

Wealth-associated disparities in death, disability in older adults in US, England

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Low wealth was associated with death and disability among older adults in both the United States and England, two countries with very different health care and safety-net systems, according to a new article published by *JAMA Internal Medicine*.

Most research examining the effect of socioeconomic status on [health outcomes](#) has used income as the main measure of financial resources. The current study by Lena K. Makaroun, M.D., of the University of Washington and the VA Puget Sound Health Care System, Seattle, and coauthors used wealth as the primary marker as it is a better reflection of financial resources for older adults in retirement

The study included nearly 20,000 adults in the United States and England from two nationally representative groups of older adults in both countries. The adults were separated by age into two groups: 54 to 64 and 66 to 76 because social safety-net programs begin for many around the age of 65 (Medicare and Social Security in the United States and the State Pension in England, which also delivers [health care](#) from birth through the National Health Service).

Researchers examined the association between wealth and death and disability, which was defined as any difficulty in performing activities of daily living, such as dressing, eating and bathing.

Adults in both countries with low wealth had a higher risk of death and disability, according to the results. The results suggest small increases in wealth for those with the least wealth could be associated with gains in life expectancy and function.

Limitations of the study include differences between the U.S. and English comparison groups.

"Policies geared toward decreasing wealth-related

disparities in death and disability in [older adults](#) should target determinants of health outside of access to health care," the article concludes.

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