

**DIFFERENCES
INEQUALITIES
AND SOCIOLOGICAL
IMAGINATION**

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ABSTRACT BOOK

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Abstract Book

European Sociological Association (ESA)
Institute of Sociology of the Czech Academy of Sciences (IS CAS)

Given the paradox of continuing persistence of socioeconomic inequalities in health in European countries, we focus on investigating the factors that are associated with physical and mental health in old-age. We use a dataset based on a survey named Vivre/Leben/Vivere which harvested the health and living conditions of the Swiss elderly aged 65 and more in 2011-2012. The sample was stratified by region, sex and by five years age group. Some 3080 individuals filled a life calendar.

First, we measure the deep social differentials in both physical and psychic health among the Swiss aged 65 and more. Then, we look at the life course construction of those inequalities, testing several hypotheses: the social stratification or early life conditions; the accumulation of (dis)advantages; social mobility; selection; and the 'biographization' hypothesis which insists on the impact of critical life events. Following Mackenbach, we also analyze the impact of personality traits.

Our results support the social stratification, the selection, and to some extent the critical events explanations, but not accumulation, maybe because of the institutional filters of the welfare state. They also demonstrate a strong effect of some personality traits. However, the socioeconomic inequalities in health are never affected, suggesting a relative independence.

Health and social stratification in an ageing society - how education and economic status influence health

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Inequalities in health indicators among various groups in a population represent one of the main challenges for national public health systems. Scholars and policy makers aim to study and identify the main causes and opportunities for reducing such inequalities. In this paper we examined whether measures of social stratification are able to explain and predict self-reported health status and other indicators of health in the context of ageing society. Two main variables are used to operationalize social inequalities in health: social stratification and social class. Present paper deals with indicators of social stratification, which refer to attributes such as education and employment status. We draw on stratification theories of education to hypothesize about the role of education in creating and perpetuating differences in health status of a population. Data were obtained from the Survey of Health, Ageing and Retirement in Europe (SHARE). We use data from the last wave of measurement (wave 4).

Ageing, health and socioeconomic conditions: a multidimensional approach on frailty from an Italian case study

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The progressive ageing population all over Europe represents a demographical matter in terms of social burden and welfare expenses. By 2020 the first cohort of baby boomers will have reached or passed 65 years, bringing with them a history of mental disorder and substance abuse distinct from the histories of earlier cohorts. With this population bulge, the sheer number of older adults will expand and the positive aspect of a diffused longer life expectancy will encounter a negative consequence for an increasing part of elderly population suffering disability, physical frailty and progressive cognitive decline, worsened by the risk of social exclusion and marginalization.

The contribution focuses on the results of a research, conducted both in sociological and medical approach, combining a quantitative survey with clinical observation, on a sample of elderly people in Genoa, Italy. With the objective to realize and validate proper methodological tools to evaluate frailty in ageing in a multidimensional approach, the study represents the first

validation in Italy of the Morley scale (2012) to evaluate physical frailty and combines its application with different tools exploring the relationship of health with socioeconomic conditions, life styles, social and relational capital, services availability and emotional well-being of elderly people.

Are socioeconomic position and working conditions before retirement age related to physical function 20 years later after retirement?

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INTRODUCTION: Socioeconomic position and working situation are two factors associated to health inequalities and to each other.

AIM: To study how socioeconomic position and working conditions 20+ years earlier associates to physical functioning after retirement age.

DATA: Swedish nationally representative samples, from 1968, 1981, and 1991 were re-interviewed 1992, 2002, and 2011 (76+) with 20-24 years follow-up time (women, n=431; men, n=450).

METHOD: Ordered logistic regressions, censored normal regression, and ordinary OLS regressions will be used.

VARIABLES: Physical function: Self-reported mobility, objective tests of lung function and general physical function.

Socioeconomic position: Education, income, cash margin, social class based on occupation, and an index based on all measures.

Psychosocial working conditions: job control, psychological demands, high strain (low control+high demands) and work complexity regarding data (information), people, and substantive (general) complexity.

Controls: age, sex, follow-up year, mobility at baseline, and hours worked.

RESULTS: Job control, work complexity with data and people and all measures of SEP, were significantly associated to the three measures of physical function. Controlling for working conditions, the only significant associations was between general physical function and cash margin and the socioeconomic index respectively. When controlling for socioeconomic position, job control was significantly associated to less limitations in mobility and general physical functioning, substantive complexity and complexity with data were associated to less mobility limitations.

CONCLUSIONS: Both socioeconomic position, work related stress, and work complexity were associated to physical function in old age, but only partly independent of each other. The strongest single factor is job control.

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Reproductive histories and deprivation inequalities in Europe: Long-term health consequences for gendered cohorts