

classification (0-2, 3-4 and 5-6) across the age groups 25-44, 45-66 and 67-79; by gender and county, in a regression with general linear models in STATA 15

Results:

Clear educational gradients were found for both general and dental health. Stratifying by gender and county, we found more consistent age gradients for general health than for dental health, and consistent educational gradients for both. Both general and dental health were expected to deteriorate with age, and age was weakly associated with dental health. In regression analyses, general health was (negatively) associated with age (RR 1.04, CI 1.02-1.07) and (positively) associated with education (RR 0.92, CI 0.89-0.94), but not with gender. Dental health was not associated with age, but with education (RR 0.93, CI 0.91-0.96).

Conclusions:

Self-reported dental health varied more by education than by age, and showed clear gradients only by education. There were county variations, but the oldest people with the highest education reported better health, both dental and general, than the youngest people with the lowest education. This may be connected to other socio-economic differences.

Key messages:

- There is often a gradient for age within each educational group regarding general health, but more rarely so regarding dental health.
- Education has a stronger influence on both dental health and general health than age.

Socioeconomic inequalities in self-reported dental and general health in a Norwegian county study

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Background:

Studies have shown socioeconomic gradients in both dental health and general health, with poorer health in lower-socioeconomic status (SES) groups than in their higher-SES counterparts. We wanted to see if these gradients were present in our study population according to educational differences, and whether age or gender would have effect.

Methods:

In 2015-16 a cross-sectional interview survey was carried out in three of Norway's then 19 counties. Questions about dental and general health were included. The respondents' educational level was available from linkages to the national education registry. 4551 men and 5141 women responded; a response rate of 42.7%. We included respondents aged 25-79. We compared the percentages reporting good/very good dental and general health by degree of education according to ISCED