The Role of SES in Producing Sex Differences in HLE in the US, 1972+

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Introduction

- Gender differences in health & mortality are well-known
- Women live longer—consistently 5-7 years
- Women evidence poorer health
- Women get sick; men die
- Question: Is this biological?

How to disentangle Biology and Else?

- Explain away sex differences via other mediators (e.g., Verbrugge 1984)
- Sex differences in health can be explained via social factors
- Sex differences in mortality remain, but men tend to have fatal diseases

Usual Conceptualization



Problem



- 1. Y chromosome is constant
- 2. Across age, hormones not
- β
 - 1. Epidemiologic transition
 - 2. Aging (conditional on survival)

• γ

- 1. SES improvement over time for women
- 2. Parental role strain change over age?
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 - 1. Increased importance of SES across age
 - 2. Increased importance of SES across time

Today

- Consider HLE from the early 70s to early 00s
- How does HLE change over time for men and women?
- How does the explanatory role of SES change over time?

Data

- National Health Interview Survey 1972-2002
- NCHS life tables by age, sex, & race (q_x)
- 15,000 < n < 40,000 each year
- Measures
 - Age: 30-84+
 - Sex: Male (38%); Female (62%)
 - Race: Black (12%); White (88%) (else excluded)
 - Region: South (32%); Other (68)
 - Years of Schooling: $\bar{x} = 11.9$, s = 3.3
 - Income (Family; $\ln(2008)$): $\bar{x} = 10.54$; s = .79 (48k/28k))

Health Measurement

- Dichotomized SRH (E/VG/G vs. F/P)
- Only consistently measured health status item in NHIS
- Good measure (valid/reliable)
- But, may be gender differences in response

Methods

- Cross-sectional multistate life tables (Lynch & Brown 2010)
 - 1. Merge mortality rate/prob. data into NHIS file by ASR
 - 2. Set up bivariate probit with SRH and mortality risk as outcomes
 - 3. Gibbs sample to obtain m sets of model parameters
 - 4. $\forall m$, generate sets of age-specific prevalence matrices
 - 5. Use ecological inference to convert prevalence to transition probabilities
 - 6. Given TPM, generate life tables for desired covariate profile

Strategy for Answering Question

- Estimate MSLT for males (at male SES values)
- Estimate MSLT for females (at female SES values)
- Estimate MSLT for females (at male SES values)
- Compute:

$$P_t = \frac{HLE_{MM} - HLE_{FM}}{HLE_{MM} - HLE_{FF}}$$

- Evaluate $P_{t=0} \dots P_{t=T}$ for change
- Note: computation assumes $HLE_F < HLE_{FM} < HLE_M$. If not, P_t unrestricted.

Results: Period Health Patterns



Period Health Gap



Results: Period Education Patterns



Period Education Gap



Results: Period Income Patterns



Period Income Gap



PLE for Males, 1972-2002









Summary

- Period health favored women (<' 87) then men
- Period education favors males, with gap increasing
- Period income favors males, with gap increasing
- HLE
 - Prior to 1980, if women had men's SES, PLE gap would be even larger (favoring women)
 - After 1980, if women had men's SES, no PLE gap would exist

Summary, cont'd

- In other words: no room for biology in PLE
- Issues:
 - Again, measure is SRH; may be sex dependent response
 - Period approach taken here, not cohort
 - Not clear what period approach means
 - By cohort, education and income are improving for women
- Next step: evaluate PLE by cohort over (necessarily) short intervals
- Consider two sets of cohorts-1932-1952 at 40-50 & 1942-1962 at 30-40
 - What do education & income differences look like?
 - What role do they play in accounting for PLE differences over a 10 year span?

Education at Age 40 by Sex, 1932-1952 Cohorts



Cohort (At age 40)



Cohort (at Age 40)



Cohort (Ages 40-50)



Cohort (Ages 40–50)



Cohort (At age 30)



Cohort (at Age 30)



Cohort (Ages 30-40)



Cohort (Ages 30–40)



Cohort

Conclusions

- Period and cohort approaches yield different results
 - Period results suggest virtually all PLE differences can be explained by SES in recent years
 - Older cohort results say an increasing % of PLE differences explainable by SES
 - Younger cohort results say a decreasing % of PLE differences explainable by SES
- WHY?
- Part is that recent cohorts are more equal in SES than older cohorts, so no leverage
- Part is that health is converging?
- Regardless-must pay attention to APC issues in addressing this question