

Residence in a Coastal communities in adolescence and health in young adulthood: an 11-year follow-up of English UKHLS youth questionnaire respondents.

Background The Chief Medical Officer for England's 2021 report showed ecological correlations between small areas in England that were coastal and worse population health outcomes. However, there is scant research on how coastal areas impact individual health.

Methods We used the UK Household Longitudinal Study to examine whether community type (inland or coastal) in adolescence (10-15 years) was associated with five adult health outcomes assessed over 11 waves of follow-up (2009-22). The study design was a pooled panel design with data fitted at the individual and study wave, adjusting for clustering of individuals within LSOAs and longitudinal study weighting. We also tested for effect modification between coastal residence and community deprivation (Townsend index).

Findings Of 4,921 adolescents, approximately 15.5% resided in a coastal area. When only community type was fitted in age-adjusted models, coastal community residence was associated with a 1.23 (95% CI: 1.01, 1.49) higher odds of lower self-rated health and 1.41 (1.03, 1.92) higher odds of long-term illness, impairment or disability, and no association with psychological distress (GHQ-12) or SF-12 functioning scores (mental or physical). However, when community deprivation was taken into consideration, all health outcomes except physical functioning scores showed worse health in increasingly more deprived communities, and to a greater extent in the most deprived communities that are coastal.

Interpretation Young people who grow up in deprived coastal communities have worse health outcomes in young adulthood, than those who grow up in equivalent inland communities. This is especially the case for mental health and wellbeing outcomes.

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