

CAUSINEQ

Causes of health and mortality inequalities in Belgium: multiple dimensions, multiple causes

DURATION
1/10/2013 - 31/12/2017

BUDGET
678.000 €

PROJECT DESCRIPTION

Context and objectives:

There is accumulating evidence of a negative association between socio-economic position and mortality in western societies. In Belgium, several studies have also confirmed a consistent pattern of differential mortality. Besides, the social gradient in mortality increased considerably between the 1990s and 2000s. This project aims to investigate the mechanisms by which social differences in mortality and health are generated. Insights in these mechanisms are acquired by focusing on different dimensions of socio-economic position, their additive and interactive effects, and by undertaking a detailed analysis of mortality by cause. We hypothesize that the widening of social inequalities in health and mortality is associated with the extent of instability in professional careers and family trajectories.

Methodology:

The project is organized around four work packages (WPs). (1) The first investigates the evolution of inequalities between 1970 and 2010 based on data from censuses and population registers. An indicator of socio-economic position is constructed, consisting of four dimensions: education, housing, socio-professional group and indirectly income. This combined indicator allows the identification of precarious social groups with the assumed elevated risks of dying. Furthermore, the decomposition of the observed inequalities in terms of each of the (direct) dimensions sheds light on the mechanisms by which socio-economic position influences mortality. All analyses are stratified by age, gender, region and type of residence.

(2) The second WP focuses on the detrimental effect of instability in professional careers. First, long-term trends in mortality differentials by employment status (since 1970) are considered. Then, inequalities in cause-specific mortality according to employment status are explored, using data from 1991 to 2010. Inequalities by employment status are controlled for other dimensions of socio-economic position such as educational level, housing and type of family. A third phase will be based on longitudinal data from the Crossroads Bank for Social Security (CBSS). Mortality differentials according to duration of unemployment and trajectories of employment will be explored. Again, all these analyses will be stratified by age, gender and region.

(3) The third WP dwells on mortality differentials by types of family arrangements in a context where family formation processes are less predictable and less collectively organised. First, long-term trends in mortality differentials by marital status are studied since 1970. Then a regression analysis is performed, in which cause-specific mortality is related to family arrangements after controlling for various dimensions of socio-economic position. In a third phase, family trajectories are related to mortality.

(4) The last work package investigates how adverse health – as a precursor of mortality – varies jointly by employment and living arrangements. This WP is based on two surveys (Labour Force Survey and Generations and Gender Survey), in order to construct an explanatory model for social inequalities in health and the impact of unemployment, precarious employment and wider social precariousness.



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Interdisciplinarity and potential impact:

This research project combines demographical, historical and sociological theories, with detailed data and innovative methods to shed light on the societal causes of health and mortality inequalities in Belgium. At the societal level, social differences in health and mortality can be considered as one of the 'hard ends' for measuring the performance of a welfare state. Research conclusions on the link between work- and family-related factors and health and mortality are therefore highly relevant. The conclusions of our research project will provide a sound basis for policy measures in the domains of quality of work, labour market participation, social security policy, living arrangements and the institutions of the welfare state in general. Policy measures and preventive actions for identified vulnerable categories will be proposed and can be very useful at the federal, regional, local and even company level.

Description of finished products:

At the level of policy-making, as well as within the scientific community one is not always aware of the potential of existing data sources in Belgium. In compliance with the general aims of the BRAIN programme, this project offers the opportunity to analyse four highly relevant and 'under-studied' databases with regard to the topic of social health variations. Consequently, an important expected outcome for the research team is to be able to fully explore the potential of these databases and to communicate the findings to the international research community. We aim to publish articles in peer-reviewed international journals. In addition, two PhDs will be prepared based on this project funding. Finally, we expect to establish a long-term collaborative framework between the research partners, in order to take an important step in establishing a future research agenda in the field of social variations in health and mortality at the national level and put Belgium at the international forefront of this research domain.

CONTACT INFORMATION

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