

The Effects of Socioeconomic Status and Race on Functional Limitations and Self-Reported Health in Old Age

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ABSTRACT

Elderly Black and Hispanic adults have poorer overall health, higher disability rates, and lower life expectancies than elderly Whites and other racial and ethnic minority group members. There are also sex differences in health, with women more likely to suffer from non-life threatening chronic conditions and men more likely to suffer from acute conditions. Health pathways, or the processes to good or poor health, are shaped by race, SES, and sex. This study focuses on the race and SES literature, framing race and SES inequalities within a cumulative advantage lens. Using Hierarchical Linear Modeling techniques to examine data from the Health and Retirement Survey, this study finds that there are racial differences in health through health problems, health insurance, and health care treatment, and that Black, Hispanic, and other racial and ethnic minority group members have worse self-reported health than Whites in old age. This study also finds evidence of cumulative advantage through friends in the neighborhood, and finds evidence of cumulative disadvantage through health problems and hospital and nursing home treatment. There are also cumulative disadvantages for women, who have more functional limitations in old age than their male counterparts, and these disadvantages grow over time. This study adds support to the race literature, by furthering understandings of race and SES as interconnected but not interchangeable systems of inequality. In lieu of the findings, this study provides implications for future research and ways to reduce racial health disparities in old age.

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