CHAPTER 14. SOCIAL DIFFERENCES IN OLDER ADULT MORTALITY IN THE UNITED STATES: QUESTIONS, DATA, METHODS, AND RESULTS

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Introduction

Life expectancy at birth in the United States is among the lowest in the industrialized world (Population Reference Bureau 2000). In addition, variability in the timing of death seems to be much greater than in other wealthy nations (Wilmoth and Horiuchi 1999). One plausible hypothesis is that average longevity in the U.S. is relatively low because of greater inequality of health and mortality across the American population, so that the most disadvantaged groups pull down the average for the society as a whole. Thus, a thorough analysis of social differences in American mortality seems essential for a better understanding of the country’s international ranking in terms of life expectancy.

Beyond the issue of international rankings, inequality in the face of death is an important topic in its own right. How large are the mortality differentials between social groups? What causes these differences, and how do they change over age and time? In this paper, we review the literature on mortality differentials across major social groups in the United States. We do not add new findings to an already vast literature. Rather, we attempt to organize the discussion about this topic and to review key results. Ours is not the first review of this complicated topic, and the interested reader should also consult the excellent articles by Feinstein (1993) and Hummer et al. (1998).

We focused our literature search on books and articles written since 1980, but we also reviewed earlier works if they have been cited frequently during the last two decades. We restricted the age range of our analysis to the older adult years, defined loosely as ages above 30 or 40 years, and gave preference to studies of mortality caused by major degenerative diseases, since those are the major killers in that age range. Therefore, we do not touch the vast literature on social differentials in infant and child mortality. We also do not review studies of differential mortality in young adulthood and associated causes of death, such as accidents, homicide, and maternal mortality. Although such causes contribute to mortality differentials at older ages as well, they play a relatively minor role compared to heart disease, cancer, stroke, and the other “diseases of old age.”
Finally, we chose to examine mortality differentials whose origin seems to be mostly social or environmental, rather than biological. For example, although sex differences in mortality clearly have an important social and environmental component, biology also plays a key role. Therefore, we found it convenient to exclude sex differences in mortality from this review and to concentrate on mortality differentials according to a number of social categories: 1) marital status, 2) education, 3) income, 4) occupation, 5) nativity, or place of birth, 6) race and ethnicity, and 7) place of residence. These groupings represent some of the most important dimensions of social stratification in the United States. They are also associated with significant differences in levels and patterns of mortality. In order to limit the scope of our review, we do not discuss differences in mortality by an individual’s functional status, perceived health, or known risk factors, although studies of such differentials are well represented in the literature (e.g., Rogers 1995).

Questions and Hypotheses

The literature on social differences in mortality addresses a number of key issues. In this section, we review the major questions and hypotheses that give structure to this discussion. Some research has been concerned mainly with documenting and describing the mortality differentials that characterize the American population. Other inquiries have examined the causes of such differentials. Here, we offer an outline of the key topics that emerge from both of these styles of research.

MAGNITUDE OF DIFFERENTIALS

Mortality differentials are not easy to measure, and thus the first priority of research in this area has been to document the differences that exist. The methodological challenges are reviewed below. At the crudest level, the purpose of this careful measurement is merely to document the existence and measure the size of mortality differences among social categories. The description becomes much more interesting when it includes an analysis of changes in mortality differentials over age or time. A general finding has been that mortality differentials tend to diminish with increasing age, at least in relative terms (Kitagawa and Hauser 1973; Sorlie, Backlund, and Keller 1995; Elo and Preston 1996). This pattern raises important theoretical questions about the interrelated effects of selective attrition and biological ageing (see discussion below).

A key question driving descriptive analyses of mortality differentials is whether these differences have grown or diminished over time (Feldman et al. 1989; Pappas et al. 1993; Queen et al. 1994; Preston and Elo 1995; Duleep 1998; Schalick et al. 2000). The accurate measurement of temporal trends in mortality differentials is especially problematic (Duleep 1989). However, there is perhaps no more important question in this discussion than whether social groups are moving farther apart in terms of a life experience so fundamental as mortality, or whether some convergence has been achieved. It seems to be the clear ideological preference of most researchers of this topic that such differentials should diminish over time, and these sentiments echo statements issued by the American federal government (NCHS 1993, cited in Hoyert, Singh, and Rosenberg 1995). In addition, as suggested earlier, trends in mortality differentials over time may influence international rankings of life expectancy at birth.