

Health of poor Brits worse than that of those born a century ago

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The self-reported health of poor Brits is worse than that of people born a century ago, suggests a large nationally representative study of more than 200,000 working-age people, published online in the *Journal of Epidemiology & Community Health*.

The findings indicate that the gap in [health](#) has widened between the richest and the poorest, so storing up additional pressures on healthcare from those least able to look after their own health in older age, suggests the author.

A growing body of research shows that [health outcomes](#) in Britain are linked to socioeconomic status, and that differences in these between the richest and poorest in society have widened since the 1970s. But few studies have looked at the potential impact of income and year of birth on this gap.

The author wanted to find out if '[baby boomers](#)' born after 1945 rated their health as better or worse than those born in the early 1920s, according to [household income](#), in a bid to gauge future healthcare need.

The author drew on responses to the General Household Survey for 1979-2011 from people living in England, Wales and Scotland, to create nationally representative 3-year 'health' snapshots of the generations born between 1920 and 1970.

He looked specifically at the differences in the prevalence of long term

conditions (limiting illness) and self reported [general health](#) between the richest and the poorest 30 to 59 year- olds for this period.

He found that inequalities in the prevalence of long term conditions between the richest and poorest households had doubled among women and by 1.5 times among men born in 1920-22 compared with those born in 1968-70.

For example, around one in four (26%) men born in 1920-22, living in the poorest households, said they had a limiting illness compared with around one in six (16%) in the richest households.

For men born in 1968-70, more than a third (35%) of those living in the poorest households reported a limiting illness compared with only around one in 10 (11%) of those living in the richest households.

For women born in 1920-22, around one in seven (15%) living in the poorest households reported 'not good' health compared with nearly one in 10 (8%) in the richest households. For women born in 1968-70, around one in five (19%) said their health wasn't 'good' compared with around one in 10 (9%) in the richest households.

"The results presented here show a widening in health inequalities by income in later-born British birth cohorts, 1920-70," writes the author.

"They point to a greater future demand in healthcare from people in society who will be least capable of managing their health as they enter ages when [ill health] becomes more common."

Without any concerted action to address this, there will likely be further widening of the gap in early deaths between the richest and poorest in society, because of the strong links between poor self rated health and long term conditions and sickness and death, he emphasises.

"This is doubly important because of the growing size of later-born postwar baby boom cohorts up to 1972 that will mean that there is likely to be more people in [poor health](#) irrespective of relative declines in the prevalence of [long term conditions] in later born postwar cohorts," he says.

More information: Are self reported health inequalities widening by income? An analysis of British pseudo birth cohorts born, 1920-1970, *Journal of Epidemiology & Community Health*, [DOI: 10.1136/jech-2019-213186](#)

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