Inequality in children’s health status is widely established, with significant disparities existing along multiple dimensions of children’s sociodemographic profiles, including family background, family structure, race and local environment. Early-life health has been recognized more recently as a potentially important component of social stratification, in that it contributes to both the intra- and intergenerational transmission of socioeconomic status (Case et al., 2005; Palloni and Milesi, 2005). The quality of childhood conditions has not always been a focus of stratification research, which focused most heavily in its early stages on linking the status attainment of one generation with that of the next generation of young adults. The stratification literature has not been devoid of research on children: Kohn (1959, 1963), for example, developed an early body of work on social class, parenting and parent-child relationships. Only recently, however, has childhood received significant attention as a key component of the status attainment process, and health in particular been examined for its reciprocal relationship with socioeconomic profile.

Two components in the health and stratification literature are largely ignored to date. First, many existing studies in the social sciences consider the period of childhood as static in terms of the experiences that children endure over this period, and in the type and magnitude of the influence of different points in childhood on well-being later in life. By aggregating a large and developmentally critical period of people’s lives into one singular experience, we may miss important heterogeneity in the type and importance of experiences that occur during the first eighteen years of life. Depending on the extent of both the variability in children’s experiences and the differences in the relative importance of various points of childhood, this may or may not make a difference for the conclusions that we draw from our research. Nonetheless, understanding any variation in children’s experiences over time, as well as the timing of health and socioeconomic disadvantage, will offer important insights for both researchers, who can maintain or adapt their conceptualization of childhood depending on the findings, and for policymakers, who are concerned about when to intervene in children’s lives. Secondly, previous work has established a number of suggestive associations between socioeconomic status and health, without uncovering the more proximate pathways during childhood through which those relationships are formed. Understanding these pathways is essential, however, both for directing future research in a particular area and for designing social interventions.

The goal of this dissertation is to address these gaps in our understanding in two industrialized settings: the United States and the United Kingdom. I focus on particular aspects of the intra and intergenerational cycle of socioeconomic status and health, aiming to clarify when and how children’s health is affected by, and influences, their socioeconomic profile. The dissertation will be made up of three empirical chapters, each of which can stand alone, but accomplishes specific goals of the general theme outlined above. In addition, an introductory chapter will provide an integrated literature
review as a conceptual framework for the three empirical chapters, while a concluding chapter will draw out the implications of the work.

Chapter two examines the proximate pathways that might generate relationships between adolescent health and educational attainment in young adulthood in the U.S. In this chapter, I use data from the National Longitudinal Survey of Youth 97 and 79-Child/Young Adult files to test whether or not the effect of general health status during adolescence on educational attainment in young adulthood can be explained by unhealthy children’s poorer school performance and attendance, or if social functioning also plays a role in the health-related attainment gap. I focus on educational attainment in young adulthood rather than later-life education and earnings because no prospective U.S. data exist for such a long time period. The processes I examine, however, are specific to education and help to uncover the proximate sources of health-based inequality in educational attainment.

While this analysis attempts to differentiate between two pathways that may lead from health disparities among children to inequality in educational attainment, it raises as many questions as it attempts to answer. In particular, it does not explicitly address the importance of our temporal definition of childhood, or of the timing of a health or socioeconomic disadvantage during this long period. Instead, it focuses on the influence of health measured at one point in time—adolescence—on educational success at one later point in time. Although we know that children’s environments are variable and cumulative, we often represent them as entirely static. The last two chapters take up the idea of childhood as a dynamic period by testing the importance of how we temporally conceive of children’s environments in the U.S., and by considering how the timing of health and socioeconomic disadvantage might matter for outcomes both later in childhood and beyond in the U.K., where life-course data allow us to track members of the same cohort from birth through middle age. Two unique data sources in particular allow me to investigate these questions.

In one chapter, the Panel Study of Income Dynamics (PSID) and its Child Development Supplement (CDS) allow me to link children in the U.S. with characteristics of their neighborhoods over the course of all or most of their childhood. I use these rich data on children’s socioeconomic environments (here, defined by their neighborhoods), along with data from the Los Angeles Family and Neighborhood Survey (L.A. FANS) to test how sensitive our estimates of neighborhood “effects” on children’s health and well-being are to the temporal definition of children’s environments. In the last chapter, I consider another dimension of the importance of how we temporally define children’s environments, by examining whether or not health and social status in certain periods in childhood have larger and more lasting effects than others, and if these effects increase or decrease over the course of people’s lives. To do this I make use of all available waves of the British National Child Development Study (NCDS), a prospective study of several thousand people born in 1958. The study began at birth and has continued approximately every seven years at ages 7, 11, 16, 23, 33 and 42.

By clarifying when and how children’s health is affected by, and influences, their socioeconomic profile, these three papers fill in important gaps in the literature on the intra and intergenerational cycle of socioeconomic status and health. In doing so, they will increase our understanding of the role of children’s health in the stratification process.