**Which aspects of elderly living conditions are important to predict mortality? the ambiguous role of family ties at home and in institutions**

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The aim of our work is to explore the wellbeing conditions of elderly people, and to estimate their specific effects on mortality risk. Our reference population includes both individuals living in households and those in institutions. We apply a definition of wellbeing based on living conditions that includes health, relational and financial dimensions. The first dimension is synthetized by the Self Rated Health (SRH); the second dimension refers to the family network and to the network of friends and colleagues; the third dimension is captured by the feeling that the individual can count on someone in case of financial need.

We expect a high disparity in level of mortality between the two living arrangements, mainly linked to health conditions and adjusted for age and gender. Our main hypothesis is that SRH plays a key role in survival, both in household and in institutions, but we also expect an effect of the other dimensions of wellbeing. We expect that the role of the relational context differs between the two living arrangements. Finally, we expect that people living in household have a stronger need of having some support in case of financial problems, while this aspect could be less important for people in institutions.

The study is based on the French national survey on Disability, Functional Limitations, Dependency (*Handicaps-Incapacités-Dépendance*, or HID for short), carried out by INSEE, between 1998 and 2001, both in medico-social institutions and private dwellings, in collaboration with several research institutes including Institut National d’Etudes Démographiques (INED) and Institut National de Recherches Médicales (INSERM). A first wave was carried out in late 1998; 14,611 people living in institutions were interviewed. The same persons have been surveyed again in late 2000. In addition, between 300,000 and 400,000 people living in private dwellings filled out a brief questionnaire on “daily life and health” during the 1999 population census. After this filtering operation, 16,924 respondents have been interviewed, once in late 1999 and again in late 2001.

Thanks to the record linkage with vital statistics it had been possible to monitor the mortality of HID individuals both in institutions and in households. Among individuals older than 55, 9,235 deaths were recorded between 1998 and 2011, corresponding to 54.4% of the initial sample; 6,031 individuals (35.6%) were still alive in 2011, mainly residing in ordinary households, while 1,701 individuals (14%) could not be linked. This loss of follow up is partly corrected using information on mortality coming from the survey; after correction, the linkage failure concerns 1% of the sample in ordinary households and 10% in institutions, mainly elderly and widowed women.

First of all, taking into account the heterogeneity of mortality due to health states, we estimate life expectancy for people free of disability or disabled at the first wave by, respectively, SRH, professional activity and family ties, both in household and institutional settings, using the IMaCh software.

Then, we estimate the effect of selected wellbeing indicators on mortality risk focusing on the first 5 years of follow up, using Cox proportional hazards models.

The study confirms our hypothesis of a higher mortality risk over the follow up among institutionalized people than among those living in households, after controlling for demographic and health factors. The most interesting result is the role that the family network plays on longevity. On one hand, life expectancy estimations show the highest vulnerability of isolated individuals as part of the population living at home, on the other hand the cox analysis suggests the protective effect of the family on mortality. Furthermore, the study suggests that entering in institution attenuates the social and demographic disparities in mortality.