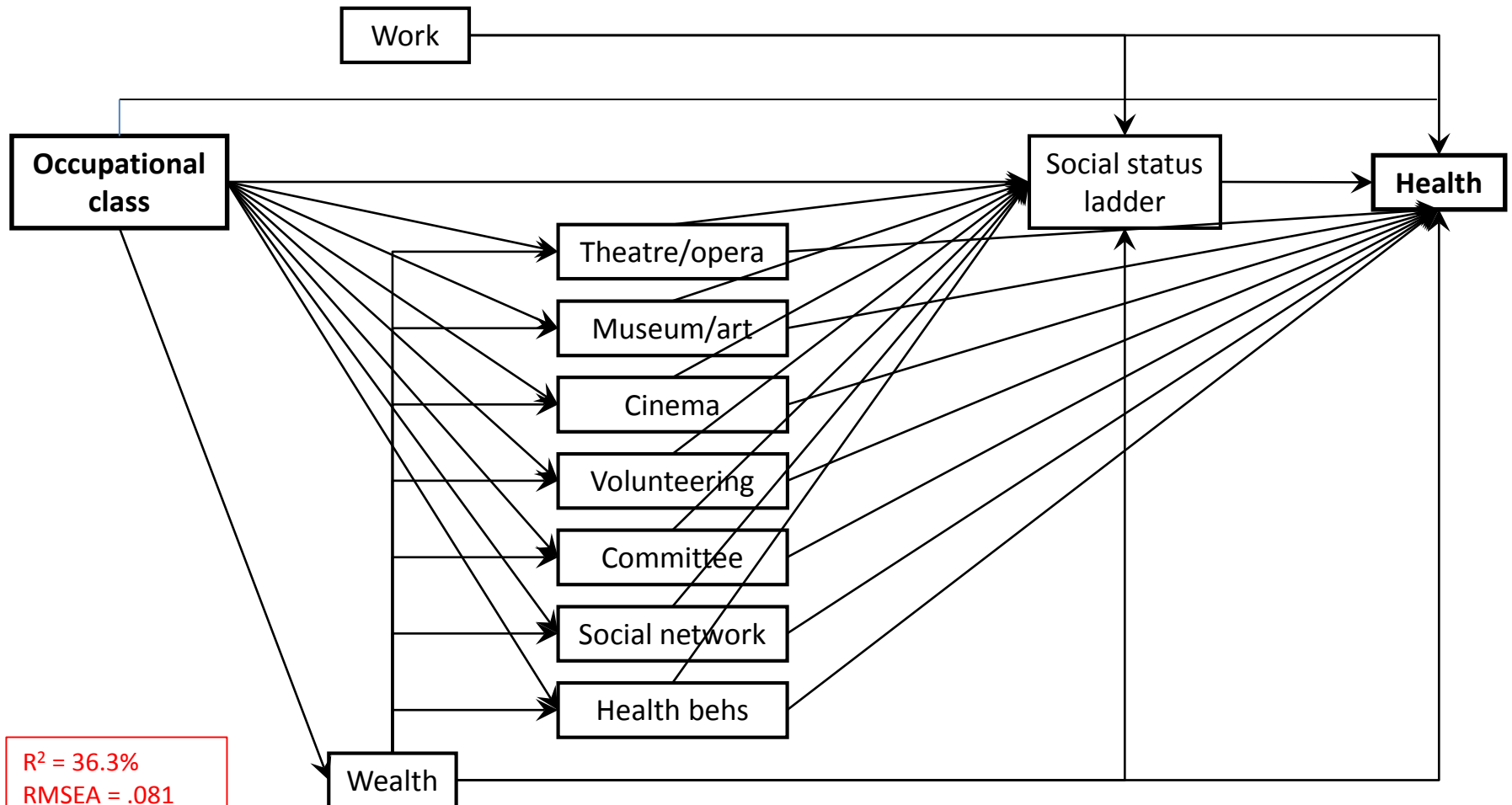


# An unequal world: class, leisure and health outcomes in older people

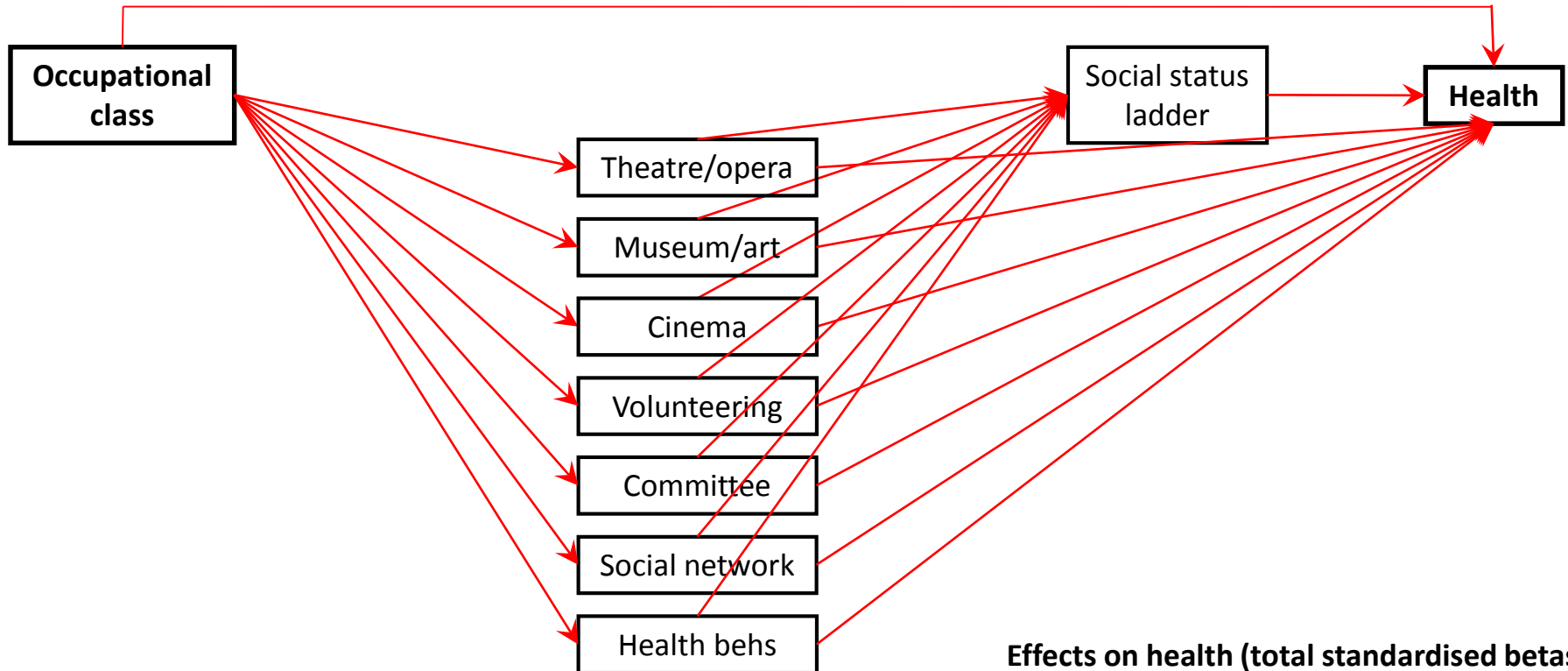
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# Associations between occupational class and health



$R^2 = 36.3\%$   
 RMSEA = .081  
 NFI = .961

# How much of the effect of occupational class on health goes through leisure pursuits?



## Effects on health (total standardised betas):

Occupational class	= .117 (100%)
Direct	= .040 (34%)
Via leisure pursuits	= .043 (37%)
Via cultural participation	= .025 (21%)
Via social/civic participation	= .007 (6%)
Via health behaviours	= .011 (9%)

## Life events data: Class, leisure and health

*The part that art has played in my life and the understanding, influence that it has given me in helping other people as well as myself. Since retirement, I have been able to develop my own artwork in ceramics and sculpture, using new media and learning new skills.*

Case 50183, Manager/Professional, female, age = 80 years, wealth = £446,678.00, SSS = 7, self-rated health = good at baseline, good in Wave 3

*My mother was a great person for home crafts – cooking etc. but particularly sewing which I was taught and still carry on. Plus knitting, these crafts are most important and have been to my life since age 12 years.*

Case 50360, Intermediate, female, age = 75, wealth = £195,000.00, SSS = 4, self-rated health = very good at baseline, very good in Wave 3

# Conclusions

The evidence suggests that leisure is important in maintaining structures of inequality for older people in England.

- Leisure is one element in the class position of older people and is linked to health status.
- Within leisure, cultural pursuits are associated with positive health outcomes.
- Museums are good for the health! Even in a recession, this may be a reason to maintain arts funding.