

## Physical functioning declines more rapidly among the poor, study finds

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A new national study shows that wealthier Americans and those with private health insurance fare better than others on one important measure of health – and this health gap only grows wider as they age.

Researchers found that, when the study began, middle-aged and older Americans with more income and assets reported having less trouble with five activities of daily living: walking across a room, bathing, eating, dressing and getting in and out of bed.

Especially troubling, though, was how the disadvantage for the poor snowballs over time, said Virginia Richardson, co-author of the study and professor of social work at Ohio State University.

"The rich stay healthier, while the poor see steeper declines in their health as they age," Richardson said.

Those with [private health insurance](#) also reported less trouble with these activities than did those without such insurance. That gap also increased over time.

These findings held true even after researchers took into account other variables which may have affected physical functioning, including the participants' age when the study began, marital status, employment status, and their generational group.

The results are important because physical functioning is the key for

older adults to be able to take care of themselves without needing a caregiver, Richardson said.

"When people can no longer bathe themselves or cook for themselves, that's when they need to be institutionalized," she said.

Richardson conducted the study with Jinhyun Kim, assistant professor at Marywood University. Their results were published in a recent issue of the journal *Health and Social Care in the Community*.

This study is one of the few that have linked socioeconomic status – which includes income and assets – and [health insurance](#) on people's physical functioning over an extended period of time, according to Richardson.

The researchers used data from the Health and Retirement Study, run by the University of Michigan, which followed Americans over 50 years of age over the course of 12 years, from 1994 to 2006. Data was collected every two years. For this study, Richardson and Kim used data on 6,519 participants.

In 1994, when data was first collected, the researchers found that those with higher income and assets had better functioning. The key finding, though, said Richardson, was how this gap grew over time.

"The more income and assets you have, the slower your health decline will be," she said.

This was true for both men and women, although there was more variability among women in the study.

Those who had private health insurance also reported fewer problems with physical functioning than those who didn't at the beginning of the

study. And, just like with income and assets, the gap between the haves and the have-nots increased over time.

The researchers expected that those with higher levels of education would report better physical functioning, but that was not true of most of the sample. However, education did make a difference among older Black adults – those with more education tended to have better functioning than those with lower levels.

The data in this study can't answer the question of how socioeconomic status and private health insurance help protect people's physical functioning, Richardson said. But the results fit with other studies that suggest that economically disadvantaged people may not be able to afford medications they need, or may take steps to make their prescriptions last longer, like cutting pills in half.

They may also skip diagnostic tests that could help identify disease earlier, when it is more treatable. This may be especially true for those who lack private health insurance that can help pay for expensive testing.

"One of the first questions many elderly adults ask when their doctors order tests is 'will my insurance cover it?' Richardson says.

Richardson said the findings suggest that our public health care policies need to consider how people's economic resources will change their physical functioning as they age.

"Our policies need to incorporate a life course perspective. We need to find way to prevent the rapid deterioration in [physical functioning](#) that is more likely among those who have fewer resources."

Provided by The Ohio State University

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