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**The Scars of the Past? Childhood Health and Health Differentials
in Later Life**

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In this paper, we investigate the association between three retrospective reports of childhood health – self-rated childhood health, exposure to parental smoking while growing up, and missing school for 30 days or more consecutively due to health problems – with the level and progression of functional health in later life, at age 50 and over. Drawing on 15 waves of data from the Household, Income and Labour Dynamics in Australia (HILDA) Survey, this study estimates multilevel mixed effects models of functional health. The findings demonstrate that all three measures of childhood health were associated with level of functional health in later life. Variations in level of functional health attributed to having missed school for 30 days or more (-6.079; $p < 0.001$) was larger than that of exposure to parental smoking (-1.965; $p < 0.001$). Exposure to parental smoking growing up however, continue to explain rate of functional decline at age 50 and over (-0.103; $p < 0.05$), whereas missing school for 30 days or more does not explain much variation in the rate of functional decline (-0.018; n.s.). Self-rated childhood health associate with variation in level of function health (-2.662; $p < 0.001$), as well as marginally the rate of functional decline (-0.038; $p < 0.1$). These findings were robust to the inclusion of a number of childhood and adulthood factors. This study demonstrates that exposure to parental smoking and missing school due to health problems have long-term consequences for later life health. These associations were independent of self-rated childhood health, pointing to different mechanisms and intervention points to disrupt the link between poor childhood health and functional health in later life.