

# Socioeconomic Level and Health in Population of Middle- and Old-Age in Mexico

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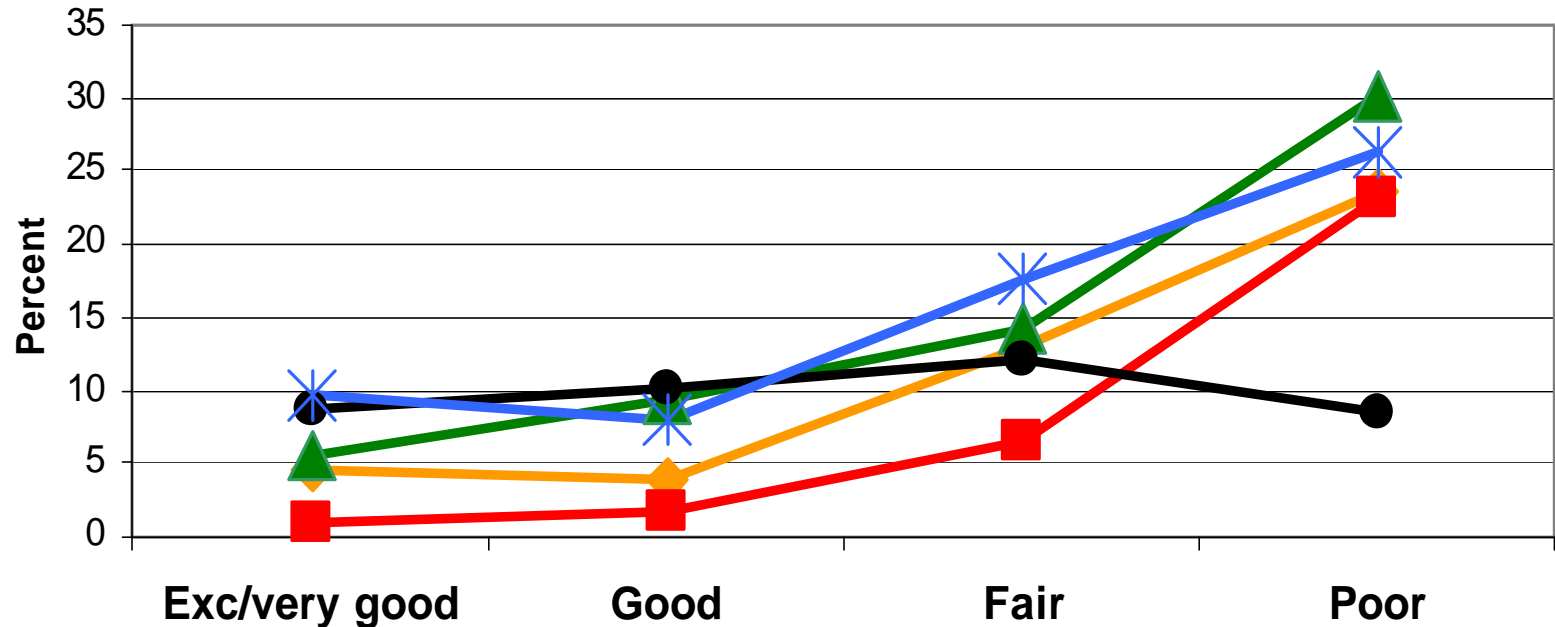
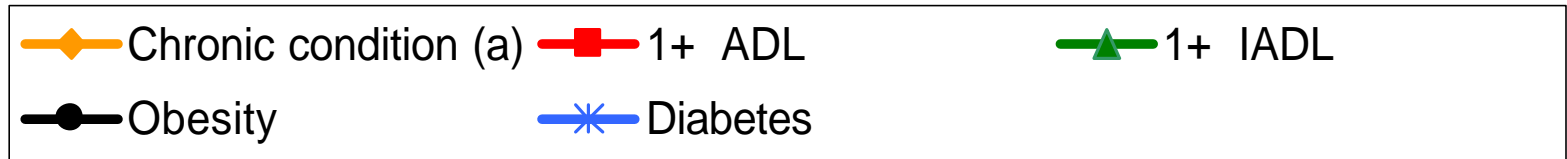
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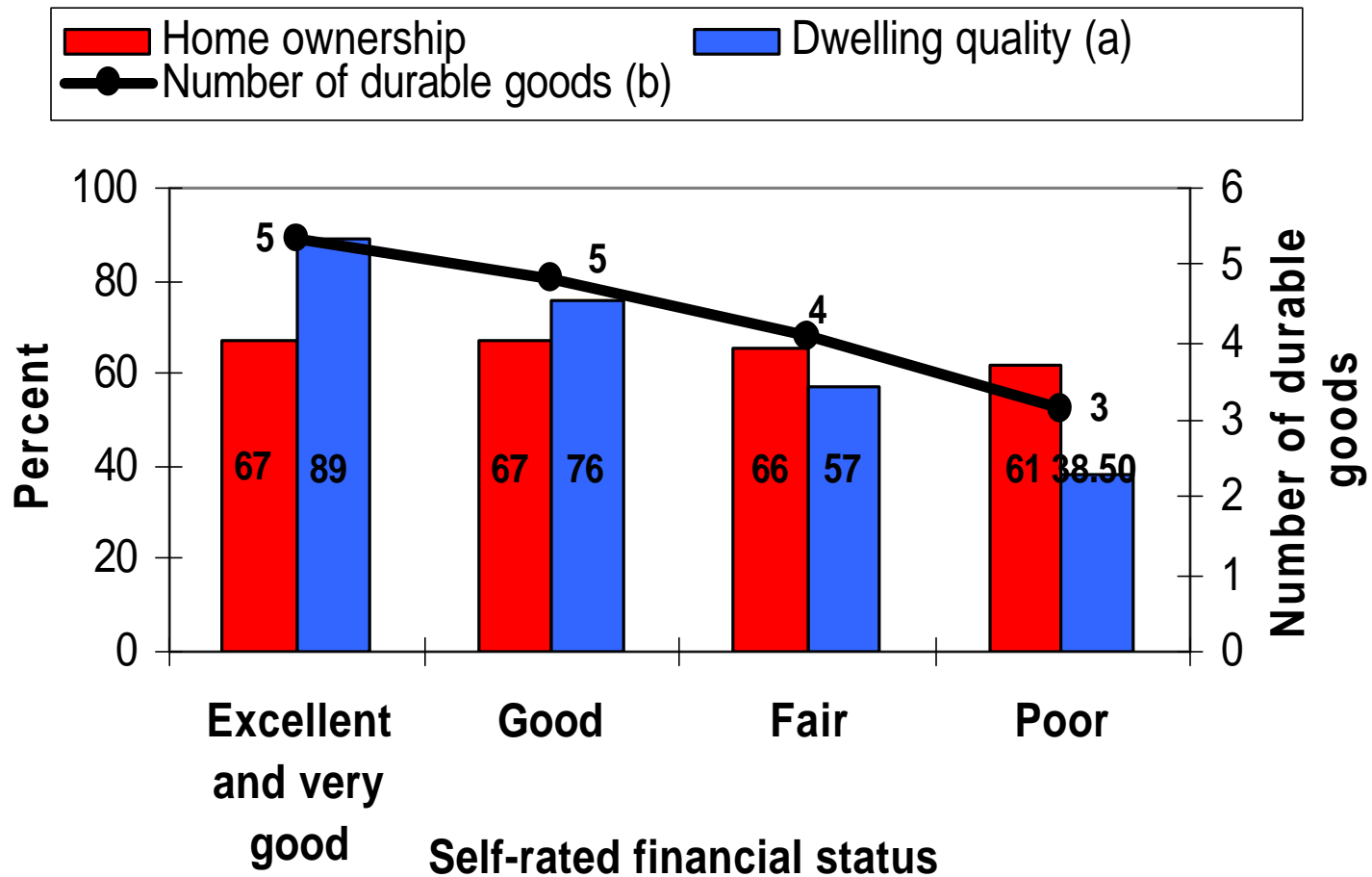
# Objectives

- Evaluate the association between health and wealth among population in middle- and old-age in Mexico.
- If the association is confirmed, identify exception-groups in the population.

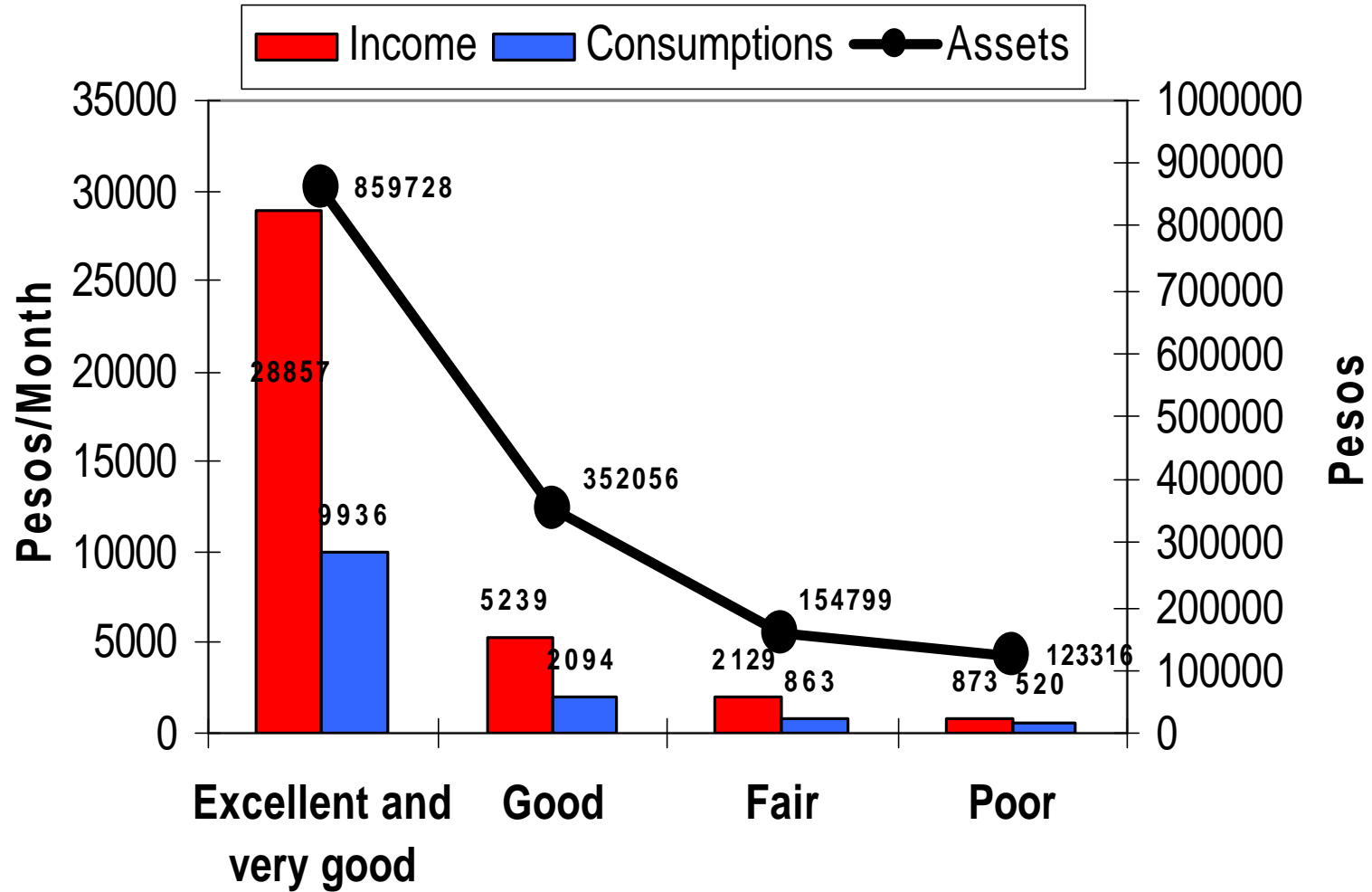
# Self-Rated Health vs. Self-Reported Health Conditions



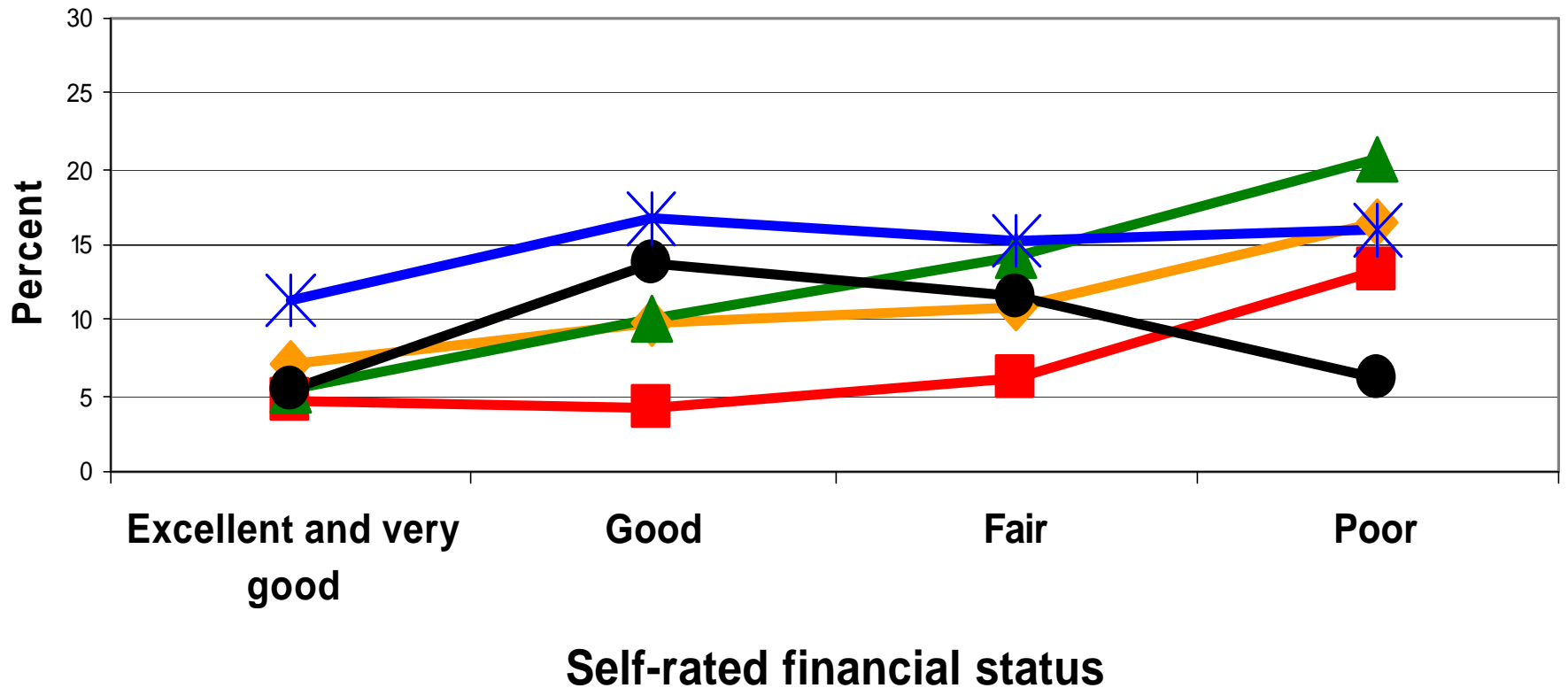
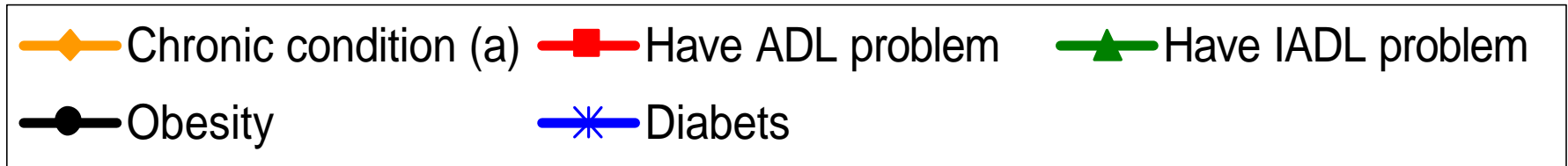
# Self-Rated Financial Status vs. Household Conditions



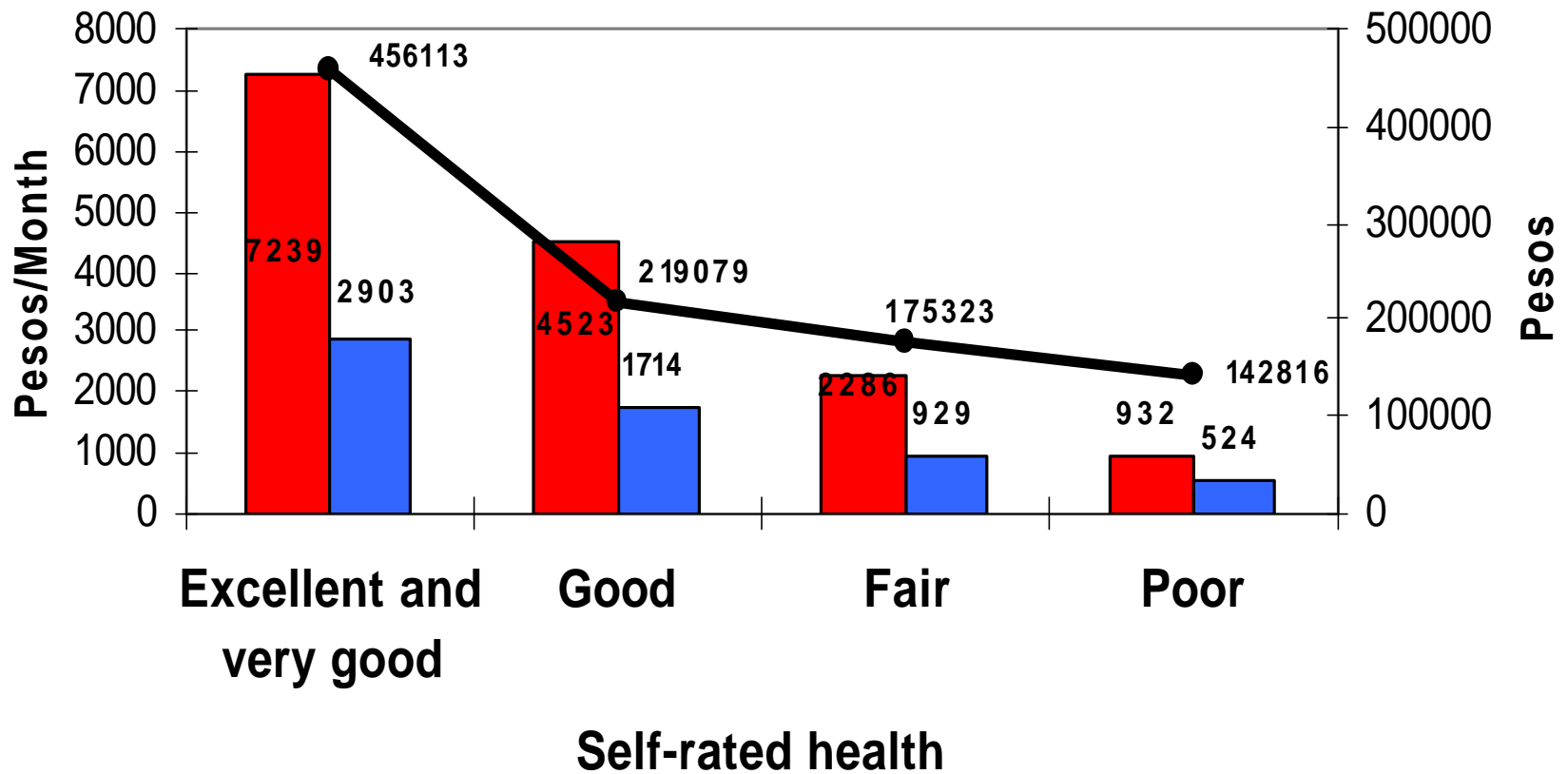
# Self-Rated Financial Status vs. Mean Income, Consumption, and Assets



# Self-Rated Financial Status vs. Health Conditions



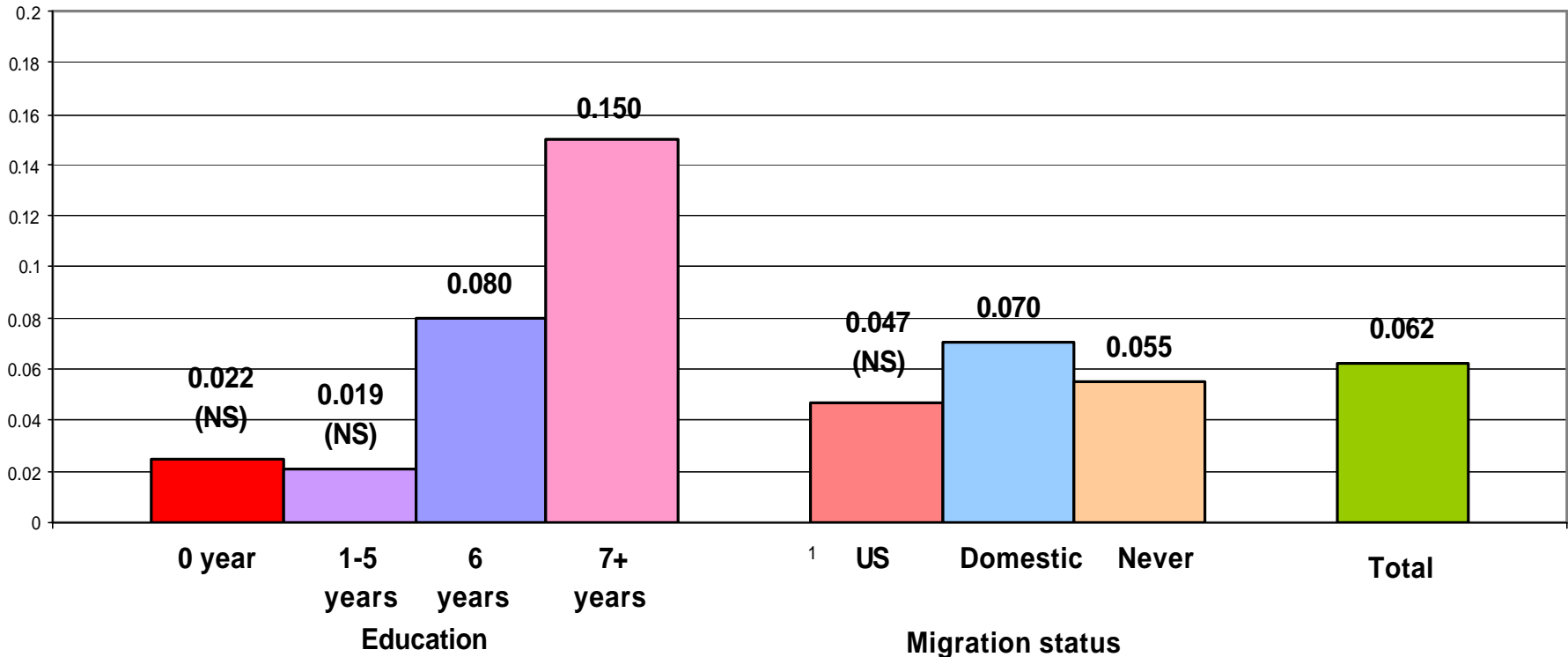
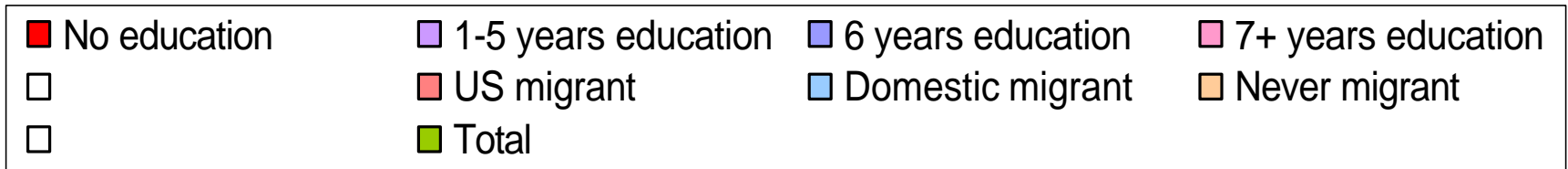
# Self-Rated Health vs. Mean Income, Consumption, and Assets



# Health and Economic Indicators

<b>Self-rated health</b>	<b>Net Worth</b>	<b>Income</b>
	<b>(Ratio to Poor)</b>	
Exc/Very good	3.2 *	16.0 *
Good	1.6 *	5.1 *
Fair	1.3 *	2.6
Poor	1	1

# Marginal Effect of High Wealth on Self-Rated Good+ Health, by Education and Migration Status



# Mean Wealth by Self-Rated Health Across Countries

MHAS HRS CSS SEP



# Conclusions

- “Universal” association between health and wealth is confirmed for Mexicans in middle- and old-age.
- Exceptions for further study: low-education groups, and former U.S. migrants.
- Special cases: obesity and diabetes more prevalent among those with mid-level SES.
- The spread of wealth across the health scale seems higher for Mexicans than for other (developed-country) societies.

# Further Work

- Does the health-wealth *positive* association hold only for those above a certain threshold of education? If so, why?
- Obesity and Diabetes: when, and why is there a *negative* health-wealth association?
  - For example, life style, access to health care.

# Further Work (continued)

- U.S. migration over the life-cycle: a mechanism to break the reproduction of poverty across generations in Mexico?
- Does larger variation in wealth holding health constant follow from inequality in societies?
- Need for analyses of cross-national differences in self-reported health *and* wealth.