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Poverty Research and Policy Podcast

February 2017 podcast episode transcript

Featuring Julien Teitler, Associate Professor of Sociology, Columbia University
Hosted by Dave Chancellor

How Do Resources Matter for Health and Quality of Life?

Chancellor Hello. You're listening to the Poverty Research and Policy podcast from the Institute for Research on Poverty at the University of Wisconsin-Madison. I'm Dave Chancellor.

This is our February 2017 podcast and we're going to be talking with Julien Teitler of Columbia University about how resources matter for health across the lifespan. Teitler visited IRP in the fall of 2016 and gave a seminar talk about a study he did with Melissa Martinson, Rayven Plaza, and Nancy Reichman called "Income Disparities in Cardiovascular Health Across the Lifespan." He says that their work can give us some insights about not just if resources, particularly money, matter for health, but how and when they make a difference.

Teitler We know a lot of things in terms of the extent to which resources -- whether it's educational resources, whether it's income, whether it's social status -- the extent to which those kinds of resources are associated with health at all ages with mortality or life expectancy. We know that that is the case in human populations as well as in terms of at least status hierarchies in animal populations as well, particularly among primates. What we don't know is how resources are creating disparities or differences in health. We know some things about that but we know much less about how resources translate into health and the extent to which there are these differences.

Chancellor When it comes to money, Professor Teitler and his colleagues look at this question not just in terms of the extent to which it affects a person's health, but also the extent to which money affects how an illness or health condition affects quality of life.

Teitler And they're two separate questions because one's health could be affected without one's quality of life being that affected and one's health can be affected and that can have huge ramifications on one's life. And the resources, the money, might prevent one from getting sick in the first place and then it might also help us adapt to illnesses or diseases given that we've become sick. And so, this project is really looking at both of those stages -- how much does money matter for getting sick and how much does it matter for feeling the effects of that illness.

Chancellor Teitler says, for this project, he and his colleagues really began to look systematically at disparities in health by age over the life course in the United States and when those disparities emerge.
So, getting back to this question of how employers assess credentials from different types of open door institutions, Deterding says there are a couple of economic theories that could give us a hint about what to expect.

Teitler So, the first step was to identify the best datasets that were available for that. And there are a lot of good datasets that have information about people's health. What we wanted for this particular project was to

Teitler, continued — identify, to find data that were very good for objective indicators of health conditions rather than subjective reports of health and reports of diagnosed conditions or self-reports of how people felt in overall health. And there are fewer datasets that have good biomarker kinds of lab measures on health. The NHANES which we use for this project is one those. It has very good objective indicators of health. It has a very large sample size that allows us to look at relatively small segments of the population. We can look at populations of a certain age and of a certain level of income or poverty level. And it's pretty much the only data set that has sufficient sample size and the data elements that we needed to look at the emergence of conditions.

Chancellor — NHANES stands for the National Health and Nutrition Examination Survey, is administered by the Centers for Disease Control and Prevention. Using the NHANES, they looked at disparities among three key dimensions: first by disparities in the emergence of a health condition compared to quality of life after a condition emerged, by sex -- so they look at disparities separately for men and women, and finally, by age.

Teitler — There are a number of findings that come out of this project so far. One of them is that disparities in the emergence of conditions, this is income disparities in the emergence of health conditions, cardiovascular health conditions, are much, much smaller than we had anticipated. They are small for women. They are very small to nonexistent for men. There are substantial disparities, very large disparities, in the subjective indicators of health, the self-reports of health or activity limiting conditions or work limiting conditions. So, I'm not saying that disparities in health aren't there. I'm saying that they're much, much larger after someone becomes ill than they are before.

Chancellor — Teitler says one of the their more striking findings was that there was such or large sex, or gender, effect. For men, income doesn't seem to translate into any benefits in terms of the emergence of a condition. For women, as he said, the income disparities in the emergence of a health condition were relatively small but much larger than those for men. And, for some cardiovascular conditions, income really does produce large differences in the emergence of a condition among women.

Teitler — The final finding is that the patterning over the age range is very different from what we expected. We came in expecting, in part because of a lot the theory in the health disparities literature, the theory that disparities would increase over age. That is, the older the segments of the population when looked at, the larger the disparities would be. And that's really only the case for one condition that we looked at which was diabetes and primarily for women. For most of the other cardiovascular health indicators, the disparities that do exist, that is primarily among women, are moderate to large in some cases, but they emerge as soon as the condition emerges in the overall population and so they remain relatively constant in magnitude throughout the life course.

Chancellor — Even though for the emergence of health conditions, there weren't significant disparities by age, Teitler says that for the subjective indicators of health or what we can think of as quality of life issues, disparities became far more pronounced as people got older.

Teitler — If you look, for example, at self-rated health, and you look at the percent of men or women that report their health as being fair or poor as opposed to good or excellent, the differences by income are astronomical, particularly at older ages. 10-20% of the advantaged groups report feeling in fair to poor health in their 50s or 60s, compared to close to half the population at poverty or at or below 200 of the poverty level. So, really striking, and very, very large differences in the extent to which people feel ill and we see similar patterns for one's ability to work or function in daily life activities so it's sobering to look at the extent to which these disparities still exist.

Chancellor — I asked Teitler why it might be that the small disparities in the emergence of conditions end up being such large disparities in quality of life and ability to work. He says their data doesn't really allow them to test this directly, but that they have some ideas.

Teitler One of the hypotheses is that when one does have a condition, a health condition, our ability to cope with that condition probably depends on at least in part on the flexibility one has to adapt to that condition at one's job at one's work or in one's home. The more flexible those conditions are, those jobs are, the greater the ability to adapt our life and our environments to accommodate those conditions, the less consequential those conditions would be for our wellbeing. Our speculation is that individuals in lower paying jobs have much less flexibility or ability to adapt their work to their condition than individuals that are in higher paying jobs.

Chancellor Teitler and his colleagues find that it's in the diagnosis and treatment stages that these socioeconomic disparities in health are the largest -- and he says there may be a silver lining here.

Teitler I think it's possible that it's good news that disparities are much larger in the diagnosis and treatment stages because I think they're much more amenable to being changed through programs or interventions. The changing disparities or reducing disparities through the emergence of conditions, particularly given the wide range of potential determinants of the those conditions. That would be much, much more difficult. If our goal is to reduce disparities in health, I think it's a lot easier working on downstream factors than on upstream factors.

Chancellor Thanks to Julien Teitler for taking the time to share this work with us. You can read the paper in the December 2016 Volume of the journal SSM-Population Health.

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