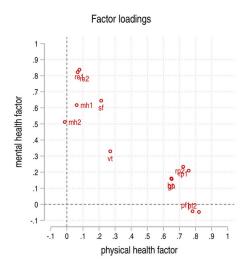
# Wealth and health inequity: Analysis of the wealth-health gradient over the lifecycle in Germany (2002-2020)

### I. Long run, 2002-2020 (bi-yearly)

### a. Mental and physical health scores (factor model)



Rotation: oblique promax(2) Method: principal factors

Figure 1: Scatter plot of the loadings of a oblique-rotated two-actors model. Apart from Vitality (vt) the two clusters are clearly separated.

- → create factor model from questions and generate two variables (physical and mental health score) from factor loading
- → check for differences in wealth build up across mental and physical scores,
- → check dynamic effect by looking at association of variance in health scores with wealth increase or differences in levels by wealth deciles

#### b. Group based trajectory model (GBTM) of wealth on age

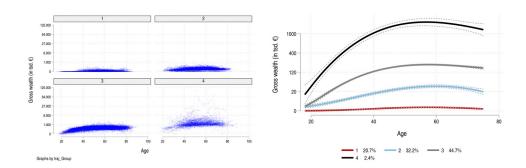


Figure 2: GBTM of gross wealth on age assuming four latent clusters. The percentages refer to each cluster size. Left: individual trajectory. Right: cluster average.

- → Simple censored normal model without time-varying covariates on cubic root of gross wealth.
  - $\rightarrow$  Age between 18 and 75
  - $\rightarrow$  each individual is assigned a probability of belonging to K groups, (k set exogenously, here 4).
- → Modeling: check for health (mental/physical) differences in each group
  - → preliminary results suggest small effect of health variables on group membership, more predictive variables are schooling years and employment.
  - → Might be interesting to look at young individual's parents education or social status and check group differences, specially between group 2 and 3, since they start with same wealth level.

# II. Short run, 2011-2019 (bi-yearly)

- → Where we started from :)
- → graph all "concrete" health variables (diagnosed diseases)
- $\rightarrow$  simple model for differences in levels, not dynamic
- → check validity of SOEP against other statistics in German population

## Variables of interest

#### → Wealth:

- → using Gross wealth due to strong distortion when focusing on lower end of distribution (rich individuals with negative wealth due to large loans.
- → mcs pcs, mental and physical health score generated from factor model from health questionnaire.
  - → Different to built-in variables, perform *oblique rotation* to allow for some correlation between mental and physical health.
    - → Q: recreation of mcs/pcs more closely related to "built-in" SOEP variables, or using more variables that are currently not used in SOEPs version?

#### → Other health variables (short run):

- → Sleep Disturbances, Diabetes, Asthma, Cardiopathy, Cancer, Apoplectic Stroke, Migraine, High Blood Pressure, Depressive Psychosis, Dementia, Joint Disorder, Chronic Back Complaints, Other Illness, No Illness
  - $\rightarrow$  Health outcome diffs on wealth groups (deciles/quartiles)
  - → modeling: logit of health outcome on wealth and covariates.
    - $\,\,\hookrightarrow\,\,$  Hard to model dynamics, since short run
- $\,\hookrightarrow\,\,$  There are also some "health/life satisfaction" variables on 1~10 Likert scale