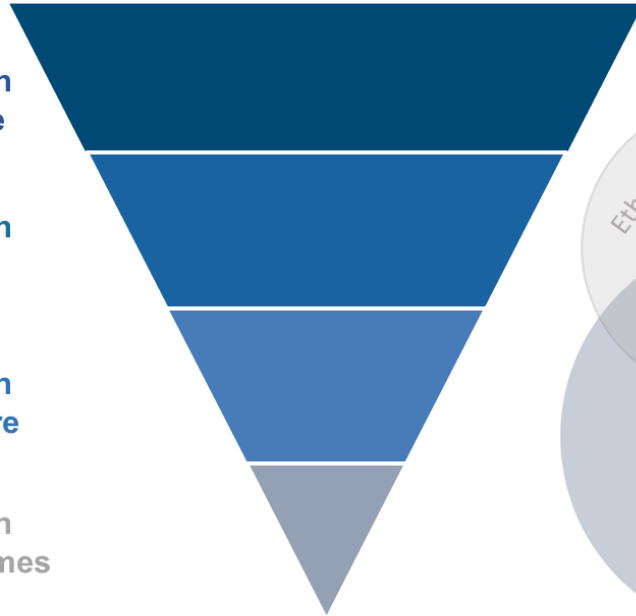
# Not one story of ageing: compounding and intersecting inequalities

Inequalities in  
risk exposure

Inequalities in  
brain health

Inequalities in  
access to care

Inequalities in  
health outcomes



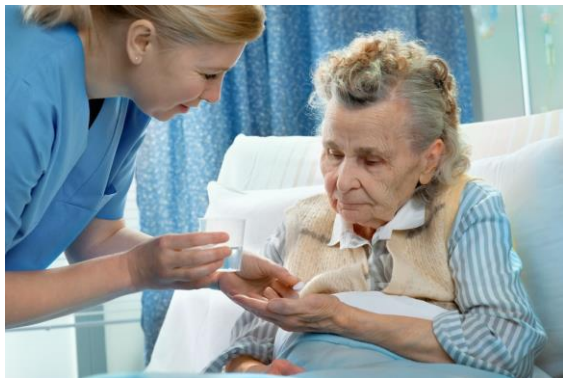
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# Placing dignity at the centre of equality

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Can we do better,  
for everyone?



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# Where do we start?

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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





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# Thank you

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