



Using individual and neighbourhood profiles and trends to understand frailty with nationally representative population data

Part 3: Linking area level (rurality and deprivation) and individual factors/assets with levels of frailty

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Executive Summary

November 2021

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This report presents independent research funded by the National Institute for Health Research Policy Research Unit in Older People and Frailty. The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.

The problem

The geographical distribution of frailty, as demonstrated by our previous report, showed substantial differences between different parts of the country. The key question is whether these disparities are entirely explained by individuals' characteristics, or if additional area-level characteristics are also significant.

What did we do?

We examined the relationships between area deprivation and frailty status, independently from individual socioeconomic, demographic and health behaviour characteristics.

Key Findings

Area level deprivation is associated with frailty and pre-frailty for older adults with the least wealth, even after adjusting for the increased risk from individual socioeconomic factors. Wealth is also associated with frailty and pre-frailty, after adjusting for individual and area factors.

Our analysis showed the following specific findings:

- Area deprivation is associated with frailty among older adults in England, independent of individual socioeconomic and demographic characteristics and individual health behaviours.
- Increased wealth is also associated with decreased frailty prevalence, independent of demographic characteristics, individual health behaviour and area deprivation.
- Older adults living in the 20% most deprived areas are at greater risk of pre-frailty and frailty than those of similar wealth in less deprived areas.

Caveat

This is a cross-sectional study (looking at data at one point in time), so we cannot claim to have established that area deprivation causes frailty in later life.

Conclusion

Living in a deprived area or having low wealth is associated with frailty in older adults. This relationship is independent of the effects of individual demographic characteristics and health behaviours. There may be benefits in targeting interventions to reduce frailty in both the most deprived areas and the least wealthy people. Policies focused on the most deprived areas will also benefit many of the least wealthy individuals.

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