**P1-69 IMPACT OF WEALTH STATUS ON HEALTH OUTCOMES IN PAKISTAN**

doi:10.1136/jech.2011.142976c.62

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**Objective** To assess the independent impact of wealth status (as determined by a validated index) on health outcomes in Pakistan.

**Methods** Secondary data analysis of the Pakistan Demographic Health Survey (PDHS) database 2006–2007 was performed. The Maternal database consisted of 10 023 women aged 15–49 years, births database 39 049 children, while children’s database consisted of 9 177 children. Multivariate logistic regression analysis was performed using STATA V 9.0 and SPSS 10.0.

**Findings** The adjusted OR and 95% CI for having delivery attended by a skilled healthcare provider with reference to the poorest quintile were poorer 1.44 (1.19 to 1.75), middle 1.36 (1.52 to 2.23), richer 3.02 (2.43 to 3.76) and richest 5.40 (4.16 to 7.01), p<0.0001. The adjusted OR and 95% CI of mortality among children under 5 years age in Pakistan with reference to the poorest quintile were poorer 0.89 (0.81 to 0.97), middle 0.72 (0.65 to 0.81), richer 0.69 (0.62 to 0.78) and richest 0.65 (0.55 to 0.76), p<0.0001. Other indicators of child health: Neonatal mortality, Infant mortality, Vaccination status and reproductive health indicators such as emergency obstetric care availability were statistically significantly associated with wealth index quintiles, adjusting for confounding factors.

**Conclusion** These representative data from Pakistan quantify the burden of morbidity and mortality associated with unjust distribution of wealth in the country. There are wide disparities in access to health in different socioeconomic groups as evidenced by this study. Social protection for health is needed so that those in the informal sector are not excluded from accessing healthcare. In addition scale- up of poverty reduction strategies and promotion of inter-sectoral action is needed.

**P1-70 PREVALENCE OF DEPENDENCY IN OLDER PEOPLE IN CHILE. FREQUENCY AND SOCIAL DIFFERENTIALS**

doi:10.1136/jech.2011.142976c.63

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**Introduction** The process of population ageing in developing countries has important economic and social consequences. Dependency in the elderly constitutes a main concern for them considering the associated need of care, institutionalisation and health costs.

**Aim** To assess the prevalence of dependency in older people in Chile.

**Methods** Cross-sectional study in a national representative sample of 4546 people 60 y and older (61.5% women) living in the community in Chile. After dementia screening, home interviews including socio-demographic variables, history of chronic diseases and disability/functional limitations were done. Dementia was assessed with a previously validated test (MMSE plus PFAQ).

**Results** Dependency was defined as being bed-belted or having dementia or need of assistance to perform 1 ADL or unable to perform 1 IADL. The overall number of life years lost was 7211 (4579 for visitors and 2632 for residents). The number of life years lost rate was 89 per 100,000 in residents. Most DALYs were in the age group 10–19 years.

**Conclusion** These data argue for improvement and expansion of protected beaches and increased surveillance with the creation of legislation to prohibit swimming in unprotected sea.