This is an author produced version of Does migration between differently deprived areas at different ages lead to health inequalities?.

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Does migration between differently deprived areas at different ages lead to health inequalities?

Inequalities Research Network workshops 2017-18
Inter-disciplinary perspectives into ‘Researching Inequalities’

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Are health inequalities evident at all ages?

There are well established health – deprivation relationships. The notion that mortality inequalities across area deprivation may vary by age is logical.

- Not every cause of death increases with age
- Not every cause of death related to the deprivation

Mortality (1997-99) ratio most : least deprived IMD quintile

(Dibben & Popham, 2012 for England)
Cross-sectional inequalities by age

England & Wales
Ratio Most : Least deprived by Carstairs quintile

Mortality (2000-02)

Limiting long-term illness (2001)

(c.f. Dibben & Popham, 2012 for England)
Variations by age: an alternative / additional ‘explanation’

In addition to the cause–age & cause–deprivation relationships …

Population migration may redistribute the population such that the health–deprivation relationship varies by age

Proposition based on:

- Distinctive age schedule of migration
- Types of areas people typically move from & to at different ages
- Migration process itself is health selective

Using ONS Longitudinal Study for England & Wales, residents in households:

- Aggregations of individuals by deprivation quintile at two time points …
LLTI inequalities by age

Age 0-9 in 1991 & 10-19 in 2001

Age 10-19 in 1991 & 20-29 in 2001
LLTI inequalities by age


LLTI inequalities by age

Age 40-49 in 1991 & 50-59 in 2001

Age 50-59 in 1991 & 60-69 in 2001
LLTI inequalities by age

Age 60-69 in 1991 & 70-79 in 2001

Age 70-79 in 1991 & 80+ in 2001
Effect on inequality: putting people back
How might we use this information?

Cross-sectional investigations of health-deprivation relationships

- Direct / Indirect standardisation often all age or ‘premature’ (excluding elderly)
- What if other age boundaries applied?
Postscript

Migration through the life course has strong, repeated patterns of moves between differently deprived areas (and urban-rural)

- Re-aggregating individual records across quintiles shows LLTI inequalities greatest in mid life

- Longitudinal / cohort data with individual records linked to area type at different time points can show affect of deprivation trajectories, and / or accumulations of (dis-)advantage

For example:

- ‘A life course approach to neighbourhood effects’ with Jivraj, Murray & Nicholas at UCL; a range of health outcomes

- ‘Area trajectories & mobilities affecting CVD in New Zealand’; with Exeter & Shackleton in Auckland and Darlington-Pollock in Liverpool
References


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Data suppliers

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