The missing piece of the puzzle in the intergenerational transmission of Socioeconomic Health Gradients: Childhood cultural capital and long-term health consequences.

Aitor García*

Spanish Research Council (CSIC)

For any inquiry or discussion contact: aitor.aguirre@cchs.csic.es

Introduction

- Socioeconomic health gradients have remained constant or increased over the last 30 years in developed nations (Tarkiainen, 2007; Lampert et al. 2018).

- Socioeconomically patterned differences in health behaviors greatly explain these health gradients. (Eikemo et al., 2014; Mackenbach et al., 2015 & 2017).

- Understanding the process of adoption of health-related habits is, therefore, of the utmost importance.

- The most common answer in the literature lies within the confines of education as a vector of health-related knowledge, skills and scientific literacy that foster the adoption of healthy habits (Learned Effectiveness paradigm) (Braveman, 2006).

- **However, information is not sufficient; a mindset and a set of predispositions for accepting, processing, and making use of this information are needed.**

- **Parents can only promote the habits that they know of. This way, practices, tastes, and behaviors are intergenerationally transmitted and socially patterned.**

- This coincides with Bourdieu's thesis on **habitus** (Bourdieu, 1986) and Heckman's thesis on **Critical Periods of Education** (Heckman, 2006).

- **Cultural capital encompasses not only knowledge or skills; it also affects the worldview, rationality, and expectations of the individuals and Cultural transmission precedes formal education (Bourdieu 1986 & 1990).**

Results

Cultural capital

Indirect 1	$CulC \rightarrow Educ * Educ \rightarrow EH$	Coef.	0.01**
Indirect 2	$CulC \rightarrow ASES * ASES \rightarrow EH$	Coef.	0.0035*
Indirect 3	$CulC \rightarrow BR * BR \rightarrow EH$	Coef.	0.017**
Indirect 4	$CulC \rightarrow Educ * Educ \rightarrow BR * BR \rightarrow EH$	Coef.	0.0048*
Direct	$CulC \rightarrow EH$	Coef.	0.05**
Total effects	$Indirect1 + Indirect2 + Indirect3$ $+ Indirect4 + Direct$	Coef.	0.085

Childhood SES

Indirect 1	$CSES \rightarrow Educ * Educ \rightarrow EH$	Coef.	0.03**
Indirect 2	$CSES \rightarrow ASES * ASES \rightarrow EH$	Coef.	0.022**
Indirect 3	$CSES \rightarrow Educ * Educ \rightarrow ASES * ASES \rightarrow EH$	Coef.	0.012**
Indirect 4	$CSES \rightarrow Educ * Educ \rightarrow BR * BR \rightarrow EH$	Coef.	0.007**
Direct	$CSES \rightarrow EH$	Coef.	0.053**
Total effects	$Indirect1 + Indirect2 + Indirect4 +$ $+ Indirect4 + Direct$	Coef.	0.124

Childhood Health

Indirect 1	$CH \rightarrow AH * AH \rightarrow EH$	Coef.	0.019**
Indirect 2	$CH \rightarrow Educ * Educ \rightarrow EH$	Coef.	0.008**
Total effects	$Indirect1 + Indirect2$	Coef.	0.027

- **Cultural Capital has a total of 5 statistically significant pathways to health in later stages of the life course.**
  - 1 Direct which represents its strongest effect with a coefficient of 0.05.
  - 4 Indirect (Via Education, Adult SES, Behavioral Risk and via the effect of Education on Behavioral Risks.
- **The Total Effect of Cultural Capital on Elder Health is 0.085.**
- **The Total Effect of Childhood SES is 0.124**. And it also has 5 statistically significant direct and indirect pathways.
  - 1 Direct pathway with a similar coefficient to the direct effect of cultural capital, 0.053.
  - 4 Indirect pathways (Via Education, Adult SES and via the effect of Education on Behavioral Risks and the effect of Education on Adult SES.
- The Total Effect of Childhood Health is much smaller compared to the rest, 0.027, and shows no direct effects.
  - 2 Indirect effects (Via Adult Health and Education).
- **The effect size of Cultural Capital on Elder Health is 68% of the effect size of Childhood SES (The coefficients are standardized in order to be comparable).**
- **The proposed model displays an adequate fit to the data** with a CFI = 0.94, TLI = 0.92, RMSEA = 0.052 and SRMR = 0.041.

Methodology
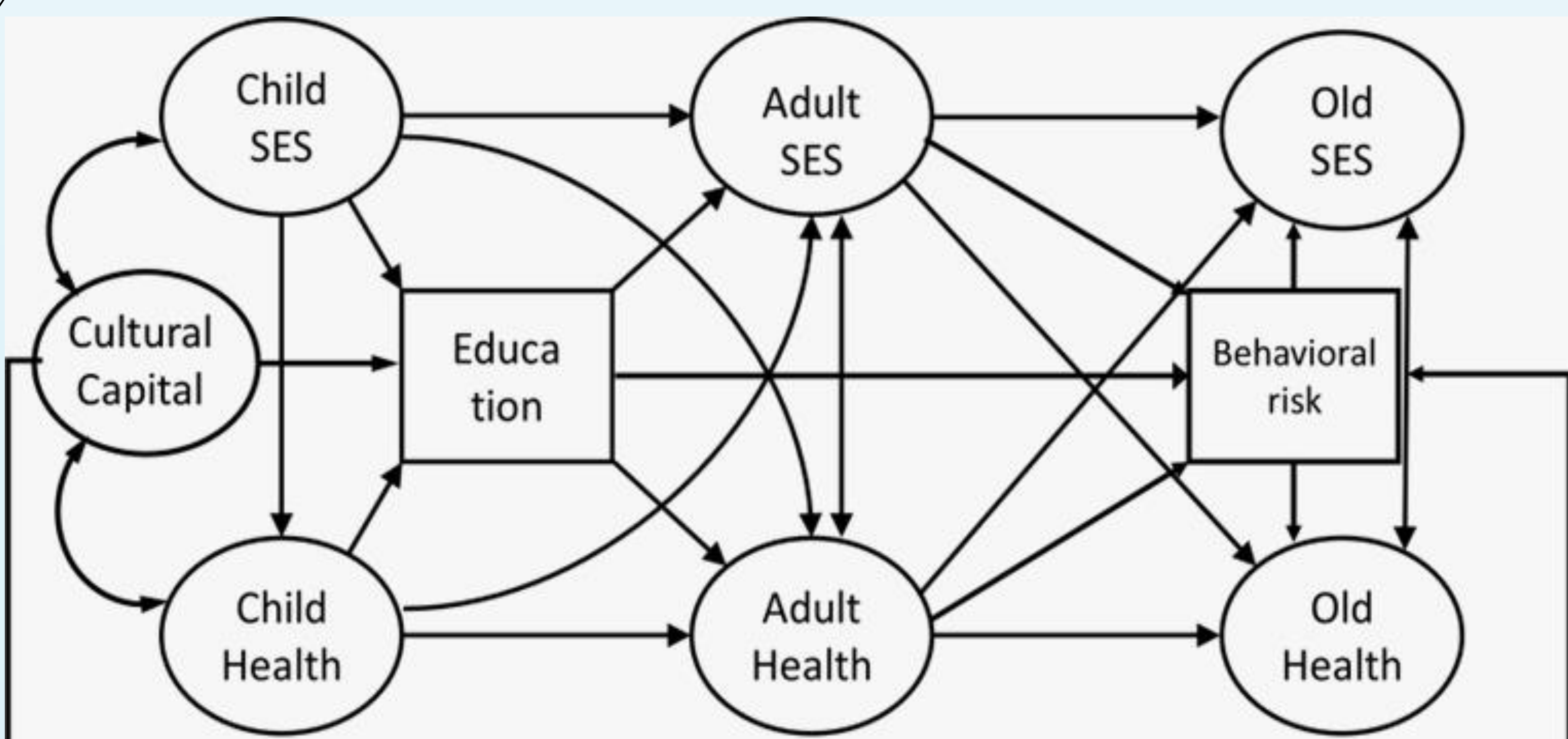
- Data obtained from the Health and Retirement Study (HRS), from the core surveys (waves 1 to 15) and the Life History Mail Survey (LHMS) module.

- Use of **Structural Equation Model** (SEM) **to assess the effects of cultural capital and other childhood characteristics in later stages of the life course.**

- We **divide the life course into three distinct stages**.
  - Childhood (0-18 years old)
  - Adulthood (25-50 years old)
  - Later life (51 onwards)

- **Each stage has a measure of Socioeconomic Status and Health Status.**

- Additional inter-stage mediators are introduced; education and behavioral risk in later stages of the life course.

- **Childhood Cultural Capital, is expected to affect elder health via three main pathways:**
  - **A direct effect capturing other relevant and unaccounted pathways of cultural capital such as affecting patient-doctor interactions, stress-coping mechanisms, etc.**
  - **An indirect effect via Education**
  - **An indirect effect via Behavioral Risk**

Conclusion

- **Our findings show evidence of the relevance of Childhood Cultural Capital to understanding later-life health outcomes.**

- **The total effect size of Childhood Cultural Capital was nearly 70% that of Childhood SES, one of the cornerstone variables in the literature on health inequalities.**

- **Childhood Cultural Capital operates mainly via a direct effect independent of Education and subsequent levels of SES, which is coherent with the critical literature.**

- **These findings suggest policies geared towards combating SES-driven health differences should place some focus on pre-school periods.**

- **Childhood Cultural Capital was also associated with other relevant processes of the life course, such as educational attainment, the adoption or avoidance of behavioral risks, and SES accumulation.**

- Other secondary findings include:
  - Childhood SES is the most relevant explanatory factor of negative health outcomes, coherent with the current state of the art.
  - Bad health during childhood is associated with poor educational performance, which produces a cascade of negative outcomes. Coherent with the health selection theories. Although the association and effect sizes were small.