



The socioeconomic origins of physical functioning among older U.S. adults

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ABSTRACT

Mounting evidence finds that adult health reflects socioeconomic circumstances (SES) in early life and adulthood. However, it is unclear how the health consequences of SES in early life and adulthood accumulate—for example, additively, synergistically. This study tests four hypotheses about how the health effects of early-life SES (measured by parental education) and adult SES (measured by own education) accumulate to shape functional limitations, whether the accumulation differs between men and women, and the extent to which key mechanisms explain the accumulation. It uses data from the 1994–2010 Health and Retirement Study on U.S. adults 50–100 years of age ($N=24,026$). The physical functioning benefits of parental and own education accumulated additively among men. While the physical functioning benefits generally accumulated among women, the functioning benefits from one's own education were dampened among women with low-educated mothers. The dampening partly reflected a strong tie between mothers' education level and women's obesity risk. Taken together, the findings reveal subtle differences between men and women in the life course origins of physical functioning. They also shed light on a key mechanism—obesity—that may help explain why a growing number of studies find that early-life SES is especially important for women's health.

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1. Introduction

Mounting evidence finds that adult health reflects socioeconomic circumstances (SES) in early life and adulthood (e.g., Cohen, Janicki-Deverts, Chen, & Matthews, 2010; Lynch & Smith, 2005; Montez & Hayward, 2011). However, it is unclear how the health consequences of SES in early life and adulthood accumulate and whether they do so similarly for women and men. For example, the health effects of adult SES may simply add to the health effects of childhood SES. The health effects may accumulate multiplicatively such that high adult SES is most, or least, salubrious for individuals from socioeconomically-advantaged childhoods. This study begins to address this gap by testing four hypotheses about how the health

effects of early-life SES (measured by parental education) and adult SES (measured by own education) accumulate to shape functional limitations, whether the accumulation differs between men and women, and the extent to which key mechanisms explain the accumulation among U.S. adults.

2. Background

A high degree of physical functioning is necessary for independently performing the numerous routine and valued tasks of daily life. Poor functioning not only hinders independent living, it can lower quality of life, impede full social participation, and elevate the risk of death (Melzer, Lan, & Guralnik, 2003; Verbrugge & Jette, 1994). Over 300 billion dollars have been spent annually in the United States since 1994 on disability-related costs for medical care and lost productivity (U.S. Department of Health & Human Services, 2005). A better understanding of the

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factors that shape functioning could lead to better population health and cost savings.

Functional limitations tend to manifest in mid and late life, often stemming from chronic conditions such as arthritis (Verbrugge & Jette, 1994). Thus, older adults have a relatively high prevalence of limitations. In 2010, 46% of U.S. adults aged 75 years and older reported difficulty with physical functioning compared with 30% of adults 65–74, 19% of adults 45–64, and just 5% of adults 18–44 (Schiller, Lucas, Ward, & Peregoy, 2012). Women also bear a disproportionate risk of poor functioning. A U.S. study of gender disparities in morbidity, self-rated health, and functional limitations, found that only for limitations were women consistently disadvantaged across age, and the gender gap significantly expanded with age (Gorman & Read, 2006).

A strong predictor of physical functioning among older adults is their SES (Gorman & Read, 2006). Among the dimensions of SES, education is particularly important because it generally precedes other dimensions, such as income, it is the most consistently related to behaviors and health (Mirowsky & Ross, 2003), and its association with health often remains after controlling for other dimensions (e.g., Baker, Leon, Greenaway, Collins, & Movit, 2011). Indeed, education has a strong influence on physical functioning (Freedman, Martin, Schoeni, & Cornman, 2008; Hubert, Bloch, & Fries, 1993). Education may influence functioning through four main types of mechanisms (Ross & Wu, 1995). First, better-educated adults tend to have more social-psychological resources. They are more likely to be married, less likely to divorce, have a greater sense of personal control (Mirowsky & Ross, 2003), and they are less likely to encounter marital, parental, and financial stress (Lantz, House, Mero, & Williams, 2005). Second, better-educated adults tend to engage in healthy lifestyles. They are more likely to exercise, not smoke, drink alcohol in moderation, and maintain a healthy body weight (Pampel, Krueger, & Denney, 2010). Third, better-educated adults tend to experience salubrious work and economic conditions. They are more likely to be employed, have fulfilling and high-paying jobs, avoid financial hardship, own a home, and live in safe neighborhoods (Mirowsky & Ross, 2003). Fourth, better-educated adults have lower rates of chronic conditions, such as arthritis, diabetes, and obesity (for women) (Mirowsky & Ross, 2003). All of these factors, in turn, impact functioning.

Recent studies indicate that early-life SES also influences physical functioning (Alvarado, Guerra, & Zunzunegui, 2007; Freedman et al., 2008; Guralnik, Butterworth, Wadsworth, & Kuh, 2006; Haas, 2007, 2008; Luo & Waite, 2005; Turrell, Lynch, Leite, Raghunathan, & Kaplan, 2007). Early-life SES may impart a biological imprint on disease risk and musculoskeletal integrity (Barker, 1997; Javaid & Cooper, 2002). It may also set in motion trajectories of social circumstances (Wickrama, Wickrama, & Baltimore, 2010) that, in turn, shape functioning. Indeed, studies in the United States (Haas, 2007, 2008; Luo & Waite, 2005; Turrell et al., 2007), Britain (Guralnik et al., 2006), and Latin America (Alvarado et al., 2007) find that early-life SES predicts adult functioning, and that adult SES partly mediates the association. For example, a U.S. study found

that the association between parental education and adult's physical functioning was partly explained by the adult's education and health behaviors (Mirowsky & Ross, 1998). Among older U.S. adults, parental education is a stronger predictor of functioning than other measures of childhood SES (Montez & Hayward, *in press*).

2.1. *Accumulation of the health consequences of parental and own education*

As described above, many studies find that early-life SES and adult SES independently shape physical functioning. Less attention has been given to *systematically investigating* how the functioning consequences of early-life SES and adult SES accumulate and whether they do so similarly for men and women. This study tests the following four hypotheses about how the health effects of early-life SES (measured by parental education) and adult SES (measured by own education) accumulate to shape functional limitations among older U.S. adults.

2.1.1. *No accumulation*

Adult physical functioning may reflect SES from only one period of the life course. For instance, high parental education may be critical for developing physiological characteristics for optimal functioning. Alternatively, one's own education may be the crucial factor. In addition, if the association between parental education and functioning is fully mediated by own education (in the additive models described below), the "no accumulation" hypothesis is supported by default. While this hypothesis is unlikely to be supported, given extant literature, it provides a baseline from which to compare the other hypotheses.

2.1.2. *Additive accumulation*

The health benefits of one's own education may add to the benefits of parental education. This hypothesis allows for own education to partly mediate the association between parental education and adult health, but it remains statistically significant. It implies that early life contributes to adult health through a direct imprint (because parental education remains significant) and indirect pathways because parental education is partly mediated.

2.1.3. *Synergistic accumulation*

The health benefits of own education may be greatest for adults with high-educated parents because those adults have the requisite health stock to further capitalize on. Indirect support comes from the vast literature on cumulative (dis)advantage (e.g., Dannefer, 1987; Merton, 1968; O'Rand, 1996) and studies that find the health benefits of own education widen with age (Lynch, 2003; Mirowsky & Ross, 2008; Ross & Wu, 1996).

2.1.4. *Catch-up accumulation*

If having high-educated parents means that an individual has achieved optimal health early in life, then adults with low-educated parents may have the most to gain from own education. In support, one U.S. study found that high adult social class had larger benefits for health

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