

# A6\_ Oral presentations - ABSTRACTS

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## **Public care in childhood, risk factors in adulthood, and mortality: pooled data from two birth cohorts**

**De Mestral, Carlos**

Co-authors: Steven / Bell; David / Batty

**Background:** It is well known that children placed in public care—foster care or children homes—are at an increased risk of several mental health and behavioural problems, and suboptimal educational and employment outcomes in early adulthood. However, it remains unknown if its effects continue into later adulthood and whether it affects premature mortality.

**Objective:** To assess the effect of placement in public care in childhood on a range of outcomes in later adulthood: sociodemographic and behavioral, biomarkers, and premature mortality.

**Methods:** On a pooled sample of the 1958 British Cohort Study and the 1970 British Cohort Study (N = 27441), we used logistic regression models to assess the association between placement in public care and sociodemographic and behavioural outcomes at age 42; linear regression models for biomarkers at age 45; and Cox proportional hazard models for all-cause mortality.

**Results:** By age 16, five percent of cohort participants had been placed in public care (N=1371). A higher proportion of participants who were placed in public care, compared to those who were never in public care, came from households where the parents had a manual occupational social class (78 vs 67%), suffered from mental or physical disability (47 vs 22%), and exhibited internalizing and externalizing behavioural problems (42 vs 23%; and 51 vs 24%, respectively). By age 42, participants who had been placed in public care were more likely to be in a manual occupational social class (OR; 95% CI adjusted for sex, parental socioeconomic position at birth, and cohort: 1.81; 1.57, 2.08), unemployed (1.90; 1.32, 2.74), living alone (1.47; 1.20, 1.81); never married (1.41; 1.13, 1.75), a smoker (2.18; 1.85, 2.56), diabetic (2.10; 1.18, 3.74, only in the 1970 cohort), in poor self-reported health (1.58, 1.32, 1.90), living with a disability (2.60; 2.08, 3.26), feeling depressed (1.65; 1.40, 1.93), and feeling anxious (1.42; 1.12, 1.80). No differences were observed in a range of biomarkers. However, after 38 years follow-up of the 1958 cohort, and 26 years follow-up of the 1970 cohort, with 1052 deaths having occurred after age 18 y, participants who had been in public care as children had a higher risk of death (Hazards ratio; 95% CI: 1.71; 1.24, 2.36).

**Conclusion:** Placement in public care in childhood is associated detrimental effects for a range of sociodemographic and behavioural factors, as well as an increased risk of premature mortality.

**Lone Mothers' Repartnering Trajectories and Health: Does the welfare context matter?****Bernardi, Laura**

Co-authors: Claudia Recksiedler

This paper examines the relationship between lone mothers' repartnering trajectories and health in three distinct welfare contexts: the dual-earner, market-oriented, and general family policy model. Inspired by the resources and the crisis model, we apply mixture modelling for event-history analysis to the Harmonized Histories data. We uncover six distinct repartnering trajectories that vary with respect to the timing, type, and stability of higher-order unions for different cohorts of lone mothers. The few associations between repartnering trajectories and health differ systematically and significantly by welfare context. Lone mothers with some, yet unstable repartnering, reported better health in market-oriented contexts, compared to those living in general and dual-earner contexts. Market-oriented contexts were also those where unstable repartnering was more frequent. All in all findings suggest that a less-generous welfare may encourage unstable, temporary repartnering out of economic need, while welfare contexts with more comprehensive family support allow for more stable repartnering choices.

Keywords: lone mothers; repartnering; health disparities; welfare states; family policy

## **Dear Internet, what shall I do? - Parents resorting to digital media for information on children's health**

**Dratva, Julia**

Co-authors: Isabel Baumann, Rebecca Jaks, Dominik Robin, Sibylle Juvalta

### **Background**

Little is known on parental use of digital media when it comes to children's health in Switzerland, although digital natives are becoming parents and the overall use is high. We investigated how, when and for which reasons parents utilize digital media in this context.

### **Methods**

A random sample of parents with children age 0-2.5 yrs. in the canton of Zürich. received an online and paper questionnaire on use of digital media on child health, child and parental socio- demographic and health and the German eHealth Literacy Scale (eHEALS). Qualitative data was collected in a focus group. Descriptive and multivariate regression analyses are performed.

### **Results**

Participation rate was 31%. Questionnaires were filled out by 677 mothers and 89 fathers; mean age 35.5 sd 4.0 and 38 sd 6.1, respectively; mean age of youngest child 14.7 months, sd 7.1; number of children 1.6, sd 0.7.

36% of parents searching for general child health information frequently used print media and 91% digital media. Similarly, 22% of parents searching for information on acute health problems resort to print and 79% to digital media. Reasons for digital use were 24/7 availability (79%), up to date information (38%) good experience (35%). Parents search digital information on nutrition (25%), child development (22%), regulatory disturbance (19%), general information on acute health problem (54%) and alternative treatment options (42%). Preliminary data analysis yields heterogeneity of utilization by health questions and socio-demographic characteristics. Both in questionnaire and focus group parents voice a wish for digital guidance.

### **Conclusions**

Parents frequently use digital media on child health related topics. They differentiate when and whom they trust, depending on the health context, and constitute strengths and limitations of digital information. Guiding and enabling parents to use digital media may impact positively on parental overall health literacy.

## **Factors associated with disability pension in young adults in Switzerland**

**Altwicker-Hámori, Szilvia**

Co-authors: Julia Dratva

### **Background**

There has been an overall decreasing trend in the inflow into disability pension (DP) in Switzerland since 2003 with the exception of young adults. Disablement in young adulthood reflects a particularly critical phenomenon given the potentially profound long-term social, economic and health consequences. The aim of this study was therefore to identify the factors for DP in young adults aged 18-39, living in Switzerland.

### **Methods**

We used the Social Protection and Labor Market (SESAM); a unique dataset linking data from the Swiss Labor Force Survey, the Swiss Central Compensation Office Register, and the Unemployment Insurance Register. Further advantages of SESAM lie in its sample size, covering almost 1% of Switzerland's permanent resident population aged 15 and over, and in its panel structure. Multiple logistic regression was employed to explore the association between demographic, socioeconomic, and health characteristics and DP in young adults with long-term activity limitation, living in Switzerland (N=5306).

### **Results**

The majority of our sample lived without a working partner (59%) and a child aged 0-14 years (72%), was Swiss-born (74%), had an upper secondary/tertiary degree (84%), received income at least once within the four-year period prior to interview (72%), reported chronic illness (66%) and long-term activity limitation (89%). Mean age was 29 years.

Our regression results showed that those living without a working partner (OR 2.11; 95% CI 1.51-2.94) and without a child aged 0-14 (OR 2.15; 95% CI 1.48-3.12), born in Switzerland (OR 2.68; 95% CI 1.87-3.84), of higher age (OR 1.16; 95% CI 1.12-1.19), having completed at most lower secondary school (OR 3.26; 95% CI 2.24-4.76), lacking income throughout the four-year period prior to interview (OR 3.94; 95% CI 2.70-5.75), suffering from chronic illness (OR 4.52; 95% CI 2.83-7.19), and severe long-term activity limitation (OR 4.52; 95% CI 2.83-7.19) had higher odds of DP. Differences were found by learnt occupation; with highest odds for 'Manufacturing' (OR 3.59; 95% CI 1.91-6.71) relative to 'Health, education, culture, and science'.

### **Conclusions**

Most importantly, our results showed that educational and employment factors are of high relevance, as well as chronic morbidity and severe long-term activity limitation; implying that early intervention should focus on attaining vocational and academic qualifications beyond the lower secondary level, which should facilitate labor market integration.

**Substance Use among Swiss Young men  
Cohort Study of Substance Use Risk Factors (C-SURF) from 2010-2018**

**Mohler-Kuo, Meichun**

Co-authors: Gerhard Gmel, Simon Marmet, Joseph Studer, Dai-Hua Tsai, Simon Foster

1. Cohort Study of Substance Use Risk Factors from 2010-2018: what have we found so far? (10 minutes) Meichun Mohler-kuo

Cohort Study of Substance Use Risk Factors (C-SURF) is one of the nine on-going cohort studies supported by the Swiss National Science Foundation (SNSF). It follows a cohort of about 5900 young Swiss men from late adolescence into early adulthood. Three assessments were conducted over 7 years with high retention rate (about 90%). It has been recognized as a well-established study with more than 90 scientific publications to date.

2. Presentation of the new results, 4 abstracts
  - 1) A problem comes rarely alone: multiple addictions and mental health problems in young Swiss men. (Simon Marmet )  
This study reports the prevalence rates of substance use disorders and behavioural addictions in young Swiss men, and investigates how the co-occurrence of addictions is associated with mental health problems.
  - 2) Social Cohesion, Substance Use And Substance Use Disorder.( Dai-Hua Tsai)  
The present study hypothesized that social cohesion has some influences on substance use and substance use disorder and showed that higher social cohesion was significantly associated with later cannabis onset age and smoking onset age.
  - 3) Alcohol-induced blackout (AIB) at age 20 predicts the incidence and maintenance of alcohol dependence (AD) at age 25 in a sample of young Swiss men (Joseph Studer)  
This study examines the associations between an experience of AIB at age 20 and the incidence and maintenance of AD at age 25 in Swiss men. AIB at age 20 significantly predicted the incidence and maintenance of AD at age 25.
  - 4) Are stricter alcohol policy environments associated with reduced heavy drinking? (Simon Foster)  
Stricter alcohol policy environments were associated with a global shift of the population towards lighter drinking. The preventive effect tapered off at the heavy end of the drinking spectrum, however, and might not be present for specific forms of drinking such as drinking during the workweek.
3. Discussion & Conclusion:
  - What are the current trend and problems of substance use in young adults?
  - What do we know about the risk factors and protective factors?
  - What are the relationship of substance use and other mental health problems?
  - Are alcohol control policies well implemented in each canton? How effective are these policies?

## **Living with Chronic Conditions in Later Years: How Social Factors Influence Quality of Life**

**Höglinger, Marc**

Co-authors: Simon Seiler

About two-thirds of the population of Switzerland aged 55 or over suffers from at least one chronic health condition such as cardiovascular disease, COPD, diabetes, cancer, or depression. These conditions are responsible for approximately half of all premature deaths and pose a significant burden to patients, relatives, and the healthcare system. Factors such as the socio-economic background, education, or social integration of the patient, the so-called “social determinants of health,” have been shown to influence the risk of suffering from a chronic condition substantially.

However, social factors not only affect the risk of developing a chronic condition; they also influence how patients cope with their affliction, how much formal and informal support they receive, and determine – at least to some degree – patient access to appropriate healthcare. Consequently, the actual effect of a severe chronic condition for individual patients and on their daily lives is likely to be governed by these social factors.

For instance, diabetes patients in a high socio-economic bracket may be able to manage their disease better than those from a low-income, poor education background. Similarly, patients suffering from an acute myocardial infarction might recover more quickly and regain a better quality of life if they have a good social network compared with patients who are poorly socially integrated.

In our paper, we use data from the Survey of Health, Ageing, and Retirement in Europe (SHARE) to analyze quality of life courses and related patient outcomes such as autonomy for patients suffering from different chronic conditions. Thanks to a longitudinal study design, we are able to describe individual patient trajectories over a period of up to 10 years. Our primary interest is in comparing the development of patient outcomes between different socio-economic groups where those patients suffer from similar chronic conditions.

Our findings indicate how social factors influence patient outcomes and what key factors enable patients aged 55 or over to manage – with varying degrees of success - chronic conditions and retain their quality of life as far as possible. In addition, we are able to identify groups at risk who may well benefit from targeted care intervention.