

Contribution of chronic diseases to educational disparity in disability in France: Results from the cross-sectional "Disability-Health" survey

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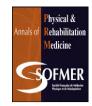
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Therapeutic education

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Contribution of chronic diseases to educational disparity in disability in France: Results from the cross-sectional "Disability-Health" survey

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Obiective The contribution of diseases to educational disparities has been largely studied in mortality but not in disability. We aimed:

- to assess whether the contribution of chronic diseases to disability varies according to the educational attainment in France;

 to analyze if those differences are due to differences in the prevalence or in the disabling impact of diseases.

If educational disparities are mainly explained by differences of prevalence, a higher attention should be paid on the prevention of diseases in the lowest educated. If they are mainly due to differences of disabling impact, the governments should facilitate health care focusing on diseases management.

Material/patients and methods The data were from the 2008-2009 Disability-Health survey, a cross-sectional populationbased survey that included people living in households and in institutions. We considered the 31,972 respondents 25 years and older. A weighting method allowed for estimating representative results at a national level. Diseases, disabilities and educational attainment were self-reported. We considered 13 groups of chronic conditions. The disability indicator was the Global Activity Limitation Indicator (GALI). The attribution method was used to estimate the disabling impact and the contribution of chronic conditions to disability prevalence across educational-level groups.

The disability prevalence was 48.2% (95% CI 46.4-50.4), Results 32.6% (31.0-34.8), and 25.7% (23.4-28.6) for men with a primary, secondary and tertiary education, respectively. The largest differences between men with a primary and a tertiary education were observed for psychiatric diseases, neurologic conditions (excluding dementia and stroke) and chronic obstructive pulmonary diseases (the differences were 4.8 percentages points, 2.9 and 1.7, respectively). The disability prevalence was 48.7%, 31.2%, and 30.7% for women with a primary, secondary and tertiary education, respectively. The largest differences between women with a primary and a tertiary education were observed for psychiatric diseases, arthritis and neurologic conditions (excluding dementia and stroke) (the differences were 3.9, 3.0 and 1.5 percentages points, respectively). The impact of the differences in the prevalence or in the disabling impact of diseases will be discussed. Discussion – conclusion Psychiatric diseases, arthritis, chronic obstructive pulmonary diseases and neurologic conditions (excluding dementia and stroke) mainly contribute to educational disparities in disability in France. The differences between the lowest- and the highest-educated people were gender- and agespecific.

Kevwords Disability; Chronic disease; Socioeconomic;

Education; Epidemiology; Attribution

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Mobile application development through qualitative research in education program for chronic low back patients

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