



Review

A life course perspective on socioeconomic inequalities in health: A critical review of conceptual frameworks

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ABSTRACT

Social scientists and public health researchers have long known that social position is related to health and that socioeconomic inequalities in health persist in later life. Increasingly, a life course perspective is adopted to understand the socioeconomic position (SEP)-health dynamic. This paper critically reviews the conceptual perspectives underlying empirical research seeking to better understand socioeconomic inequalities in health in the context of the life course. I comment on the contributions of this work, but also its limitations. In particular, I note the emphasis on understanding the mechanisms linking SEP to health, to the exclusion of research on the institutional and structural factors associated with socioeconomic inequalities over the life course. I also critique the relative absence of gender in this work, and how, by not linking individual experiences to the social policy contexts that shape resources and opportunities, the proximal, rather than the structural or institutional determinants of health are emphasized. I suggest that moving forward, a return to some of the key tenets of life course theory, including contributions from the comparative welfare states literature, may better inform life course analyses of socioeconomic inequalities in health. Specific suggestions for life scholarship are discussed.

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1. Introduction

Social scientists and public health researchers have long known that one's social position is related to health

(Elo, 2009; House, 2001). The evidence indicates that socioeconomic inequalities in health are not only evident among working age adults, but that they persist in later life. Lower income, education, and previous work in lower grade professions are all associated with poorer self-rated health, mental well-being, and greater functional limitations among older adults (Berkman & Gurland, 1998; Chandola, Ferrie, Sacker, & Marmot, 2007; Dahl &

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Birkelund, 1997; Grundy & Sloggett, 2003; Huismann, Kunst, & Mackenbach, 2003; Knesebeck, Luschen, Cockersham, & Siegrist, 2003; Schöllgen, Huxhold, & Tesch-Römer, 2010). Recognizing the limitations of studying these relationships among older adults at a single point in time, particularly the inability to address their temporal ordering, research has increasingly been situated in a life course framework to address how socioeconomic factors shape health trajectories and determine the pattern that health inequalities follow over the life course (e.g., Ben-Shlomo & Kuh, 2002; Hertzman & Power, 2006; Herd, 2006; Hoffman, 2011; Willson, Shuey, & Elder, 2007).

A life course approach to studying socioeconomic inequalities in health has gained traction for a number of reasons. Scholars have highlighted the importance of time and timing, noting that many health conditions have long latency periods and their associated biological, social and behavioural risk factors have their own natural histories that unfold over the life course (Lynch & Davey Smith, 2005). Health itself has been identified as a type of life course capital – one that is depleted or protected over time on the basis of a number of individual and structural factors (O'Rand & Henretta, 1999). A life course perspective to studying socioeconomic inequalities in health is also consistent with the growing evidence that both health and SEP in later life are not independent of health experiences, exposures, and economic resources and inequalities from earlier in the life course (Alwin & Wray, 2005; Crystal & Shea, 1990; Crystal & Shea, 2002; Heikkinen, 2011; Lynch & Davey Smith, 2005). In light of these considerations, life course scholarship in this area offers insight into the timing, mechanisms, intermediary factors and resources that shape observed inequalities in health over the life course and in later life.

In this paper, I critically review the conceptual and theoretical approaches applied to the study of socioeconomic inequalities in health from a life course perspective. I briefly summarize and note the contributions of these approaches, but also comment on their limitations and how life course theory might address them. In particular, I note the relative inattention to the structural factors associated with socioeconomic inequalities across the life course – those that are rooted in the institutional policies and provisions that govern labour market and family experiences. Research on the mechanisms linking socioeconomic inequalities to health has been emphasized over that addressing the determinants of socioeconomic inequalities themselves (c.f., Coburn, 2000). I also discuss the inattention to the social policy environments that contextualize SEP. Social policies and provisions shape access to resources and opportunities and govern labour market and family care experiences over time, all of which are central to SEP. Finally, I challenge the gender neutrality that is often implicit in discussions of SEP over the life course and suggest that addressing these issues can be accomplished by returning to some of the core ideas of life course theory. Specifically, more explicit integration of life course and welfare state theory to link individual trajectories with their broader social contexts will offer a space to account for both individual biographies and the institutional factors that shape socioeconomic inequalities

and their relationship to health over time, moving us closer to the development of evidence-based social and health policy recommendations that account for both proximal and structural determinants of health inequalities (Berkman, 2009; George, 2005). It will also facilitate thinking about how the policies and provisions in various welfare state contexts have different implications for men's and women's life course experiences, SEP and health. The central objective of this paper is not an exhaustive review of the empirical evidence in this area; rather, my goal is to critically review how we think about SEP and its relationship to health inequalities in the context of the life course and offer some reflections for future scholarship in this area.

2. Understanding socioeconomic inequalities in health from a life course perspective

Research on socioeconomic inequalities in health from a life course perspective has engaged epidemiologists, social psychologists, sociologists and public health scholars alike. This disciplinary breadth has contributed pieces to what is undeniably a complex puzzle, and despite different points of emphasis, there are common underlying threads in this work, namely, the concepts of cumulative exposure (or duration) and social trajectories (or pathways). The former outlines how the length of time in disadvantaged circumstances is particularly important for understanding subsequent health disparities (cumulative exposure), while the latter suggests that early disadvantage sets individuals on disadvantaged trajectories or pathways over time. In what follows, I discuss how these concepts are applied in empirical research.

Life course epidemiological models, while not limited to the study of socioeconomic inequalities in health per se, seek to understand the 'long arm' of childhood conditions, or the enduring effects that certain exposures (social, environmental etc.) during gestation, childhood, adolescence and young adulthood have on disease risk and chronic disease much later in the life course (Ben-Shlomo & Kuh, 2002; Kuh, Ben-Shlomo, Lynch, Hallqvist, & Power, 2003). Common to this approach is an investigation of the relationships between childhood SEP, mid-life economic resources, lifestyle factors, and various measures of health in later life, often by focusing on how the key concepts of duration and pathway link them over time (Guralnik, Butterworth, & Kuh, 2006; Kim, 2011; Luo & Waite, 2005; Warren, 2009). Cumulative exposure models address how multiple exposures to disadvantaged circumstances (e.g., persistent socioeconomic disadvantage) over the life course take their toll on health (Ben-Shlomo & Kuh, 2002; Berkman, 2009). It is the duration or clustering of exposure over time that is critical, and can include both repeated and extended exposures to a single factor, or a series of exposures to different factors (Hertzman & Power, 2006; Lynch & Davey Smith, 2005). The evidence suggests that greater cumulative exposure to disadvantaged socioeconomic circumstances over the life course is associated with poorer health outcomes and greater mortality among middle aged and older adults (Ahnlund, Fredlund, & Wamala, 2007; Gruenewald et al., 2012; Melchior, Lert,

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