



Health Inequality Workshop

Organised by the Center Comparative Life Course and Inequality Research Centre (CLIC) and Florence Population Studies (FloPS), a collaboration of population researchers between the University of Florence and the EUI.

Monday, 2 December 2019 (13:30-18:00), Emeroteca, Badia Fiesolana

Health is unevenly distributed in society: low-SES individuals have poorer health and higher mortality, and health and mortality differences abound also by gender and migrant background. This half-day symposium brings together researchers from Florence and beyond to present their work on health and health inequality.

Programme:

13:30 - 15:00

Presentations by [Karin Modig](#), Karolinska Institute

[Isaac Sasson](#), Tel Aviv University

15:00 - 15:45 Coffee break

15:45 - 17:15

Presentations by [Marta Pasqualini](#), University of Florence,

[Marco Cozzani](#), EUI

[Francesca Zanasi](#), University of Florence

Abstracts:

The importance of adult children and their socioeconomic resources for parents' health in old age

Karin Modig, Karolinska Institute

It is well-established that childless individuals and parents with many children experience higher mortality than those with few children, but the mechanisms behind this finding are less clear. Both biological and social mechanisms have been proposed to explain the associations between parity and mortality. Social mechanisms refer to social influence on health behaviors as well as different kinds of support that adult children can provide, potentially affecting the health and survival chances of their parents. The support that adult children can provide to their ageing parents can be both emotional, informational, and instrumental. Especially older childless individuals may face support deficits when in poor health and living alone and/or lacking family support. In this presentation I will talk present findings from a project investigating mortality and health among parents and childless older Swedes. We have investigated how the association between having children and mortality develop over age, when during the process of health deterioration the advantage of parents over non-parents arises, as well as which role the socioeconomic resources of the children have for their parents health. The data underlying the studies comes from Swedish administrative register data of the total Swedish population.

The changing locus of social inequality in longevity

Isaac Sasson

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Socioeconomic disparities in mortality have become an enduring feature of all high-income countries in recent decades, alongside substantial declines in gender and race/ethnic differences in life expectancy. Furthermore, mortality inequalities are increasingly attributed to lifestyle-related risk factors such as smoking, obesity, and drug use, which vary considerably by socioeconomic status. This talk will examine whether these trends mark a shift from ascribed to achieved status-based inequality in longevity across high-income countries. Whereas ascribed status characteristics are rigid and assigned to individuals early in life, irrespective of their innate differences or abilities, achieved status characteristics are acquired over the life course and often perceived as more meritocratic. The talk will go on to explore the social origins of the shift in mortality inequalities and its potential consequences for distributive justice in health and healthcare.

The Health of Homeless People in Italy: Exploring the role of Civil Registration

Pasqualini Marta

Universitat Pompeu Fabra & IUSSP Scientific Panel on CRVS

This research proposal focuses on health disparities caused by differences in the access to civil registration for the homeless population in Italy. Specifically, it aims to identify homeless personal characteristics and accumulated adverse socio-economic conditions associated with missing enrolment at the civil registration (anagrafe) and to evaluate whether having been recorded in the Italian population civil registration would significantly improve access to social-health services amongst them.

Official statistics by ISTAT (Italian National Institute of Statistics) have recently showed that in Italy 50,724 homeless people were living in cities with over 250,000 inhabitants. According to that survey, it has been estimated that only 68% were recorded in the Italian population civil registration. Even if legal identity that civil registration provides to individuals has been vastly considered as the key to access entitlements or services, and part of the most vulnerable people are clearly excluded from that, no existing study provided evidence concerning the association between civil registration and access to care and health-care utilization in the Italian homeless population. This research proposal will seek to extend knowledge in the field of causes and consequences of under-registration of vital events in developed countries by using Italian representative surveys carried out in 2011 and in 2014.

Persistent Inequality at Birth

Stable Socioeconomic Differences in Birth Outcomes in Three British Cohorts

Marco Cozzani, Ph.D. Researcher, European University Institute

Birth outcomes such as birth weight and low birth weight are important predictors of the socioeconomic success of the next generation. They have been found to be stratified along classic societal cleavages such as class and ethnic origin, highlighting how they may represent a first mechanism of transmission of inequality. Despite a growing research investigates this developmental stage, little is known on trends and underlying determinants. In this article, I investigate the association between maternal socioeconomic status and children's birth outcomes across three different cohorts. Additionally, I perform mediation analysis to assess the degree to which maternal smoking habits during pregnancy account for this relationship. To answer my research questions, I draw from three UK cohort studies: the 1958 National Child Development Study (NCDS); the 1970 British Cohort (B70); and the 2001 Millennium Cohort study (MCS). There are two main results. First, low-SES mothers are more likely to have children with poor birth outcomes, and this association remained persistent in the last 50 years. Second, the role of smoking in explaining these disparities has become more important over time.

Coexisting disadvantages during the life course and late life vulnerability

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Late life outcomes are shaped by experiences and resources acquired earlier in the biography of individuals. Therefore, accumulation and persistence of disadvantages throughout the life course may entail a lack of resources necessary to cope with the challenges arising with ageing, and finally lead to deprivation and a faster deterioration of health in late life.

Exploiting the longitudinal information from the Survey of Health, Ageing, and Retirement in Europe (SHARE), in this paper we analyze how coexisting and persistent disadvantages in various life domains (e.g. poor health and unemployment) experienced earlier in life (youth and adulthood) structure the condition of vulnerability in old age, specifically focusing on social and material deprivation, and health precariousness.

We find that for both social or material deprivation and health, elderly women are worse off than men. Besides, the more the past disadvantages cumulated and coexisted, the stronger their effects are in late life, both in terms of social and material deprivation and in terms of health, especially for women. When scrutinizing differences between European countries, we do not detect clear-cut results; if any, the relation between previous life course and these various indicators of vulnerability in old age seems stronger in Northern than Southern countries. We venture a few explanations based both on the institutional setting of the country and on the baseline condition of vulnerability of individuals in each country, which structure complex support patterns.