

# ERF Conference on Education, Health and Worker Productivity (Koç University)

## Does Lower Socio-Economic Status Make You Sick? Two-Period Life Cycle Model and Evidence from Turkey

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## Motivation

- Turkey has undergone substantial changes in health policy and retirement schemes.
- There are huge socio-economic disparities among regions and these socio-economic inequalities are major challenges for health and public policies.
- Improvement in health, rise in life expectancy and increase in old population lead essential changes in life cycle behavior of individuals (consumption patterns, labor supply, health care and retirement decisions).
- Aging populations impose great financial pressure on social security systems.

- Looking at the socio-economic differences only at certain ages would lead to incomplete impression.
- Socioeconomic disparities in health do not follow a simple explanation.

**AIM:** Bring a life-cycle perspective in analyzing the effect of socio-economic differences on health in Turkey.

## Questions

- How does health differ by SES over life cycle?
- Do SES disparities narrow or widen as people age?
- What dimensions of SES matter?
- Does differences in health reflect causation from SES to health?

## Data

- Turkstat Survey of Income and Living Conditions (SILC) 2010.
- Information on housing and economic situation of the household, demographic characteristics, education, health, employment and income.
- 12106 households, 45389 household members.
- After excluding individuals with incomplete data and below 25 we have 25503 individuals of whom 12310 are men and 13193 are women.

# SES Gradient in Health

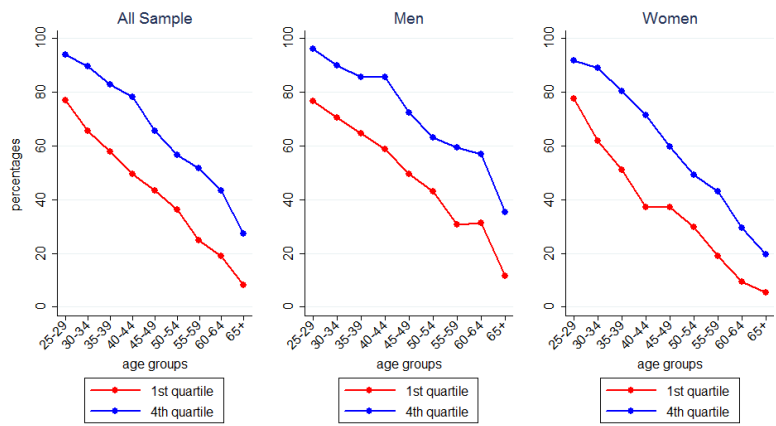
- Life cycle behavior of SES gradient in health in Turkey
- Aim here is not to determine the causality from SES to health, but to form a precursor analysis.
- Three approaches:
  1. Cumulative Advantage Hypothesis
  2. Age-As-Leverer Hypothesis
  3. Compromise Hypothesis

- Three issues:
  1. Cohort Effects
  2. Selective Mortality
  3. Justification Bias

# Self Assessed Health by Income

## Self Assessed Good Health by Age According to Income Quartiles and Gender

Percentage in Good Health

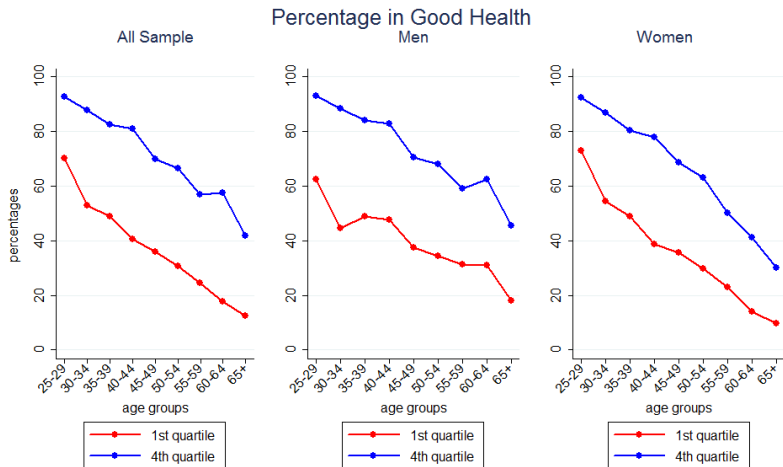


Source: Turkstat SILC 2010 and author's calculations. Percentages are adjusted by sample weights.



# Self Assessed Health by Education

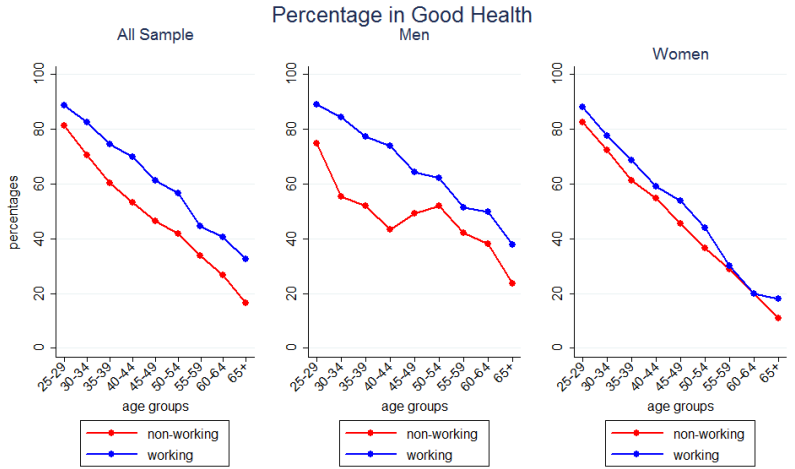
## Self Assessed Good Health by Age According to Education Quartiles and Gender



Source: Turkstat SILC 2010 and author's calculations. Percentages are adjusted by sample weights.

# Self Assessed Health by Work Status

## Self Assessed Good Health by Age According to Work Status and Gender

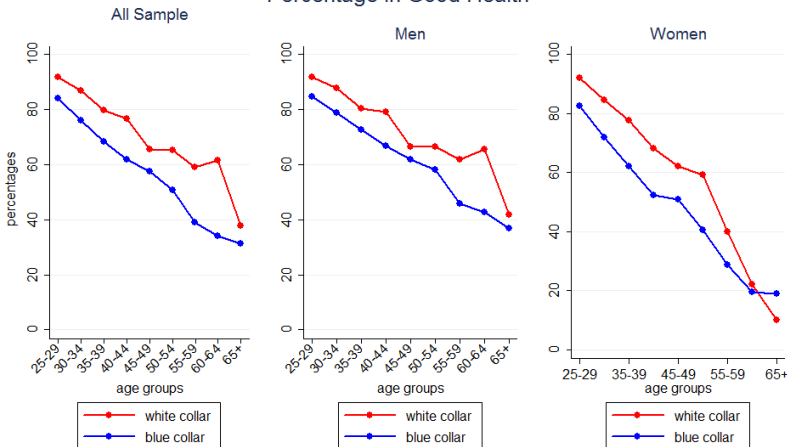


Source: Turkstat SILC 2010 and author's calculations. Percentages are adjusted by sample weights.

# Self Assessed Health by Work Type

## Self Assessed Good Health by Age According to Work Type and Gender

Percentage in Good Health

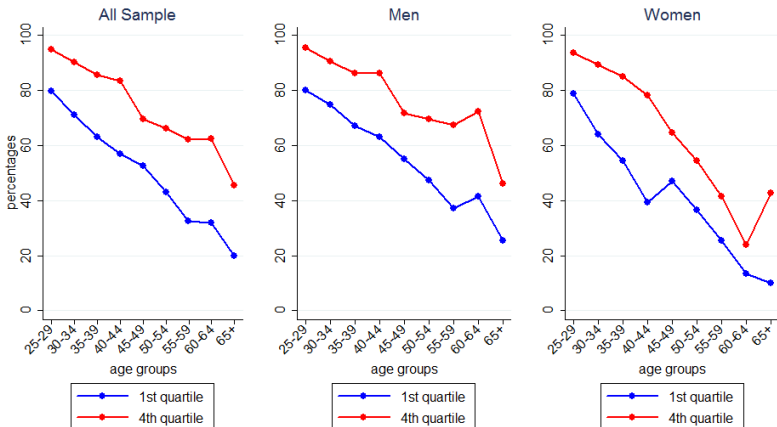


Source: Turkstat SILC 2010 and author's calculations. Percentages are adjusted by sample weights.

# How Much Work Status Matter?

## Self Assessed Good Health of Working Individuals by Age According to Income Quartiles

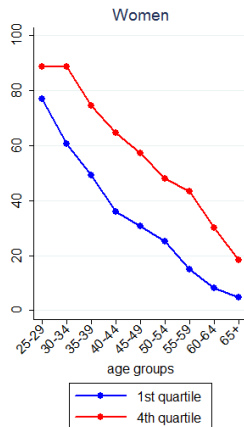
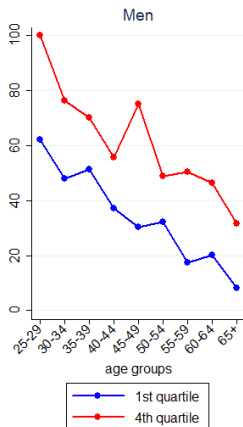
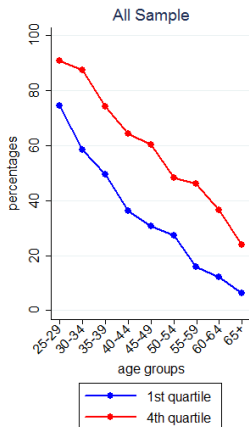
Percentage in Good Health



Source: Turkstat SILC 2010 and author's calculation. Percentages are adjusted by sample weights.

# Self Assessed Good Health of Non-Working Individuals by Age According to Income Quartiles

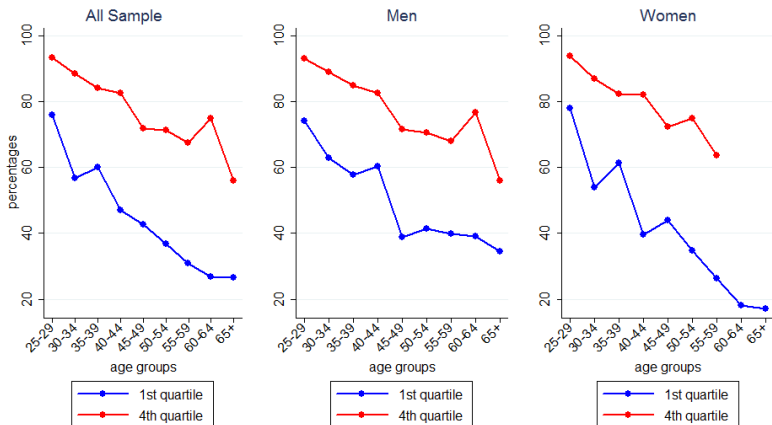
Percentage in Good Health



Source: Turkstat SILC 2010 and author's calculations. Percentages are adjusted by sample weights.

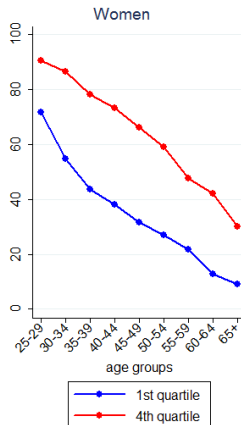
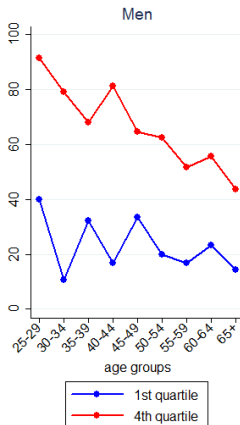
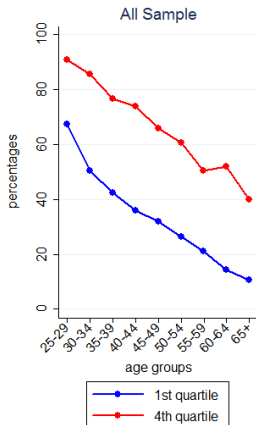
## Self Assessed Good Health of Working Individuals by Age According to Education Quartiles

Percentage in Good Health



# Self Assessed Good Health of Non-Working Individuals by Age According to Education Quartiles

Percentage in Good Health



## Two-Period Life Cycle Model Assumptions

- Risk averter individuals try to maximize their life-time utility by working in the first period and they retire in the second period.
- Utility depends on consumption and health status.
- $u(c, h)$  is concave in all arguments; that is  $u_c > 0$ ,  $u_h > 0$ ,  $u_{cc} < 0$  and  $u_{hh} < 0$ .
- Utility function is time-separable.



- In the first period:
  - Receive education,  $e_1$ .
  - Individuals work and receive an income  $w_1$ .
  - Working hours,  $n_1$ , fixed through the period.
  - Save for retirement,  $s_1$ .
  - Spend for medical services,  $m_1$ .
  - Receive non-labor income,  $y_1$ .
- In the second period:
  - Individuals retire and consume their savings from the first period.
  - Continue to invest their health by making medical expenses,  $m_2$ .
  - Die when health status falls below a certain level.
- Prices of consumption, medical services and education are normalized to 1.

- Utility function:

$$U = \log(c_1) + \log(h_1) + \beta \log(c_2) + \beta \log(h_2)$$

- Intertemporal budget constraint:

$$c_1 + \frac{c_2}{1+r} = w_1 n_1 + y_1 - e_1 - m_1 - \frac{m_2}{1+r}$$

- Health investment function in the first period:

$$h_1 = \bar{h} - \delta \bar{h} + \psi m_1 + \phi w_1 n_1 - \tau n_1 + \sigma y_1 + \epsilon e_1$$

- Health investment function in the second period:

$$h_2 = h_1 - \delta h_1 + \psi m_2$$

- Inter-temporal budget constraint that respects both financial and health identities:

$$c_1 + \frac{c_2}{1+r} = w_1 n_1 + y_1 - e_1 \left( \frac{h_1 - \bar{h} + \delta \bar{h} - \phi w_1 n_1 + \tau n_1 - \sigma y_1 - \epsilon e_1}{\psi} \right) - \left( \frac{h_2 - h_1 + \delta h_1}{\psi(1+r)} \right)$$

- The problem:

$$\max. U = \log(c_1) + \log(h_1) + \beta \log(c_2) + \beta \log(h_2)$$

subject to

$$c_1 + \frac{c_2}{1+r} = w_1 n_1 + y_1 - e_1 \left( \frac{h_1 - \bar{h} + \delta \bar{h} - \phi w_1 n_1 + \tau n_1 - \sigma y_1 - \epsilon e_1}{\psi} \right) - \left( \frac{h_2 - h_1 + \delta h_1}{\psi(1+r)} \right)$$

- Health and consumption functions:

$$[6] \quad h_1 = \frac{(1+r)[w_1 n_1 (\phi + \psi) + y_1 (\psi + \sigma) + e_1 (\epsilon - \psi) - \tau n_1 + \bar{h}(1 - \delta)]}{2(r + \delta)(1 + \beta)}$$

$$[7] \quad h_2 = \frac{\beta(1+r)[w_1 n_1 (\phi + \psi) + y_1 (\psi + \sigma) + e_1 (\epsilon - \psi) - \tau n_1 + \bar{h}(1 - \delta)]}{2(1 + \beta)}$$

$$[8] \quad c_1 = \frac{[w_1 n_1 (\phi + \psi) + y_1 (\psi + \sigma) + e_1 (\epsilon - \psi) - \tau n_1 + \bar{h}(1 - \delta)]}{2(1 + \beta)\psi}$$

$$[9] \quad c_2 = \frac{\beta(1+r)[w_1 n_1 (\phi + \psi) + y_1 (\psi + \sigma) + e_1 (\epsilon - \psi) - \tau n_1 + \bar{h}(1 - \delta)]}{2(1 + \beta)\psi}$$

# Responses of Consumption and Health to Parameter Changes

	$h_1$	$h_2$
<i>increase in parameter</i>		
$r$	falls	rises
$\phi$	rises	rises
$\psi$	ambiguous	ambiguous
$\delta$	falls	falls
$\beta$	falls	rises
$\tau$	falls	falls
$\epsilon$	rises	rises
$\sigma$	rises	rises

# Comparative Statics

## Health Functions

$$\bullet \frac{\partial h_1}{\partial w_1} = \frac{(1+r)(\phi+\psi)n_1}{2(r+\delta)(1+\beta)} > 0$$

$$\bullet \frac{\partial h_2}{\partial w_1} = \frac{\beta(1+r)[n_1(\psi+\phi)]}{2(1+\beta)} > 0$$

$$\bullet \frac{\partial h_1}{\partial n_1} = \frac{(1+r)[w_1(\phi+\psi)-\tau]}{2(r+\delta)(1+\beta)}$$

ambiguous

$$\bullet \frac{\partial h_2}{\partial n_1} = \frac{\beta(1+r)[w_1(\phi+\psi)-\tau]}{2(1+\beta)}$$

ambiguous

$$\bullet \frac{\partial h_1}{\partial h} = \frac{(1+r)(1-\delta)}{2(r+\delta)(1+\beta)} > 0$$

$$\bullet \frac{\partial h_2}{\partial h} = \frac{(1+r)(1-\delta)\beta}{2(1+\beta)} > 0$$

$$\bullet \frac{\partial h_1}{\partial e_1} = \frac{(1+r)(\epsilon-\psi)}{2(r+\delta)(1+\beta)} \text{ ambiguous}$$

$$\bullet \frac{\partial h_2}{\partial e_1} = \frac{\beta(1+r)(\epsilon-\psi)}{2(1+\beta)} \text{ ambiguous}$$

$$\bullet \frac{\partial h_1}{\partial y_1} = \frac{(1+r)(\psi+\sigma)}{2(r+\delta)(1+\beta)} > 0$$

$$\bullet \frac{\partial h_2}{\partial y_1} = \frac{\beta(1+r)(\psi+\sigma)}{2(1+\beta)} > 0$$

## Estimated Equation

$$H_i = f(X_i' \beta_1 + SES_i' \beta_2) + \epsilon_i$$

where  $H_i = 1$  if good health

$H_i = 0$  if bad health

## Marginal Effects-All Sample (Work Hours as Labor Status Indicator)

<i>Dep. Var:SRH</i>	LPM	Probit	IV-LPM	IV-Probit
age 35-44	-0.1160*** (0.0094)	-0.1302*** (0.0097)	-0.1156*** (0.0084)	-0.1312*** (0.0088)
age 45-54	-0.2327*** (0.0107)	-0.2323*** (0.0102)	-0.2353*** (0.0124)	-0.2382*** (0.0144)
age 55-64	-0.3601*** (0.0151)	-0.3331*** (0.0137)	-0.3700*** (0.0190)	-0.3489*** (0.0199)
age 65+	-0.4407*** (0.0223)	-0.4012*** (0.0207)	-0.4922*** (0.0375)	-0.4655*** (0.0411)
male	0.0766*** (0.0092)	0.0719*** (0.0090)	0.1385*** (0.0308)	0.1466*** (0.0388)
urban	-0.0027 (0.0090)	-0.0060 (0.0089)	0.0208*** (0.0088)	0.0178*** (0.0090)
living quartiles	-0.0003 (0.0003)	-0.0002 (0.0003)	0.0009*** (0.0002)	0.0010*** (0.0002)
2nd education quartile	0.0856*** (0.0132)	0.0565*** (0.0121)	0.1330*** (0.0149)	0.1061*** (0.0147)
3rd education quartile	0.1377*** (0.0183)	0.1058*** (0.0177)	0.2103*** (0.0205)	0.1826*** (0.0224)
4th education quartile	0.1536*** (0.0165)	0.1312*** (0.0157)	0.2024*** (0.0176)	0.1767*** (0.0165)
blue collar	-0.0134 (0.0095)	-0.0137 (0.0093)	-0.0599*** (0.0139)	-0.0643*** (0.0160)
income	0.0836*** (0.0068)	0.0836*** (0.0067)	0.0838*** (0.0072)	0.0840*** (0.0069)
work hours	0.0006** (0.0002)	0.0005** (0.0002)	-0.0064*** (0.0025)	-0.0076*** (0.0032)
Observations	12666	12666	12666	12666
R-squared	0.1629	0.1377	0.1626	0.1376

Standard errors in parentheses

\*\*\*p&lt;0.01, \*\*p&lt;0.005, p&lt;0.1



## Marginal Effects-All Sample (Employment as Labor Status Indicator)

<i>Dep. Var:SRH</i>	LPM	Probit	IV-LPM	IV-Probit
age 35-44	-0.1162*** (0.0094)	-0.1302*** (0.0097)	-0.1087*** (0.0094)	-0.1228*** (0.0096)
age 45-54	-0.2324*** (0.0107)	-0.2318*** (0.0102)	-0.2162*** (0.0100)	-0.2155*** (0.0119)
age 55-64	-0.3583*** (0.0150)	-0.3311*** (0.0137)	-0.3361*** (0.0149)	-0.3084*** (0.0122)
age 65+	-0.4315*** (0.0223)	-0.3932*** (0.0206)	-0.4153*** (0.0215)	-0.3748*** (0.0195)
male	0.0689*** (0.0091)	0.0644*** (0.0090)	0.0666*** (0.0092)	0.0609*** (0.0081)
urban	-0.0024 (0.0090)	-0.0055 (0.0089)	0.0162 (0.0099)	-0.0127 (0.0087)
living quartiles	-0.0003 (0.0003)	-0.0002 (0.0003)	0.0008*** (0.0002)	0.0009*** (0.0002)
2nd education quartile	0.0811*** (0.0132)	0.0531*** (0.0121)	0.1158*** (0.0135)	0.0864*** (0.0122)
3rd education quartile	0.1323*** (0.0183)	0.1021*** (0.0177)	0.1830*** (0.0174)	0.1510*** (0.0190)
4th education quartile	0.1446*** (0.0165)	0.1239*** (0.0157)	0.2220*** (0.0169)	0.1996*** (0.0138)
blue collar	-0.0133 (0.0094)	-0.0136 (0.0093)	-0.0328*** (0.0094)	-0.0324*** (0.0086)
income	0.0807*** (0.0068)	0.0809*** (0.0067)	0.0811*** (0.0065)	0.0813*** (0.0067)
employed	0.0760*** (0.0124)	0.0633*** (0.0116)	0.0743*** (0.0152)	0.0624*** (0.0120)
Observations	12666	12666	12666	12666
R-squared	0.1649	0.1393	0.1646	0.1391

Standard errors in parentheses

\*\*\*p&lt;0.01, \*\*p&lt;0.005, p&lt;0.1

### Comparison Between Intensive and Extensive Margins of Labor

	LPM	Probit	IV-LPM	IV-Probit
Effect of 1 hour increase in work hours (Intensive margin of labor)	0.0006**	0.0005**	-0.0064***	-0.0076***
Effect of 2 percent increase in employment (Extensive margin of labor)	0.0015***	0.0012***	0.0015***	0.0012***

\*\*\* $p < 0.01$ , \*\* $p < 0.005$ ,  $p < 0.1$

## Conclusion

- Income, education and work gradients in health exist.
- Cumulative advantage hypothesis operates until middle ages, then age-as-leverer hypothesis kicks in.
- Women's health status is worse than men and pace of deterioration is higher.
- Age is the main determinant of health satisfaction followed by education and income
- Reverse causality in income is not a major issue.
- Extensive margin of labor is the main driving force when endogeneity correction is not applied.
- Under endogeneity correction extensive margin of labor leads an increase in the probability of good health, while intensive margin of labor causes the probability of good health to fall.