

# Lifepath

HEALTHY AGEING FOR ALL



What does LIFEPAATH  
evidence say about when  
policy interventions  
should occur in the life-  
course?



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**HR<sup>B</sup>** Health  
Research  
Board

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# Structure of the Presentation



## **1. Evidence from prospective birth cohort studies**

- Socio-economic inequalities in children's height and BMI trajectories

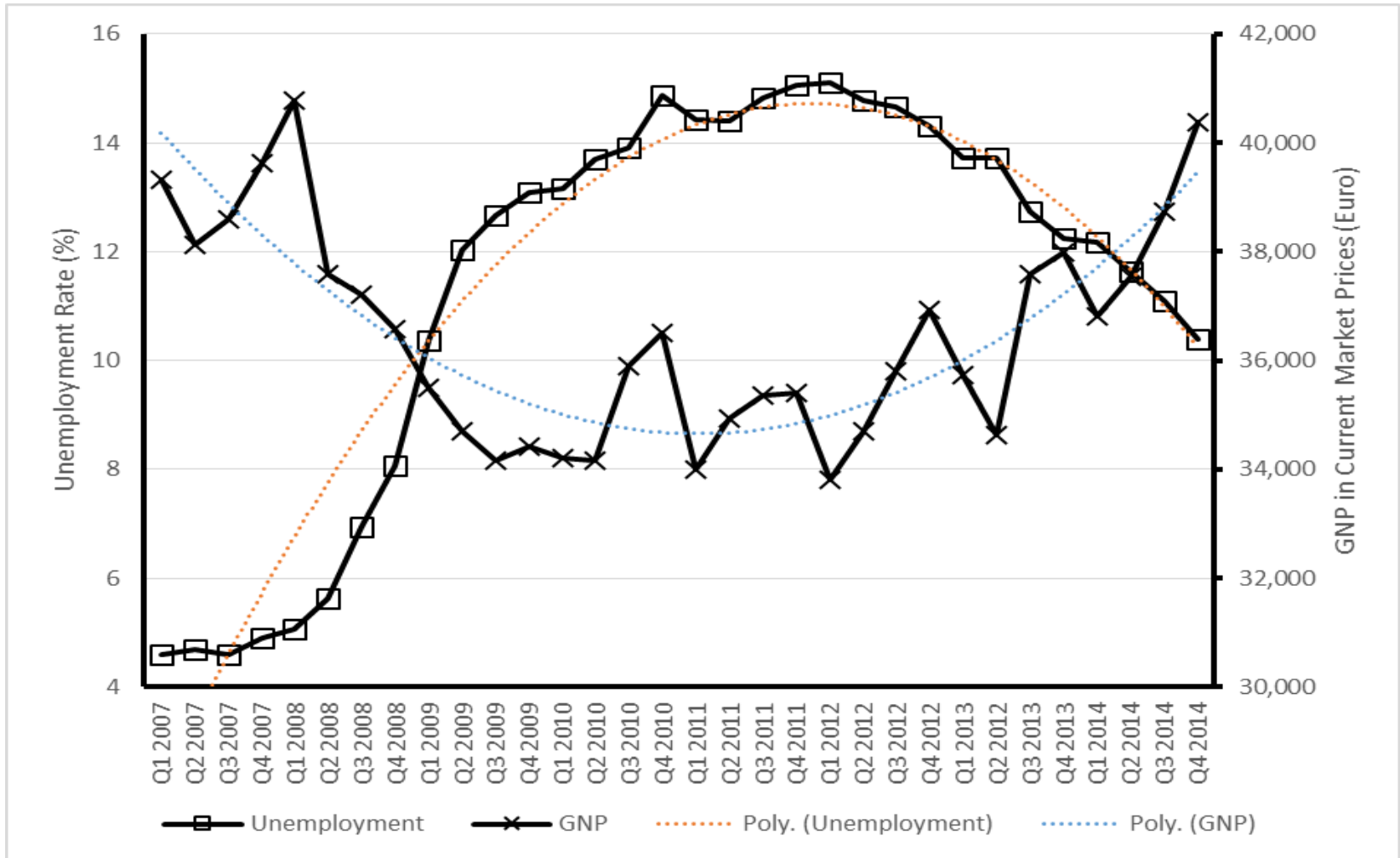
## **2. Evidence from naturalistic experiments**

- Impact of socio-economic “shocks” during the Great Recession on health and wellbeing

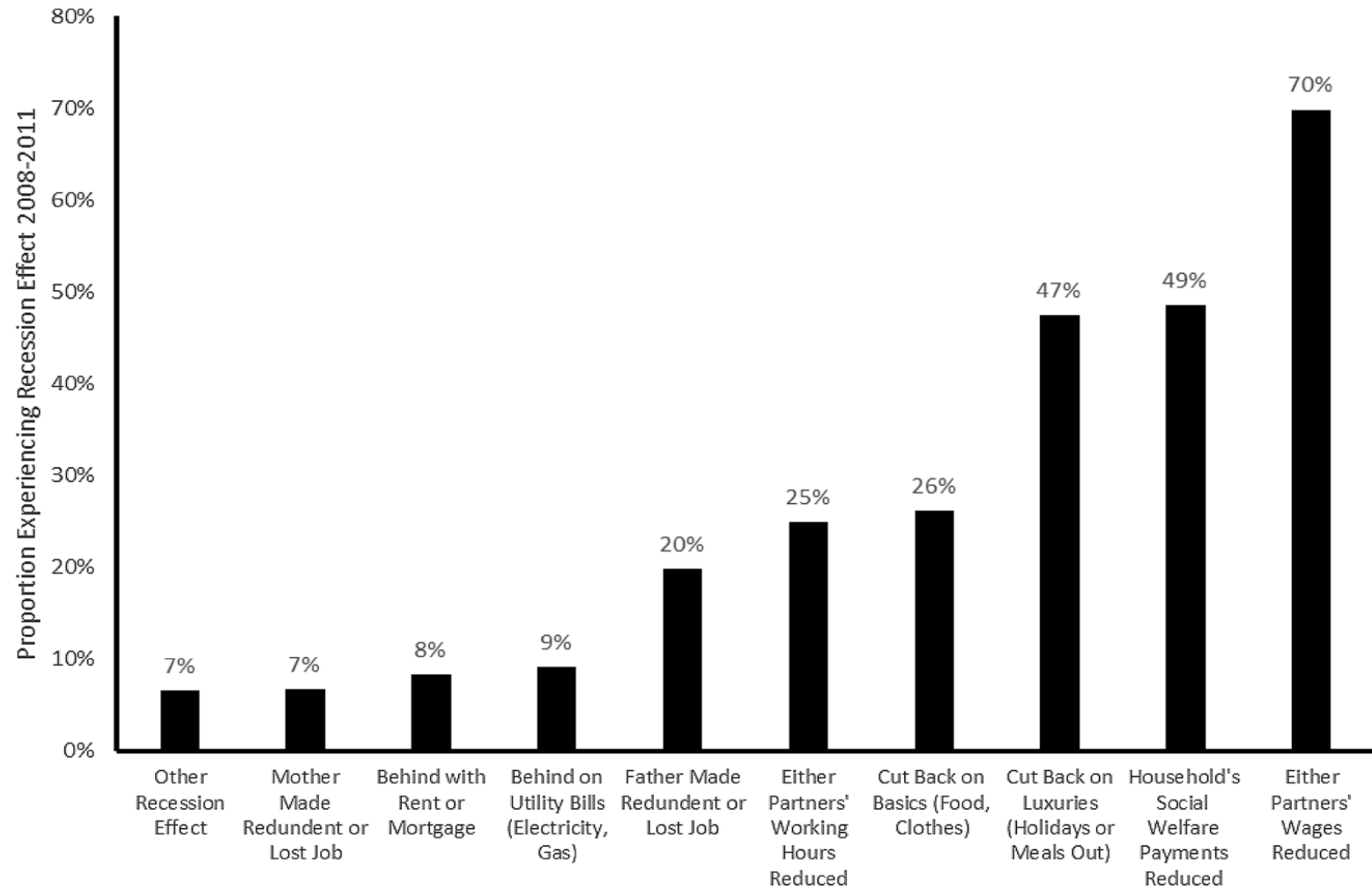
## **3. Evidence from life course trajectory modelling**

- Impact of SEP transitions across the life course on later life health (Fiorito et al. 2017)

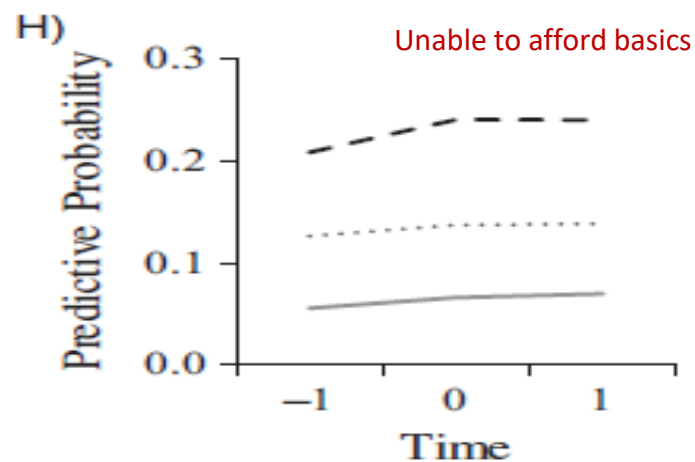
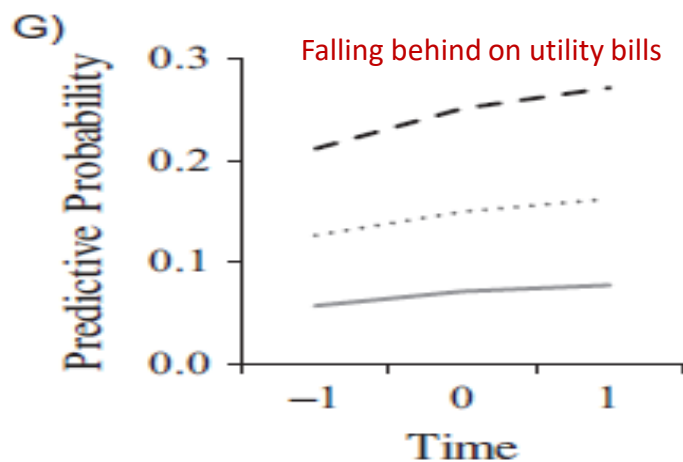
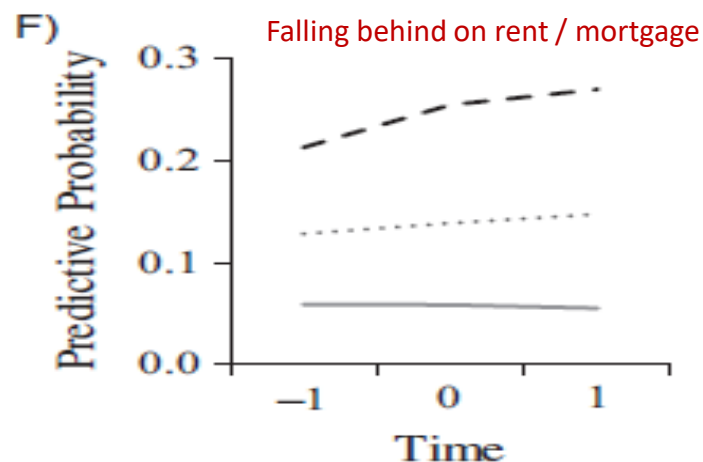
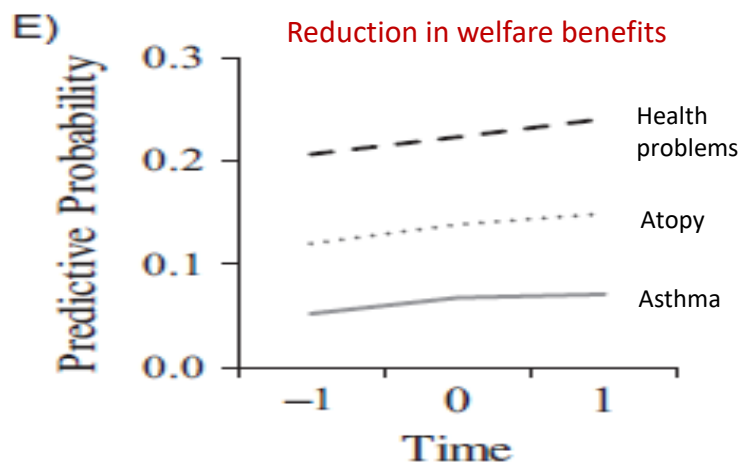
# The Great Recession in Ireland



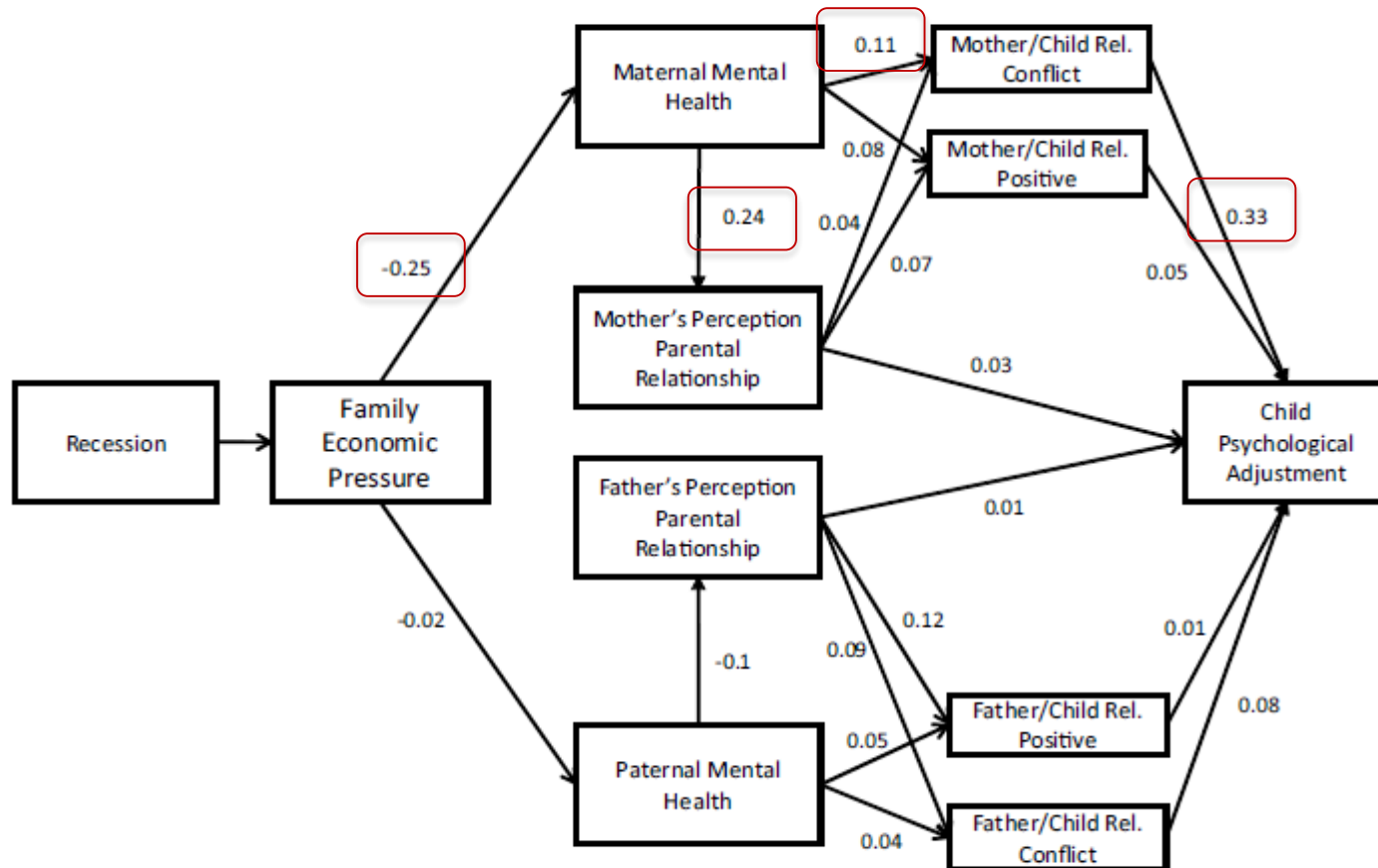
# The Great Recession in Ireland



# Impact of Socio-Economic Shocks



# Impact of Socio-Economic Shocks



# Examining Counterfactuals

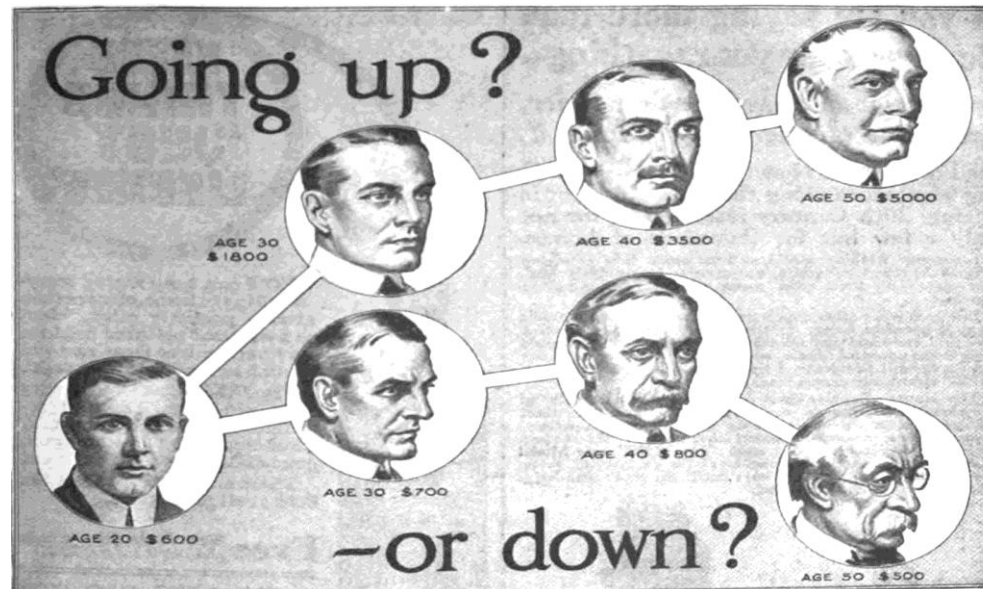


**Second important evidential base for early intervention comes from studies of mid-life and older ages**

We cannot randomize SEP, but we can use counterfactuals to examine the health-related sequelae associated with enduring or transient states of SEP.

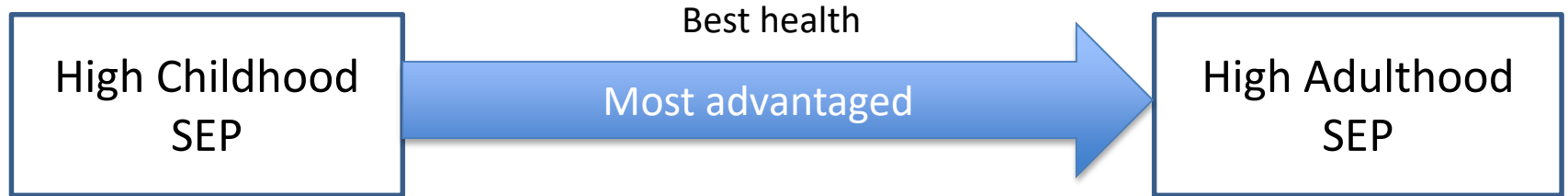
Better evidence if we have prospective data and frequent measurement of SEP at various stages across the life course

# Examining Counterfactuals

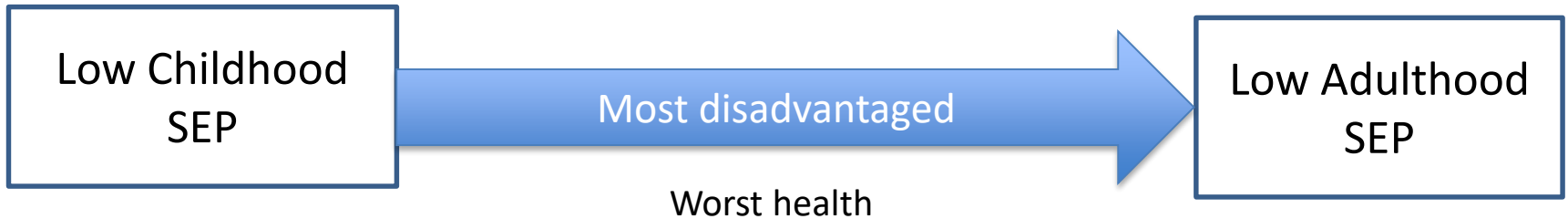




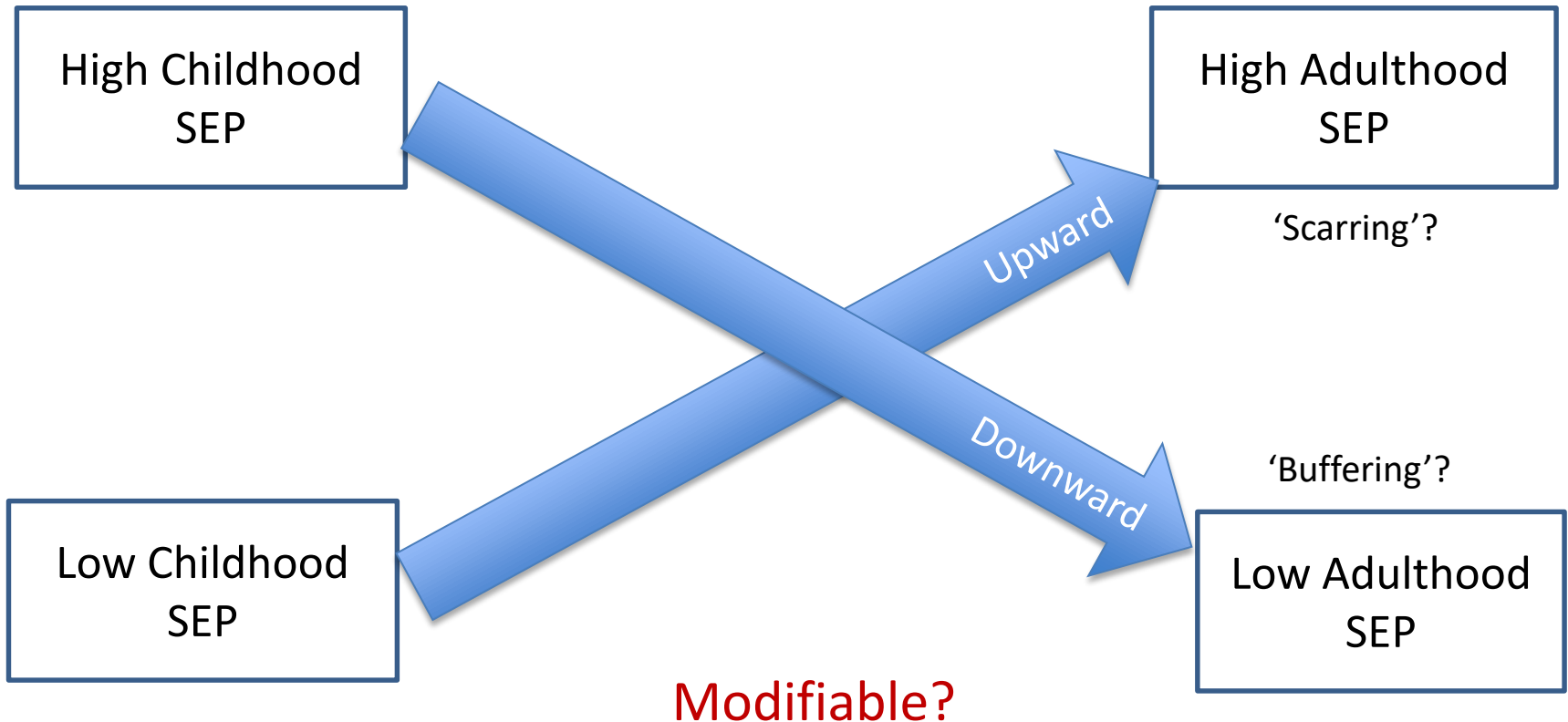
# Testing life course models



Accumulation?



# Testing life course models

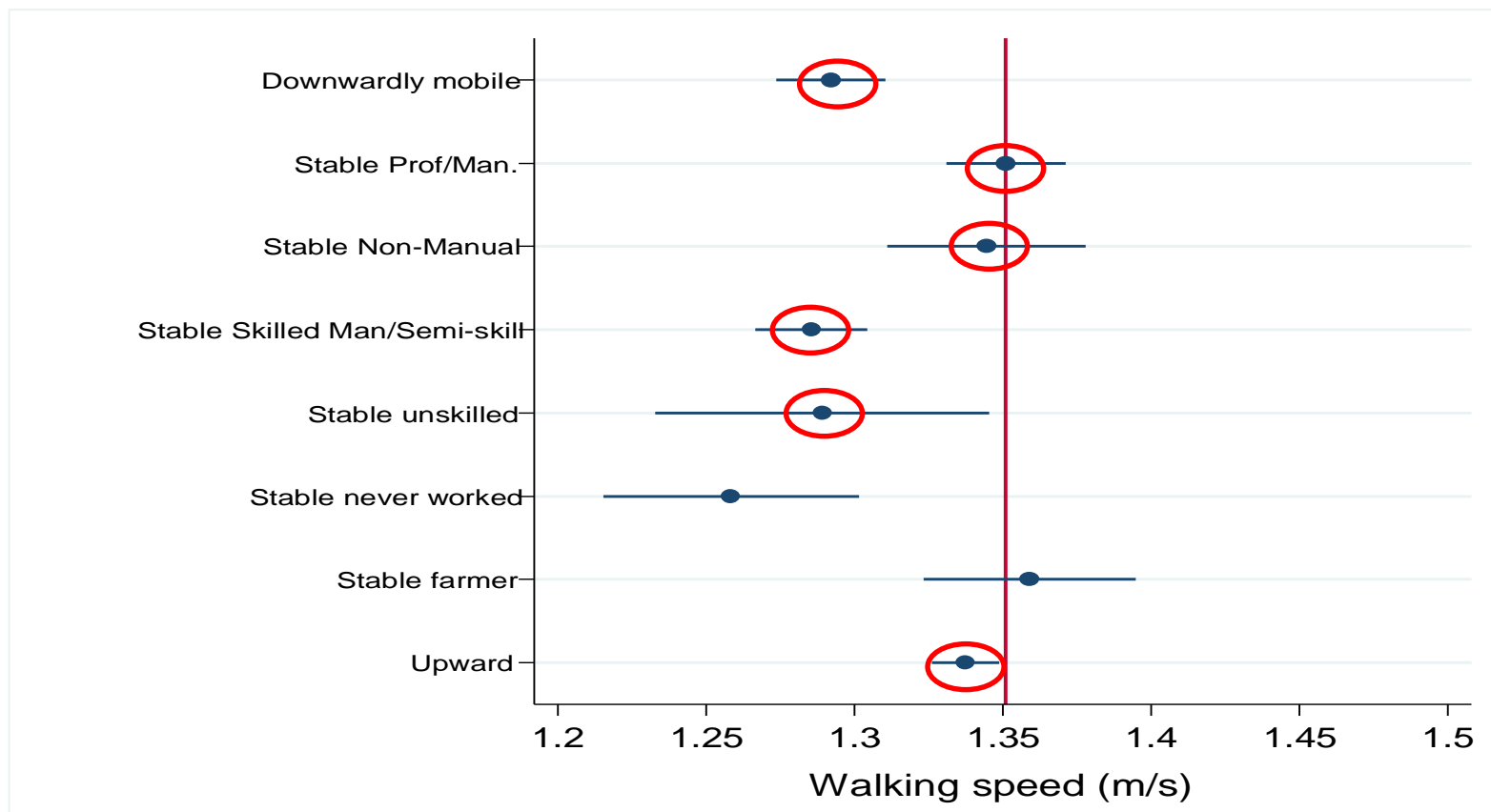
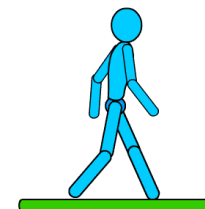


# Cross-classification of childhood and adulthood SEP



	Destination Class (Current)				
	Professional	Non-Manual	Skilled Manual	Unskilled	Not working
Origin Class (Father)					
Professional	STABLE	DOWNWARD	DOWNWARD	DOWNWARD	DOWNWARD
Non-Manual	UPWARD	STABLE	DOWNWARD	DOWNWARD	DOWNWARD
Skilled Manual	UPWARD	UPWARD	STABLE	DOWNWARD	DOWNWARD
Unskilled	UPWARD	UPWARD	UPWARD	STABLE	DOWNWARD
Never worked	UPWARD	UPWARD	UPWARD	UPWARD	STABLE

# Average Marginal Walking Speed (cms/sec) by Intergenerational Mobility Status

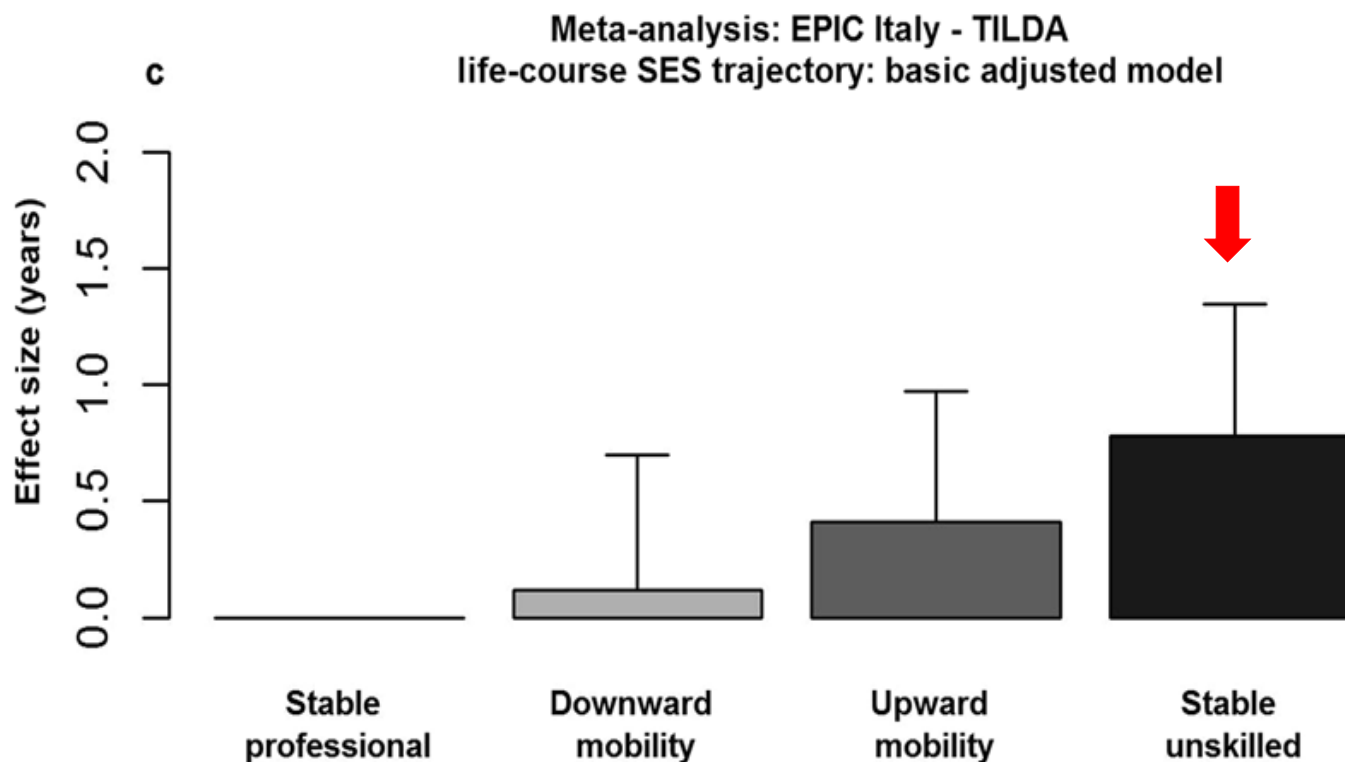


Adjusted for age, age<sup>2</sup>, sex

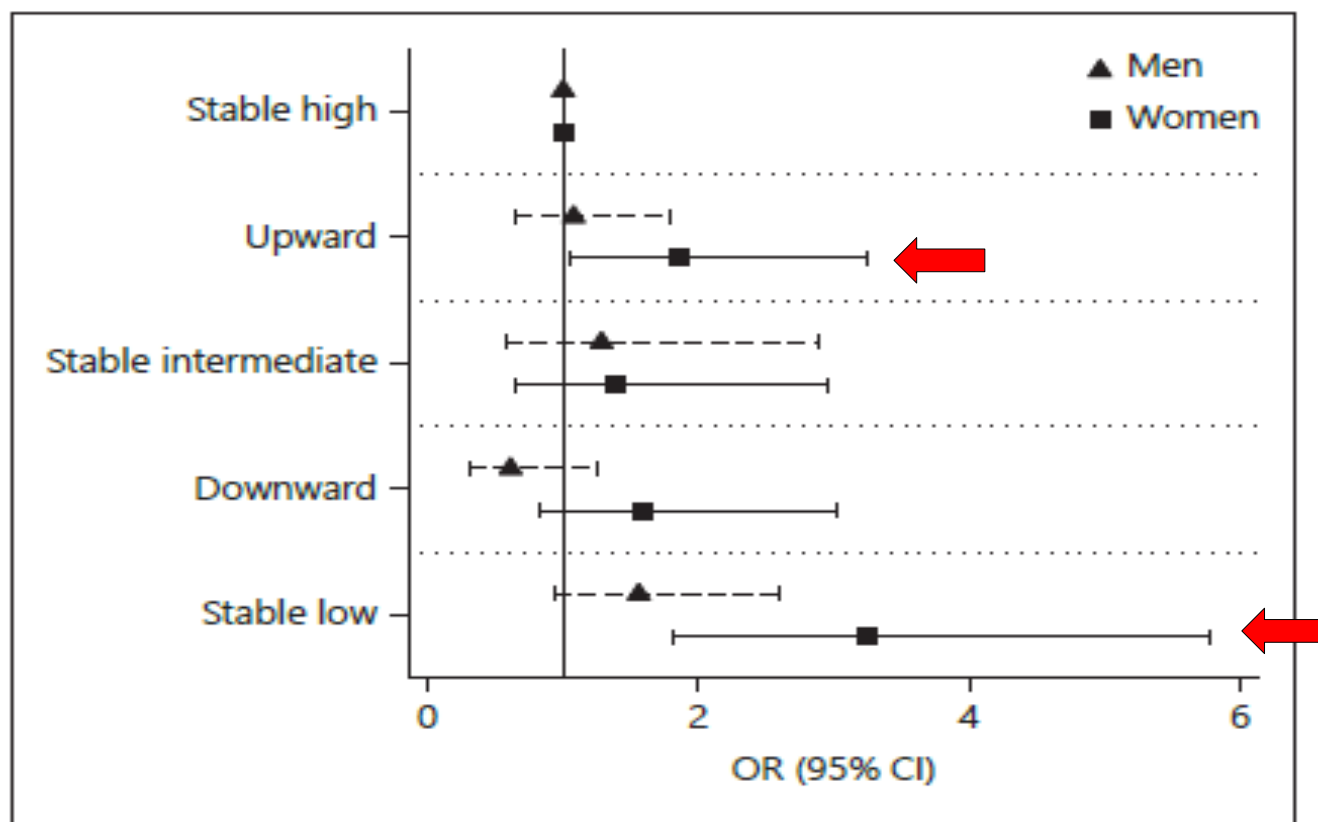
Slower

Faster

# Epigenetic Age Acceleration (years) by Intergenerational Mobility Status



# Risk of Later Life Kidney Disease by Intergenerational Mobility Status



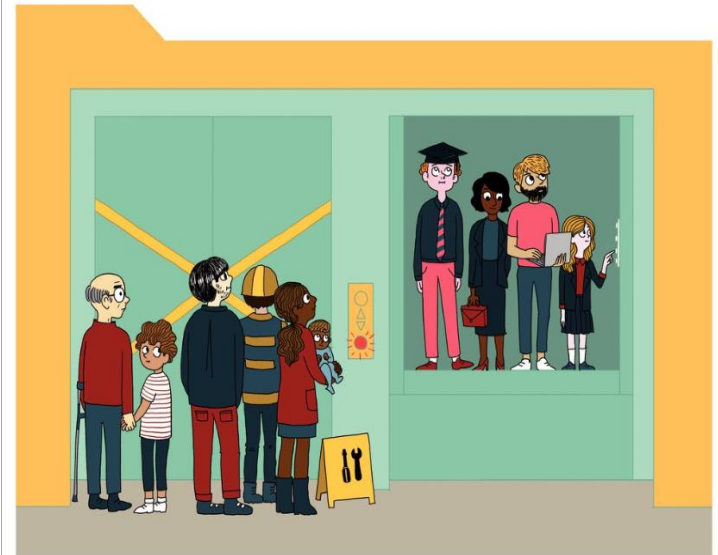
# Conclusions (1)



**Social mobility is not a panacea, reinforcing the need for early intervention.**

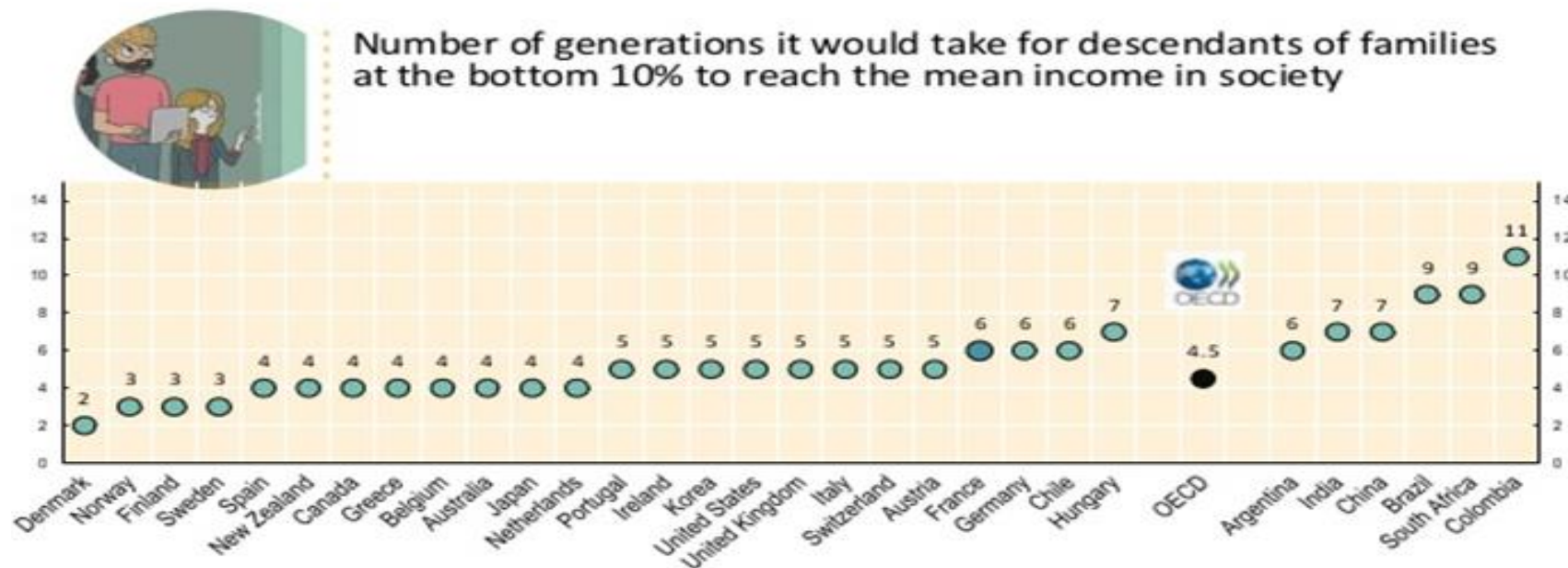


**A Broken Social Elevator?  
How to Promote Social  
Mobility**



# Conclusions (1)

**Social mobility is not a panacea, reinforcing the need for early intervention.**





## Conclusions (2)



**The extent to which mobility can “compensate” for early life disadvantage seems to depend on the organ system.**

- 1) Those who experience high SEP and low SEP across the life course are in the best / worst health respectively (i.e. accumulation)
- 2) High early life SEP does not buffer one against changing socio-economic circumstances (i.e. the pathway through life is important) and high SEP in later life may not fully recover lost ‘health capital’
- 3) Lower health capital at birth means less reserve to buffer against decline in later life (i.e. critical period)

**No single life stage predominates, but early intervention offers us the best opportunity to intercept these riskier developmental trajectories.**