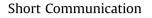
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Costs of healthy living for older adults: the need for dynamic measures of health-related poverty to support evidence-informed policy-making and real-time decision-making



RSPH

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ABSTRACT

Objectives: This study aimed to examine the dynamic properties of the costs of healthy living for older adults and to compare these costs to the timing and levels of Pension Credit for older adults on low incomes.

Study design: This was a longitudinal descriptive study.

Methods: We used monthly inflation data and the concept of a '*Minimum Income for Healthy Living*' (MIHL) to estimate the dynamic changes in *MIHL* from 2003 to 2022 and compared these costs with Pension Credit levels for older adults on low incomes.

Results: Progress in closing the gap between the *MIHL* and Pension Credit has been reversed by recent sharp increases in costs. From April 2021 to April 2022, the *MIHL* for single older adults rose from £5.57 per week below to £8.29 per week above Pension Credit levels.

Conclusions: There is a need for dynamic measures of health-related poverty to support evidenceinformed policy-making and real-time decision-making to mitigate the health impacts on older adults. © 2022 The Author(s). Published by Elsevier Ltd on behalf of The Royal Society for Public Health. This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/4. 0/).

Introduction

The concept of a '*Minimum Income for Healthy Living*' (MIHL) is well established based on the work of pioneering epidemiologist Jerry Morris, who applied the concept to older adults.¹ The basic principle of this concept is that there is little point in lecturing people about healthy living if they do not have the financial means of achieving it. Recent analyses by Age UK show that two million UK households in which an older adult lives will not be able to cover essential spending needs in 2022–2023.² In these households, older adults will be forced to make spending choices that may impact their health. Indeed, older adults whose income falls below the *MIHL* are at a greater risk of poorer health outcomes, including frailty.³

The current cost of living crisis is driven largely by sharp increases in the costs of food, fuel and energy bills in the United Kingdom and many other countries.⁴ Older adults are disproportionately impacted due to the steepest increases affecting food and energy prices, which constitute a large proportion of the income older adults require for healthy living.¹ The idea that poverty can be transient and influenced by external shocks such as a war, pandemic, or global financial crisis is also well known.⁵ However, policies seldom account for these dynamic characteristics of poverty, which is too often treated as a static condition experienced by 'the poor'. The cost of living crisis is likely to push many older adults into health-related poverty, and for some, this will be for the first time in their lives.

The current crisis highlights that dynamic costs of healthy living do not fit conveniently within the timing of government budget cycles or long-term strategies to reduce health inequalities. In the United Kingdom, increases in the State Pension and Pension Credit for older adults on low incomes are typically calculated annually, many months in advance. For example, the April 2022 increases in Pension Credit were announced in November 2021 before the consequences of sharp increases in costs were experienced by many older adults. Indeed, Office for National Statistics data show that the proportion of adults aged \geq 70 years who report increased monthly costs has risen from 71% in November 2021 to 89% in April 2022.⁶

In this article, we use the concept of a 'MIHL' to demonstrate how dynamic changes in the cost of healthy living for older adults

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compared with longer term increases in Pension Credit for older adults on low incomes.

Methods

We used a longitudinal descriptive study design to examine the dynamic changes in the *MIHL* for older adults compared with periodic increases in Pension Credit. The original estimates for the weekly MIHL for older adults were calculated by Morris et al. for 2005 using information on prices from low-cost retailers and suppliers, national data on the expenditure of low-income older people, published research and expert reviews.¹ We have disaggregated the estimates for singles and couples into their component parts and, using the corresponding item from the Consumer Price Index 'basket of goods and services', have updated the costs of constituent items for each month to reflect current and historic prices. The component parts of the MIHL and corresponding Consumer Price Index item codes are as follows: (1) Diet/Nutrition (D7BU); (2) Physical Activity: anti-ageing, autonomy (D7FH); (3) Housing, a home (D7BX); (4) Healthcare (D7BZ); (5) Psychosocial relations/social inclusion (D7C4); (6) Hygiene (D7CY); (7) Getting about (D7C2); (8) Other costs of social living (e.g. clothing) (D7BW); and (9) Contingencies, inefficiencies (D7BT). We have compared these inflation-adjusted levels of the MIHL with changes in the level of Pension Credit since it was introduced in October 2003 until the most recent increase in April 2022.

Results

Fig. 1 shows the dynamic monthly trends in the *MIHL* for single and coupled older adults alongside increases in Pension Credit from October 2003 to April 2022. In the last year, from April 2021 to April 2022, the *MIHL* for single older adults has risen from £5.57 per week below Pension Credit levels to £8.29 per week above, despite the latest increase in Pension Credit in April 2022. The corresponding figures for an older couple are £7.53 below in April 2021 and £10.33 above in April 2022. This means that an older adult claiming Pension Credit would receive approximately £36 per month below the *MIHL* each month. An older couple would receive approximately £45 below *MIHL* each month.

When Pension Credit was first introduced in October 2003, it was well below the *MIHL* at that time (£18.22 below for singles and £34.22 below for couples). Between 2003 and 2012, the total *MIHL* and Pension Credit levels increased at approximately the same rate, meaning that the gap between the two measures was maintained. From 2013 to 2016, the average increases in levels of Pension Credit were greater than the changes in the *MIHL* threshold, meaning that the gap between the two measures closed and remained close together until the recent increases in the cost of living crisis began to take effect in early 2022.

Discussion

With current Pension Credit levels fixed until April 2023, and prices of essential items rising, many older adults will not be able to cover essential health-related costs. This is compounded by Government figures showing that Pension Credit is not claimed by 850,000 families who are entitled to an average of £1900 per year.⁷ Some older adults are entitled to other benefits such as support with housing costs,⁸ but there are concerns that these benefits are not taken up by a large number of older adults.⁹ It is also important to note that Morris' original estimate of the MIHL was conservative because it underestimates the costs of heating and excludes the costs of having a chronic illness, which would impact approximately 40% of those aged >65 years.¹

We need dynamic approaches to understanding and mitigating the health impacts of changes in the cost of healthy living on older adults. Calls to action such as an 'emergency budget' may provide a short-term solution but do not prepare governments for future dynamic changes in costs. Indeed, while the latest UK Government announcements about additional help with the cost of living will be welcome to many, these announcements are reactive rather than proactive and are described by the Government as a 'one-off'.¹⁰

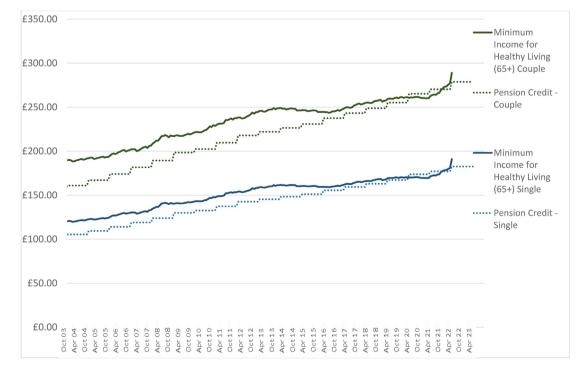


Fig. 1. Trends in the minimum income for healthy living for couples and singles aged ≥65 years (2003–2022) and Pension Credit levels (2003–2023).

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Dynamic measures of health-related poverty for older adults can make the best use of social, economic and epidemiological data sets to estimate the close to real-time changes in the cost of living experienced by older adults. Such measures can underpin evidence-informed policy-making and real-time decision-making on the levels of support older adults need through instability in the costs of healthy living, recognising that at other times, these costs may go down as well as up. By being responsive to the dynamic changes in the costs of healthy living for older adults, there is potential to provide interventions that more effectively mitigate the impacts of these changes on the health of older adults and increased strain on health and social care services.

Author statements

Ethical approval

This research uses publicly available secondary data; therefore, ethical approval was not required.

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Competing interests

None.

Data statement

Data are available from the authors on request.

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