

Perceived unfairness and socioeconomic inequalities in health-related functional decline



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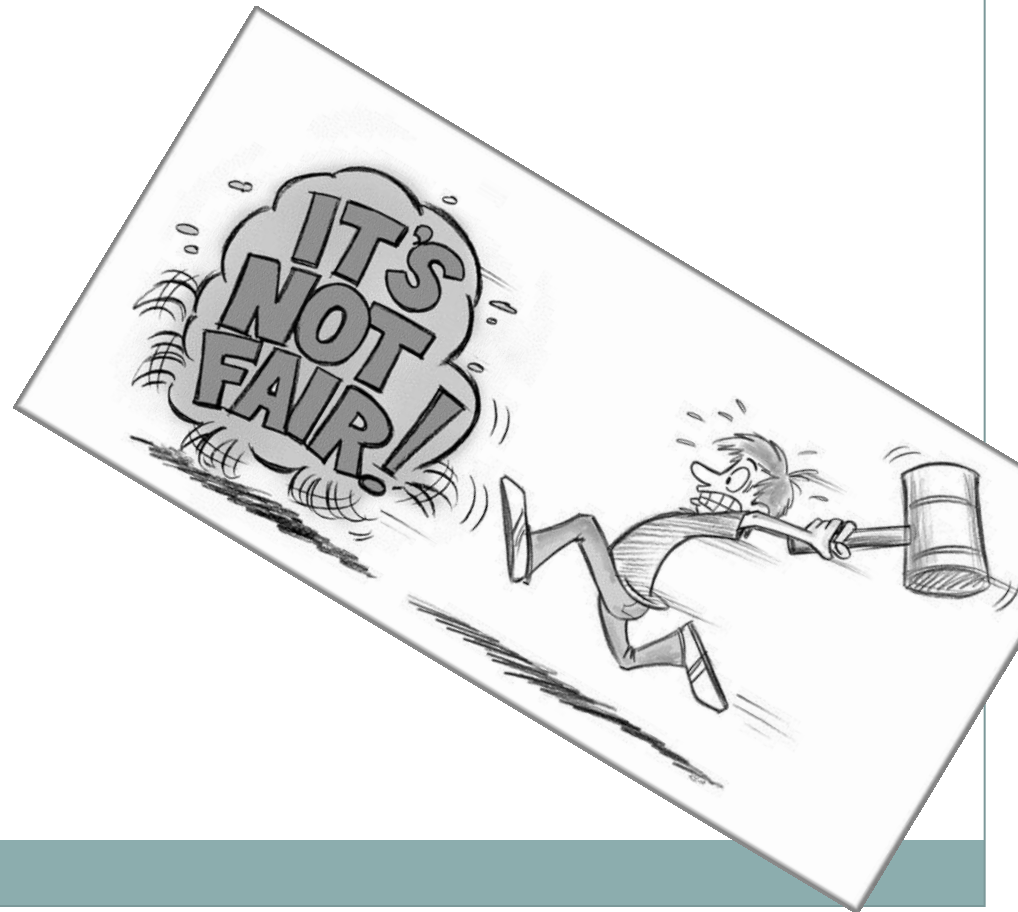


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Outline of my talk

- Background
- Methods
- Results
- Discussion



Background (1)

- Differences in income and material wealth
- Heated debates about the extent of unfairness underlying these inequalities

Background (2)

- We hypothesised that perceived unfairness – being more common in lower socioeconomic positions – contributes to “explaining” why people in such positions have heightened risks of poor health



Background (3)

- Previous studies
 - Only work-related injustice and unfairness
 - Only one-item general unfairness
 - Only predictive power of unfairness, not its contribution to socioeconomic differences in health

Methods (1)

- SMILE longitudinal study (Eindhoven e.o.)
- 1,282 Dutch men and women, aged 55+
- Followed up between 2003-2010 for their:
 - Socioeconomic position
 - Perceived unfairness
 - Health-related function (and changes therein)

Methods (2)

- Socioeconomic position: composite of education and income
- Health-related function: SF-36
- Functional decline between 2003 and 2010: having a functional decline that is higher than 1 standard deviation above the average decline

Methods (3)

- How many times you have/had the feeling that:
 - you are being treated unfairly or unjustly?,
 - important information is being withheld from you?,
 - no-one is there to listen when you have problems?,
 - no-one is there to offer actual help when you have problems?,
 - being criticized wrongly?,
 - you are not being valued for all your work?,
 - other people are treated better or fairer than you?,
 - the legislation in the Netherlands is disadvantaging you?,
 - your efforts get too little reward?
- Nine new items (Cronbach's α : 0.85)

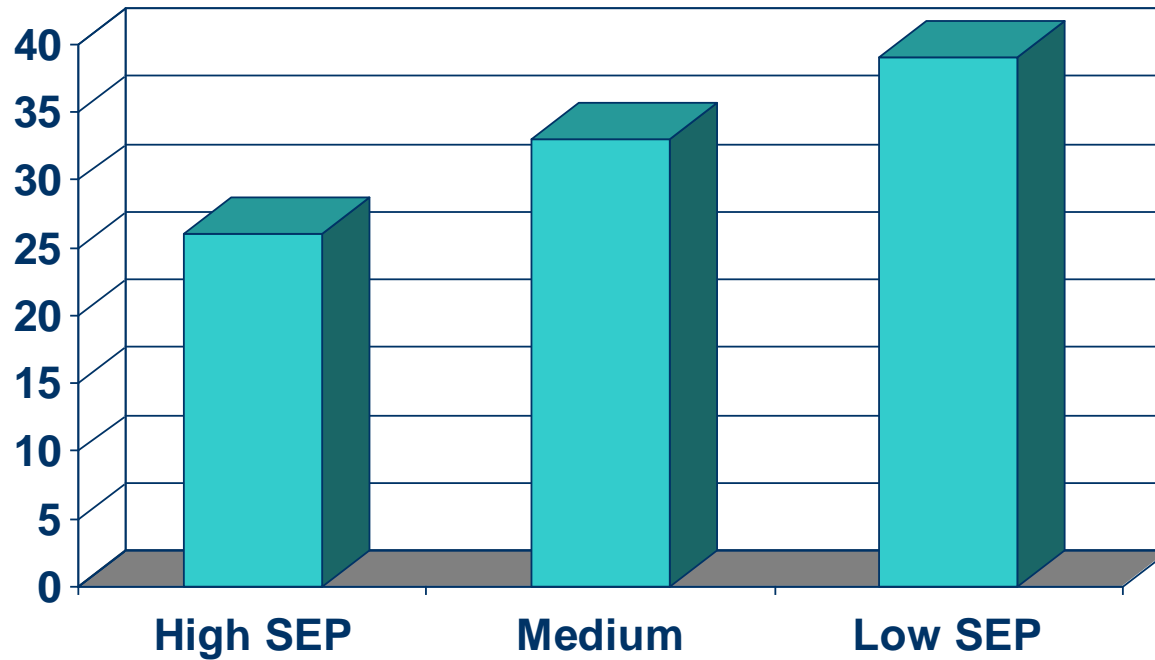


Methods (4)

- Logistic regression analyses regressing longitudinal mental and physical decline on socioeconomic position and perceived unfairness (separately and simultaneously)
- Adjusting for:
 - Baseline health-related functioning
 - Age
 - Sex

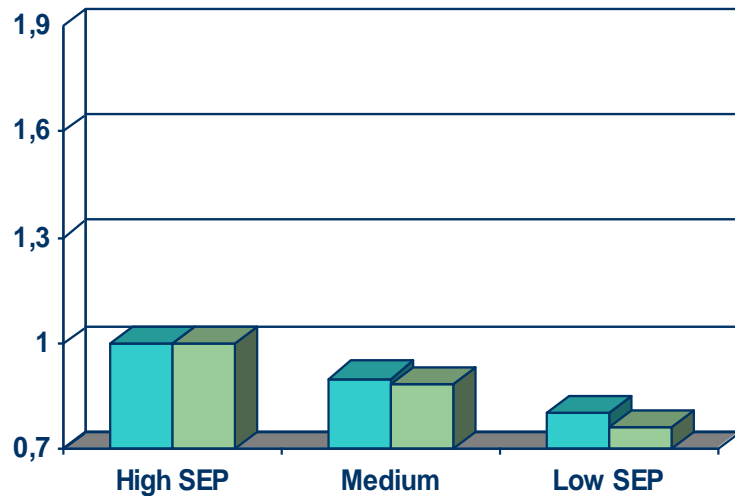
Results (1)

Unfairness reports per socioeconomic category

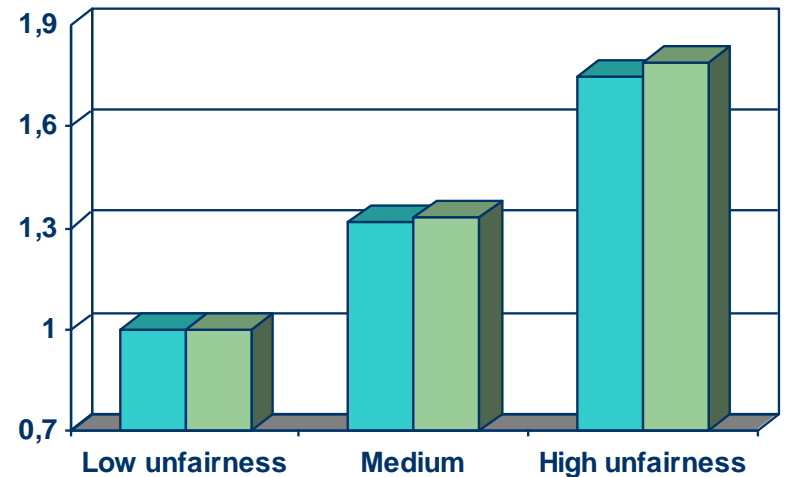


Results (2) – Physical decline

ORs of physical decline by SEP



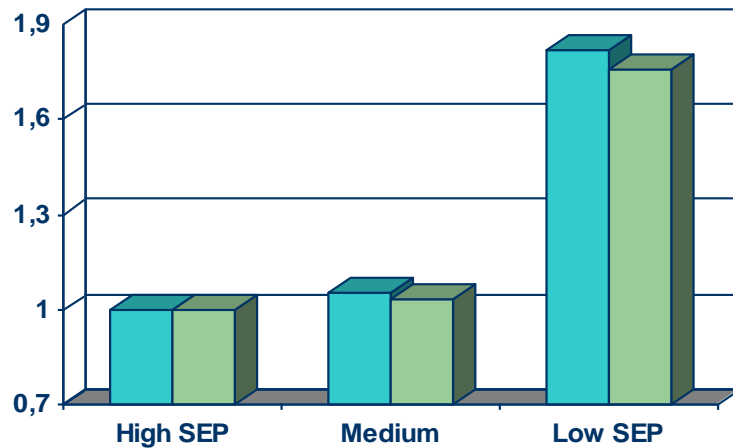
ORs of physical decline by unfairness



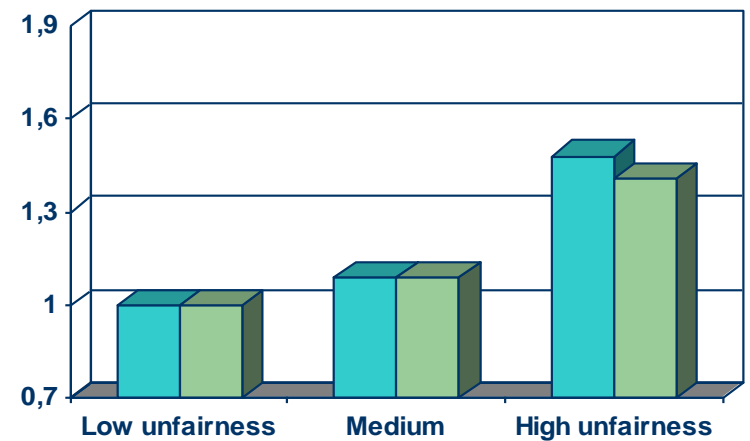
N.B. SEP and unfairness separately and simultaneously adjusted

Results (3) – Mental decline

ORs of mental decline by SEP



ORs of mental decline by unfairness



N.B. SEP and unfairness separately and simultaneously adjusted

Summary

- Low socioeconomic position is related to mental decline, not physical decline
- Perceived unfairness is related to both mental and physical decline
- Although perceived unfairness is more common in lower socioeconomic positions, it “explained” only little of the socioeconomic health differences
- Unfairness and socioeconomic position foremost had independent effects on health-related decline

Take-home messages

- Perceived unfairness is an important determinant of functional decline in older age that might be independent of general measures of socioeconomic position
- However, rather than addressing and changing individual perceptions of unfairness, more research is needed to find out whether (specific) conditions and environments can be defined as unfair and be tackled in an attempt to improve public health



Thank you for your attention

Do not hesitate to ask me questions

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