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; Lampa 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 Hedman’s thesis on Critical Periods of Education (Hedman, 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**

<table>
<thead>
<tr>
<th>Cultural capital</th>
<th>Indirect 1</th>
<th>Coef.</th>
<th>Indirect 2</th>
<th>Coef.</th>
<th>Indirect 3</th>
<th>Coef.</th>
<th>Indirect 4</th>
<th>Coef.</th>
<th>Direct</th>
<th>Coef.</th>
<th>Total effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Health</td>
<td>CSES → Educ + Educ → EHE</td>
<td>0.03**</td>
<td>CSES + ASES → EHE</td>
<td>0.09**</td>
<td>CSES → BR + BR → EHE</td>
<td>0.03**</td>
<td>CSES + ASES → EHE</td>
<td>0.02**</td>
<td>CSES + ASES + ASES → EHE</td>
<td>0.02**</td>
<td>CSES + EHE</td>
</tr>
</tbody>
</table>

**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**

- 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.

- 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.