

TO:

Norwegian Institute of Public Health;
Nordic Welfare Center;
National Institute of Public Health in Denmark;
Finnish Institute for Health and Welfare, THL;
Icelandic Directorate of Health;
Public Health Agency of Sweden.

Monitoring of social inequalities in health cannot neglect older adults

In the Nordic countries there is a, much welcome, surge in the interest in monitoring social inequalities in health. Monitoring is a first but essential part of the combatting social inequalities as so forcefully argued by Sir Michael Marmot in his WHO Social determinants of Health Commission. This movement has recently fostered a working group led by the Norwegian Institute of Public Health and including representatives from all five Nordic countries. The objective of the working group was to come up with a set of indicators on both health outcomes and social determinants of health that should be monitored and included in NOMESCO/NOSOSCO'S statistics for regular reporting.

The Nordic countries, as most of the world, have a formidable demographic change ahead often summarized as population ageing. The large and rapidly growing number of older adults in our populations represents a great success, but also a challenge. From a micro perspective the challenge is how to maintain health and social participation; from the macro perspective the challenge concerns the sustainability of the Nordic welfare model. Needless to say, the vast majority of all deaths and all health problems in the population occur in the older age groups. Thus, the careful monitoring of health in the older population is of utmost importance. Because of this fundamental demographic change, also the UN now urges statistical agencies globally to improve and refine their measurement and reporting of the living conditions of older adults.

We were therefore concerned when we noted that the situation of older adults was systematically ignored in the report from the Nordic working group. There is a complete lack of indicators referring to health, social determinants and inequalities among persons above 64 years of age in the report.

In light of the demographic development as well as of the reputation of the Nordic countries to be at the forefront of statistical reporting, we find it both surprising and unacceptable that older persons are not considered when we track and evaluate social determinants and inequalities in health. A counter argument is of course to say this is a difficult task, but to ignore the inequalities among this age group is certainly not the solution to the societal challenges of ageing populations.

For the next report within this series, we ask that older adults are taken into account. There is ample evidence that inequalities in health, mortality and care persist into old age. Social and health inequalities in ageing is too important to neglect.

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