# Socioeconomic Status and Health: An exploratory analysis for the Germany

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# Motivation

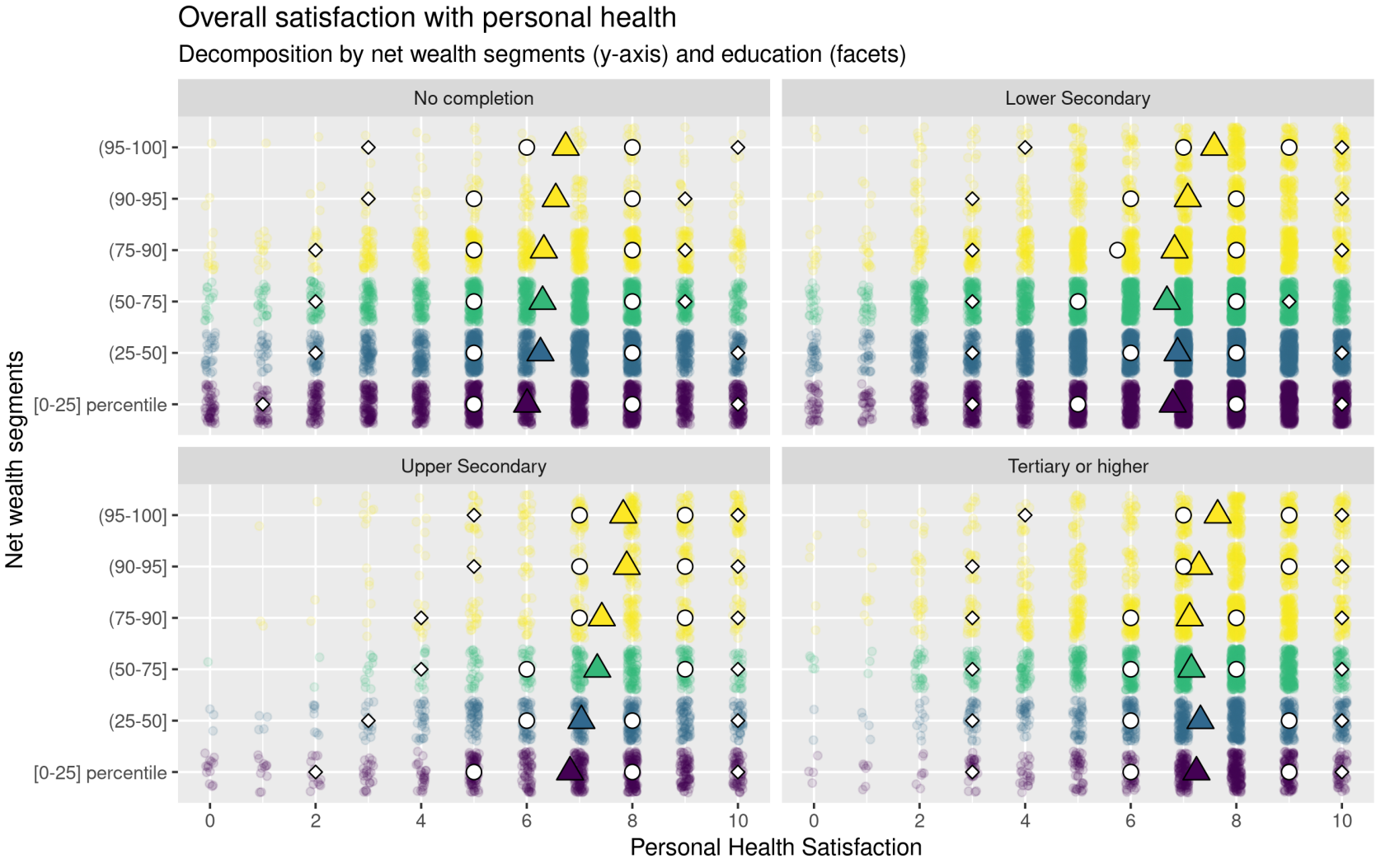
- Individuals with higher Socioeconomic Status (SES) tend to display better health outcomes
- Correlational relationship well established in literature but (causal) mechanisms are hard to investigate due to endogeneity and long-term development (multiple generations)
- SOEP provides rich information on different areas that allows for granular examination
- Deaton (2003) exposes a few hypotheses
  - Education: with access to better education -> better health decisions
  - Irrationality: Too high discount rate -> failure to build capital & protect health
  - Absolute vs relative "income hypothesis" -> Evidence that not only level of wealth but also *ranking*, i.e, inequality, affect health outcomes

# Data

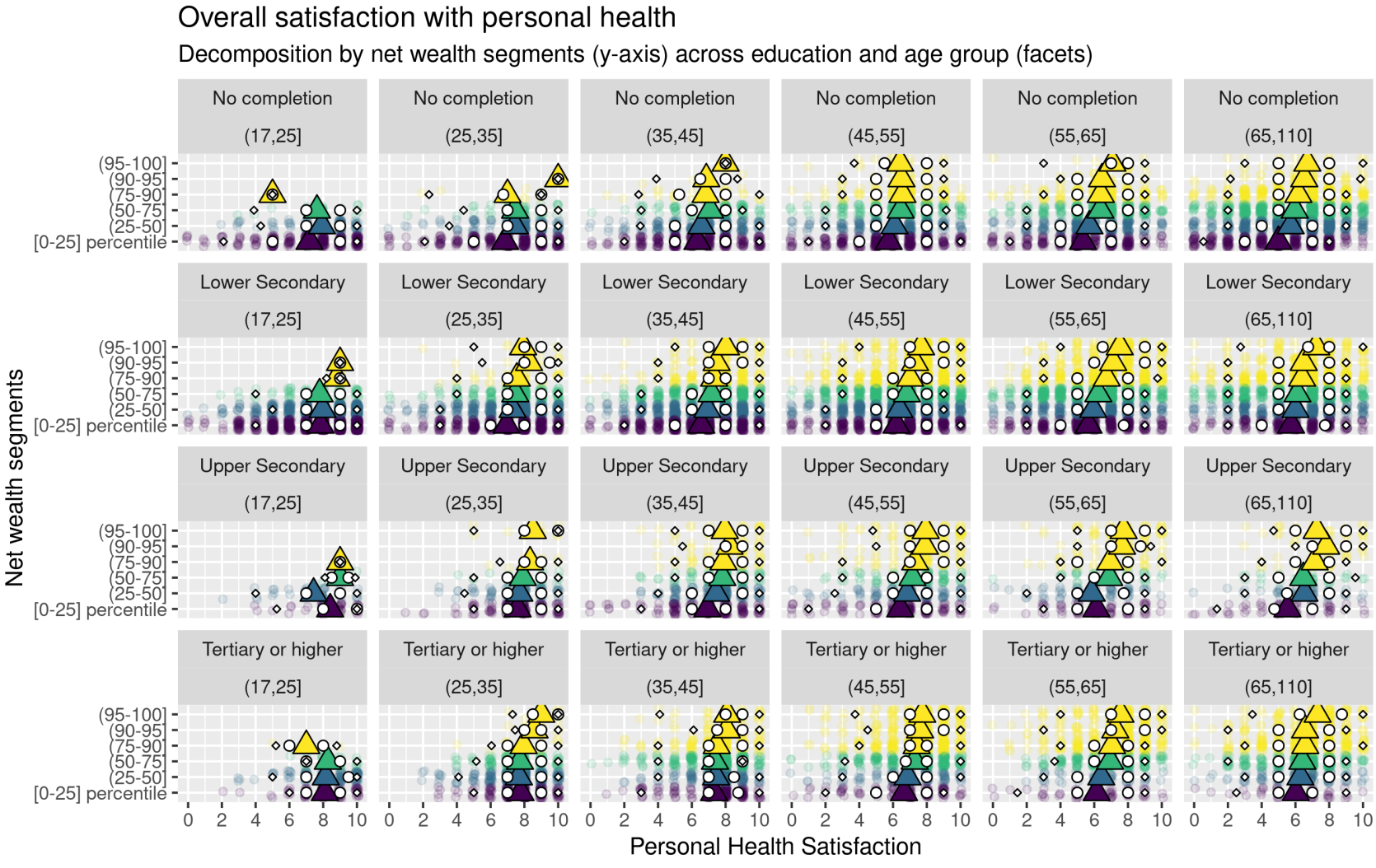
- Cross-sectional SOEPv36 data from 2019 with 24.429 observations, including new sample on top-stakeholders (TS)
- Wealth module from 2017 for other samples
- INKAR data for granular geographic healthcare provision
- Item non-response imputed via Bayesian Networks implemented by Göbler (2019)
- Drawback: Health module (from 2018) with broader coverage of health variables not yet available for SOEP TS sample

# Exploratory Visualisations I

# Exploratory Visualisations II

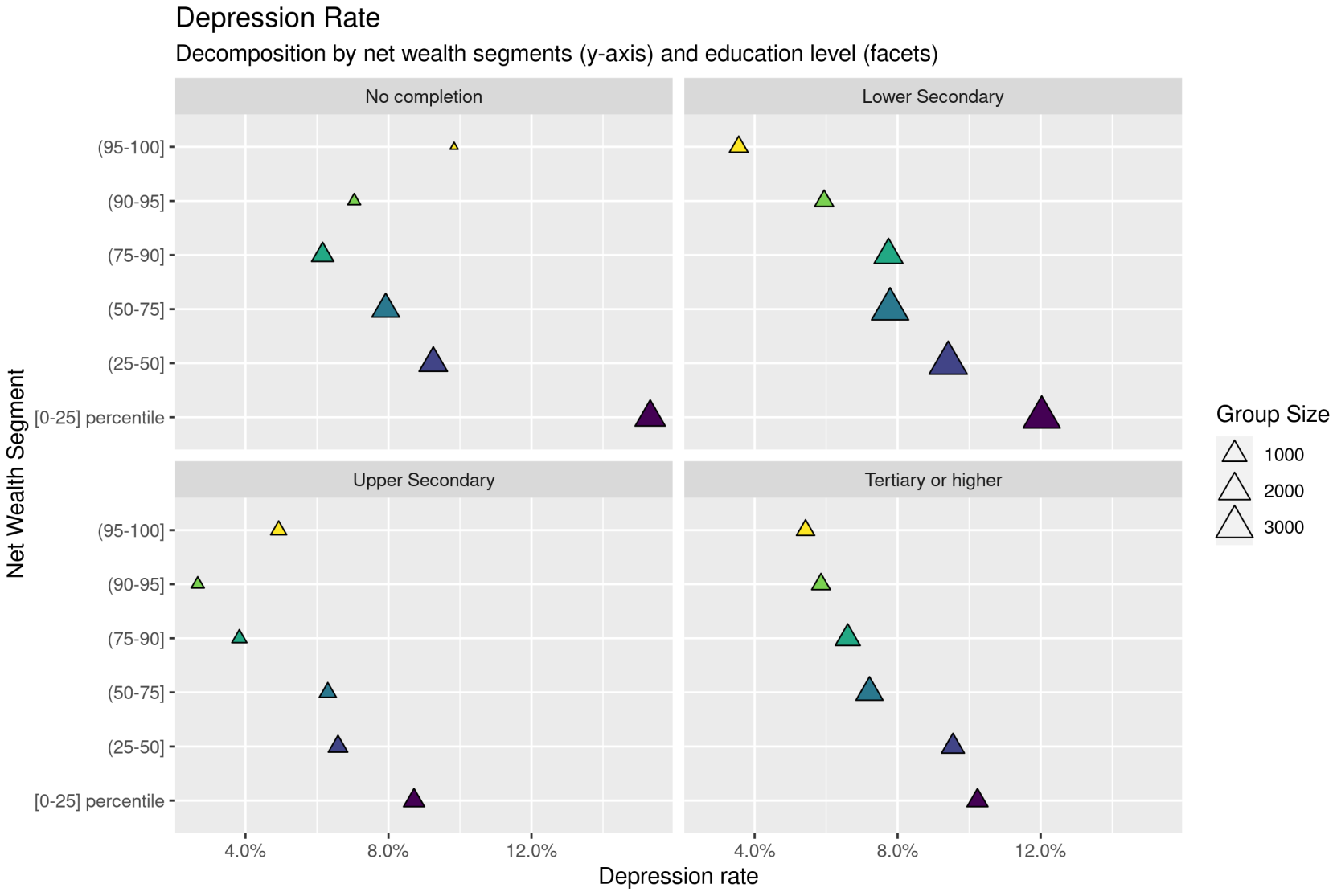


# Exploratory Visualisations III

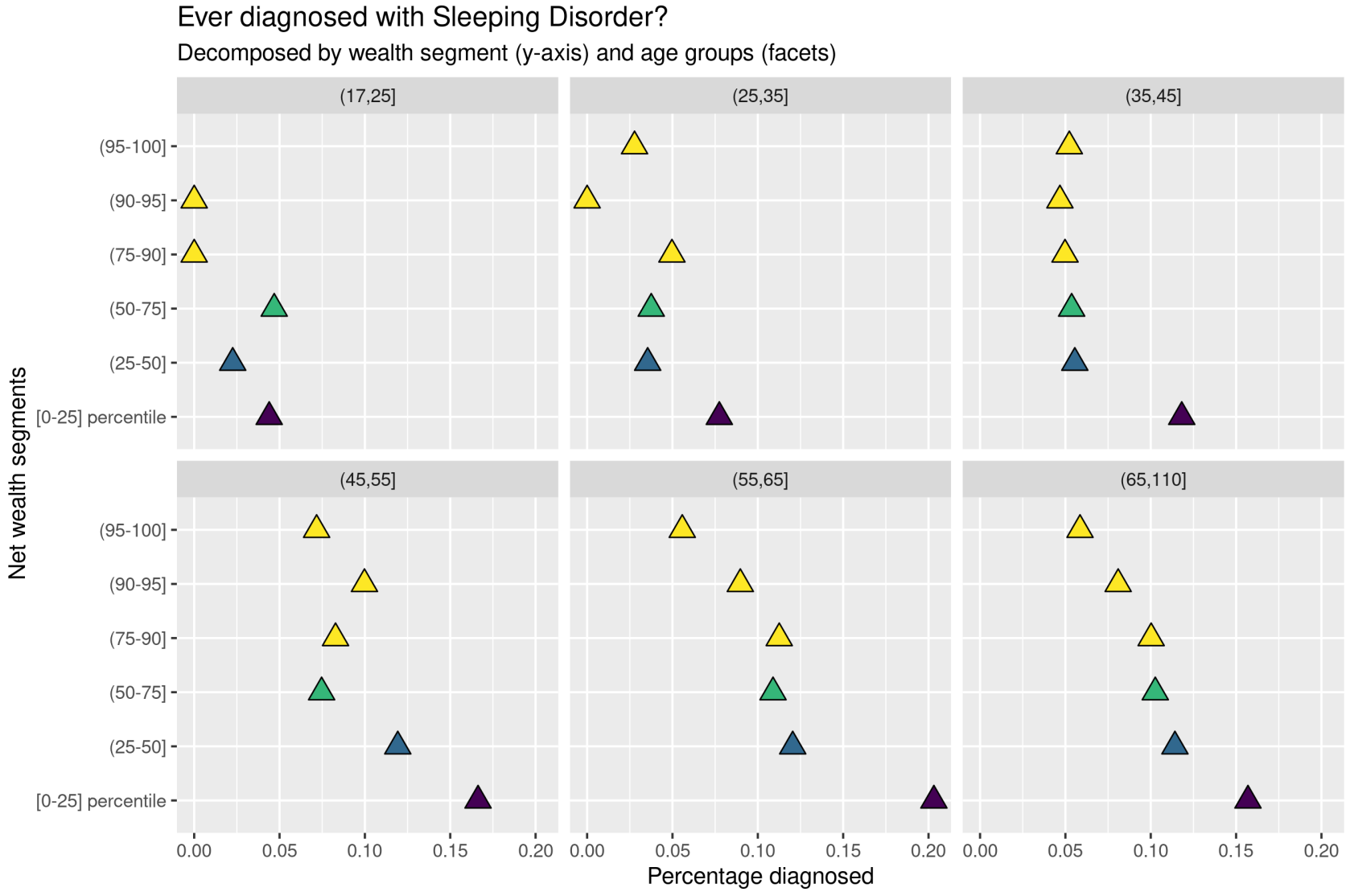


# Exploratory Visualisations IV

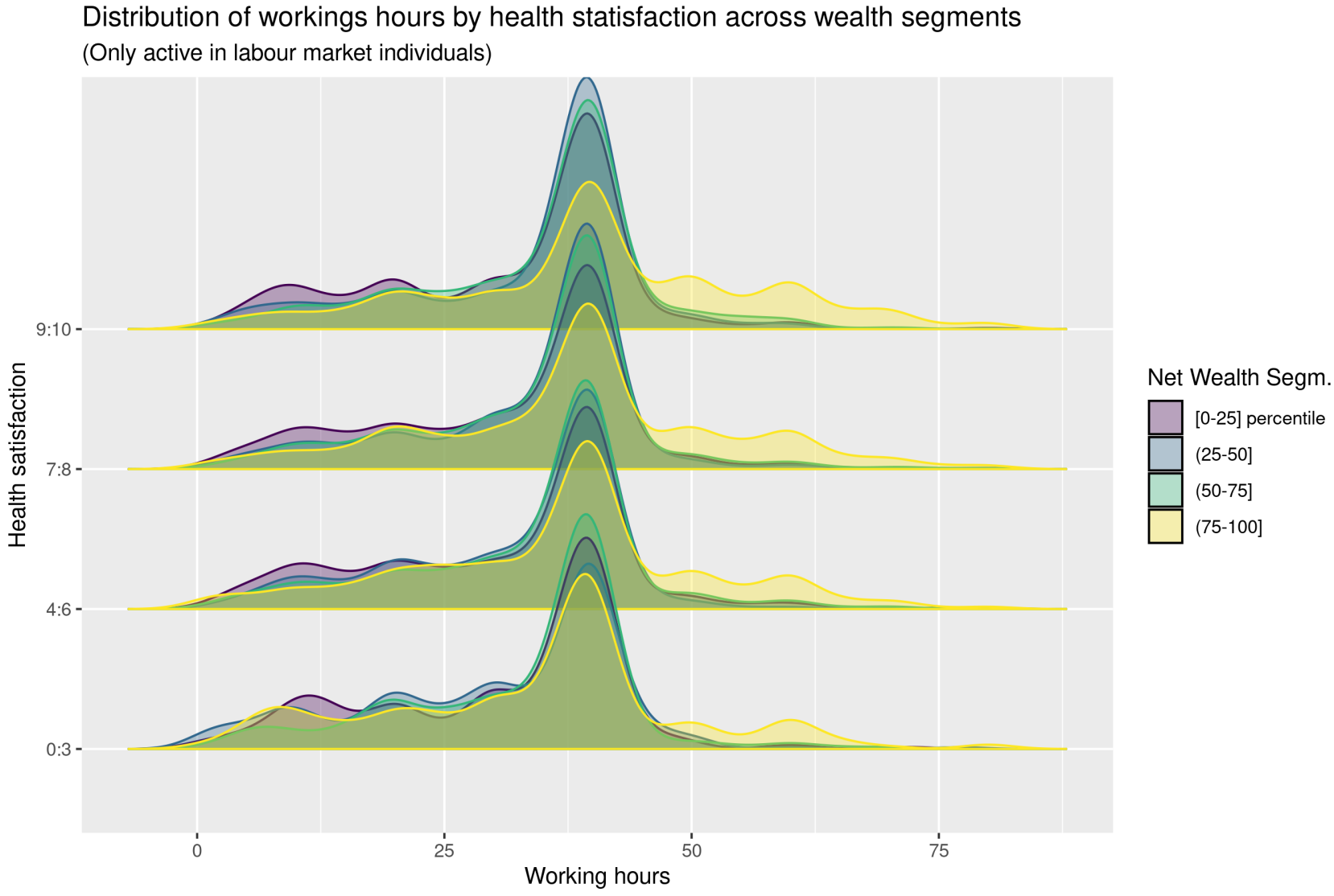
# Exploratory Visualisations V



# Exploratory Visualisations VI



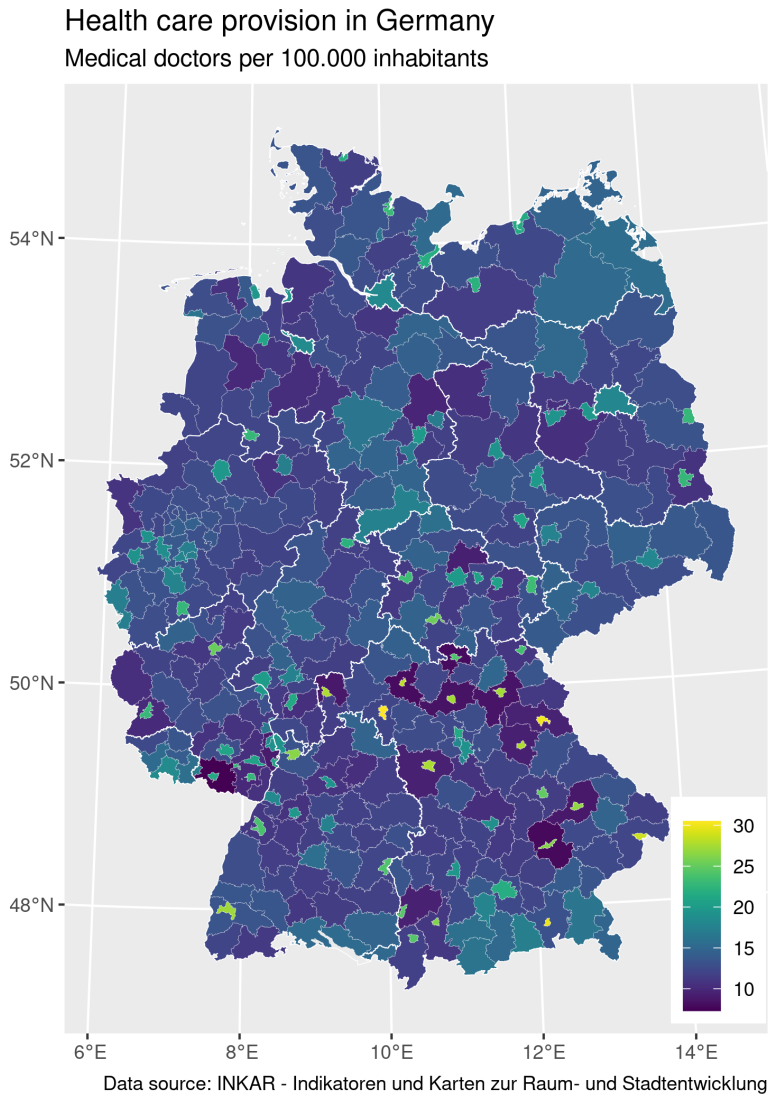
# Exploratory Visualisations VII

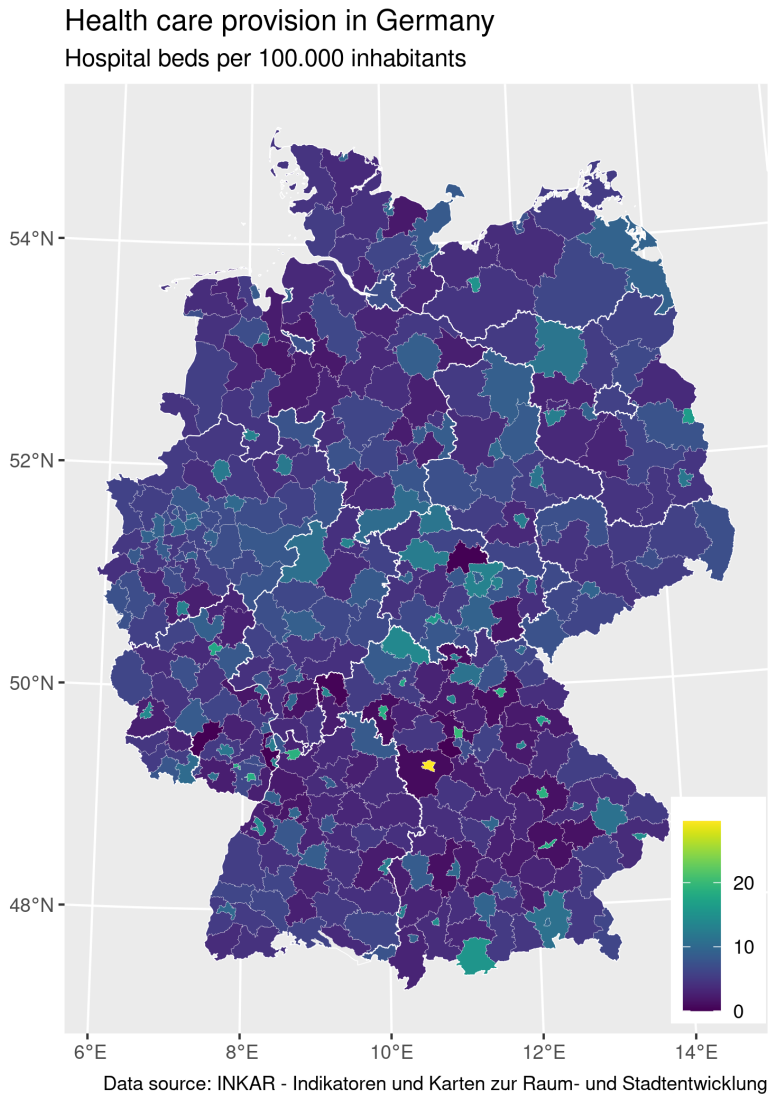


# INKAR Indicators I

- Bundesinstitut für Bau-, Stadt- und Raumforschung im Bundesamt für Bauwesen und Raumordnung (BBSR Bonn) provides through INKAR (Inkdikatoren und Karten zur Raum- und Stadtentwicklung) regional indicators on several variables including healthcare provision.
- Healthcare provision displays regional heterogeneity that might play a role in health outcomes.
- Note: INKAR Data note yet merged with SOEP data

# INKAR Indicators II



# Outlook

## Objectives

- Generate via Principal Components a physical, a mental and (possibly) a *social health* variables to consolidate available health information in fewer dimensions
- Investigate which variables more strongly predict health outcomes in these dimensions
- investigate how predictive are the physical and mental health variables on income and wealth outcomes.

## Challenges

- Find a methodology that properly deal with endogeneity, confounder and collider biases (even if not aiming to infer causality)
- Still need to consolidate and focus on a overall research question.

# References

Deaton, Angus. 2003. “Health, Inequality, and Economic Development .” Journal of Economic Literature, 41 (1): 113-158.

Göbler, K. (2019). A Novel Imputation Algorithm with Bayesian Networks“. In: Mimeo.