

WHY HAVE EDUCATIONAL DISPARITIES IN MORTALITY INCREASED AMONG WHITE WOMEN IN THE UNITED STATES?

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RESEARCH PROBLEM & DATA

Since the mid-1980s differences in mortality risk across education levels have widened considerably among non-Hispanic white women. For example, while mortality has *declined* among college-educated women, it has remained fairly *stable* among women with a high school credential or some college education and *increased* among women without a high school credential. The reasons for the growing mortality gap are poorly understood. The authors investigated whether the widening gap reflected a growing importance of educational attainment for economic well-being (e.g., employment, income), psychosocial resources (e.g., marriage, mental health), or health behaviors, such as avoiding tobacco and maintaining a healthy body weight.

The authors pooled data from the 1997–2004 National Health Interview Surveys on non-Hispanic white women 45 to 84 years of age (total $N = 46,744$). The survey followed the women through 2006 to monitor their vital status. The authors first estimated the mortality gap between women without a high school credential (“low educated”) and women with at least a high school credential (“high educated”) during 1997–2001 and during 2002–2006. They then estimated how much of the growth in the mortality gap between the two time periods could be explained by economic well-being, psychosocial resources, and health behaviors.

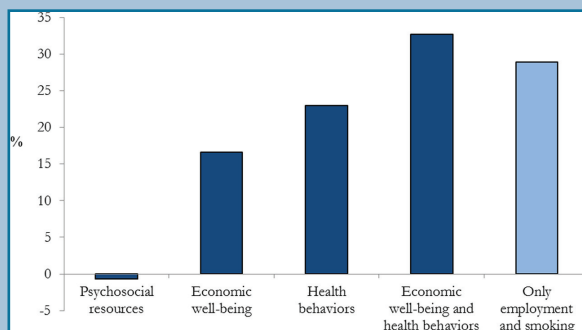
KEY FINDINGS

- The odds of dying among low-educated white women were 37% greater than those among their high-educated peers in 1997–2001 and 66% greater in 2002–2006.
- Growing disparities in economic well-being and health behaviors across education levels played an important role in the widening mortality gap; the widening was no longer statistically significant once economics and behaviors were accounted for. Psychosocial factors contributed little to the widening gap.
- Among eight components of economic well-being and health behaviors tested in the study, just two factors—employment and smoking—were by far the most important contributors to the widening gap.

POLICY IMPLICATIONS

Disparities in longevity in the United States have grown during the past several decades, despite major government and policy initiatives. This study suggests that a promising strategy for reversing the trend among women should focus on employment, specifically on implementing work-family policies—for example, paid parental leave, subsidized child care—to mitigate the obstacles that women disproportionately face in combining employment and child rearing. The obstacles are particularly high for low-educated women, who tend to have low-paying jobs with inflexible schedules. Continued policy efforts to reduce smoking may also stem the growing longevity gap. However, these efforts must go beyond conventional tobacco controls oriented at changing individual behavior and instead address the adverse conditions faced by low-educated women that shape smoking behavior.

Percentage Contribution of Each Mechanism to the Growth in the Mortality Gap between Low-Educated and High-Educated White Women from 1997–2001 to 2002–2006



Note: Psychosocial resources included marital status, spouse's education level, and psychological distress; economic well-being included employment status, occupation, poverty status, home ownership, and private health insurance; health behaviors included smoking, alcohol consumption, and obesity.

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