## Inequality in Life Expectancies Across Europe

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2nd Asian Workshop on Econometrics and Health Economics Otaru, December 2019 Project SHARE-CZ+ supported by the Ministry of Education, Youth, and Sports of the Czech Republic (CZ.02.1.01/0.0/0.0/16\_013/0001740)



#### Introduction

- Literature on economic inequality across countries and over time Katz and Murphy (1992), Krueger et al. (2010), Piketty (2014)
- Less is known about inequality in mortality and health
- Lack of harmonized cross-country data with socio-economic information Mackenbach et al. (2008), Avendano et al. (2011), Maki et al. (2013), Majer et al. (2010)

Importance

- A major driver of welfare
- Central for the redistributive role of public policies
- Ageing population



# Inequality in Mortality and Health

Harmonized household panel data 2004—2015

- SHARE (Survey of Health, Ageing, and Retirement in Europe)
- HRS (Health and Retirement Study)
- ELSA (English Longitudinal Study of Ageing)
- Gender
- Age 50-90
- Health: conditions limiting the activities of daily living (ADLs)
- Education: College (ISCED 1997 5-6) vs. non-college



- Estimate multi-state life tables (at age 50)
- Compute healthy (HLE), unhealthy (ULE), total life expectancy (LE)
- Interactions between gender and socio-economic status
- Education gradient in longevity (high low education)
- Gender gap in the gradient (females males)
- Decomposition



#### **Data Validation**

Compare survival functions for each country and gender

Survey data and population life tables

• Test:  $|LE_{50}^{survey} - LE_{50}^{census}| < 2.5$  years



Weak evidence of attrition bias



# **Regions and Countries**

	Western Europe	Austria, France			
	Eastern Europe	Czechia, Estonia, Poland, Slovenia			
SHARE	Scandinavia	Denmark, Sweden			
	Mediterranean	Italy, Spain			
ELSA		England			
HRS		United States			



#### **Statistical Model**

- Measurement at survey wave w
- Respondent age a<sub>w</sub>
- Three health states  $h_w$ : 0 (dead), 1 (unhealthy), 2 (healthy)
- Compute the probability  $P(h_{w+1}|a_w, h_w, a_{w+1})$



# Statistical Model: Two Key Problems

- Irregular intervals between waves
- Health status only observed at interview dates (if at all)



## Statistical Model: Transitions

- Model the transitions from state *h* ∈ {1,2} to state *h*' ∈ {0,1,2} as independent competing risks in continuous time
- Assumptions:
  - i) The underlying hazard rates  $\lambda_{h,h'}(a)$  constant between birthdays
  - ii) At most one transition between any 2 birthdays (or between an interview and the nearest birthdays)
- The likelihood function for  $P(h_{w+1}|a_w, h_w, a_{w+1})$ , combine
  - i) Probability factors for complete 1-year intervals between birthdays
  - ii) Probability factors for the 2 incomplete intervals between  $a_w$  and  $int(a_w) + 1$ , and between  $int(a_w + 1)$  and  $a_{w+1}$



# Statistical Model: i) Complete 1-year Intervals

- ▶ Transition probabilities  $p_{hh'}$  from each state  $h \in \{1,2\} \rightarrow h' \in \{0,1,2\}$
- Multinomial logit

$$egin{split} p_{ii}(a) &= rac{1}{1+e^{f_{ik}(a)}+e^{f_{i0}(a)}} \ p_{ik}(a) &= rac{e^{f_{ik}(a)}}{1+e^{f_{ik}(a)}+e^{f_{i0}(a)}} \ p_{i0}(a) &= rac{e^{f_{i0}(a)}}{1+e^{f_{ik}(a)}+e^{f_{i0}(a)}} \end{split}$$

where  $f_{ij}(a) = \beta_{ij}^0 + \beta_{ij}^1 a$ 

SHARE SHARE

4 parameters per logit: Estimate 8 parameters per sample

## Statistical Model: ii) Incomplete Intervals

- Multinomial probabilities: pdf's of duration under competing risks (probability that a transition occurs in an interval of 1 year or less)
- The underlying hazard rates  $\lambda_{hh'}(a)$  can be recovered from

$$egin{aligned} 1 - p_{ik}(a) - p_{i0}(a) &= e^{-(\lambda_{ik}(a) + \lambda_{i0}(a))} \ p_{ik}(a) &= rac{\lambda_{ik}(a)}{\lambda_{ik}(a) + \lambda_{i0}(a)} \left[ 1 - e^{-(\lambda_{ik}(a) + \lambda_{i0}(a))} 
ight] \end{aligned}$$

The probabilities for a fraction d of a year are

$$egin{split} ilde{
ho}_{ii}(a,d) &= e^{-(\lambda_{ik}(a)+\lambda_{i0}(a))d} \ ilde{
ho}_{ik}(a,d) &= rac{\lambda_{ik}(a)}{\lambda_{ik}(a)+\lambda_{i0}(a)} \left[1-e^{-(\lambda_{ik}(a)+\lambda_{i0}(a))d}
ight] \ ilde{
ho}_{ik}(a,d) &= rac{\lambda_{i0}(a)}{\lambda_{ik}(a)+\lambda_{i0}(a)} \left[1-e^{-(\lambda_{ik}(a)+\lambda_{i0}(a))d}
ight] \end{split}$$



## Statistical Model: Likelihood

- Compute for each individual transition the likelihood P(h<sub>w+1</sub>|a<sub>w</sub>, h<sub>w</sub>, a<sub>w+1</sub>) by integrating over all possible health trajectories
- In data H we observe N of such individual transitions
- Because transitions are independent, the full likelihood is

$$p(H|\beta) = \prod_{n=1}^{N} P(h_{w+1}^{n}|a_{w+1}^{n},a_{w}^{n},h_{w}^{n})$$



## **Bayesian Estimation: Priors**

- Problem: small sample size for some country-gender-education groups
- Bayesian methods: impose a set of regularity priors to reduce the uncertainty of estimated parameters
  - 1. Conditional on surviving, the probability of remaining in good health decreases with age
  - 2. Conditional on surviving, the probability of moving from bad to good health decreases with age
  - 3. Probability of surviving decreases with age
  - 4. Probability of dying is larger when in bad health than in good health
- The posterior distribution is given by  $p(\beta|H) \propto p(H|\beta) \cdot p(\beta)$



# Bayesian Estimation: Sampling from the Posterior

- MCMC techniques to sample from the posterior of  $\beta$
- Standard Metropolis algorithm:
  - 1. Initialize at a given  $\beta^{t=0}$
  - 2. Propose a candidate:  $\beta^{c} = \beta^{t} + \varepsilon$ , where  $\varepsilon \sim N(0, \sigma_{\varepsilon})$
  - 3. Accept  $\beta^c$  with probability:  $\alpha(\beta^c|\beta^t) = \min\left\{1, \frac{p(\beta^c|H)}{p(\beta^t|H)}\right\}$
  - 4. If candidate is accepted  $\beta^{t+1} = \beta^c$ , otherwise  $\beta^{t+1} = \beta^t$
  - 5. Set t = t + 1 and go back to 2 until convergence in the posterior distribution



## **Computing Life Expectancies**

- For each draw of  $\beta$ , compute LE, HLE, ULE
- Report the median and standard deviation
- Education gradients (high low education)
- Gender gaps in the gradient (females males)
- Note: LE = HLE + ULE



#### Average Education Gradients

	LE	=	HLE	+	ULE
Males	<b>3.4</b> (0.4)		<b>4.0</b> (0.3)		-0.6 (0.2)
Females	<b>2.2</b> (0.4)		<b>3.9</b> (0.4)		- <b>1.7</b> (0.2)

- Education advantage in life expectancy larger for males
- Education advantage in healthy life expectancy even larger and similar
- Education advantage in disability larger for females
- Compression of morbidity across education among females
- $\Delta$ year  $\rightarrow -6$ m in ULE for females (-2m for males)



#### **Education Gradients: Decomposition**

- Estimation of multi-state life tables by education and gender
- Decompose the observed gradients into differences in:
  - 1. Health distribution at age 50 (D)
  - 2. Health transition conditional on survival (T)
  - 3. Survival conditional on health (S)
- Counterfactual simulations



## Education Gradients: Decomposition of LE

	LE	21	LE <sub>D</sub>	+	LE <sub>T</sub>	+	LE <sub>S</sub>
Males	<b>3.4</b> (0.4)		<b>0.1</b> (0.0)		<b>0.8</b> (0.1)		<b>2.7</b> (0.4)
Females	<b>2.3</b> (0.4)		<b>0.0</b> (0.0)		<b>0.8</b> (0.1)		<b>1.3</b> (0.4)

- Distribution of health at age 50 no effect
- Education advantage due to both better survival and transitions
- Transitions same for males and females
- Interaction education and gender: Larger gradient in survival for men
- More educated individuals tend to live longer mainly because of higher survival probabilities conditional on health state



# Education Gradients: Decomposition of ULE

	ULE	$\sim$	ULED	+	ULE <sub>T</sub>	+	ULE <sub>S</sub>
Males	-0.6 (0.2)		-0.1 (0.0)		<b>-1.1</b> (0.1)		<b>0.7</b> (0.1)
Females	- <b>1.7</b> (0.2)		-0.1 (0.0)		<b>-1.9</b> (0.2)		<b>0.3</b> (0.2)

Education advantage:

- Due to better health-protecting transitions despite higher survival rates
- Females: Health transitions
- Males: Survival
- Males: Worse transitions and survival



#### Gender Gaps in LE

	LE	=	HLE	+	ULE
No college	<b>3.9</b> (0.2)		2.5 (0.2)		<b>1.4</b> (0.1)
College	<b>2.7</b> (0.5)		<b>2.4</b> (0.5)		<b>0.3</b> (0.3)

- Gender gaps in LE and ULE larger for the less educated
- Gender gaps in HLE similar
- Positive gap: Females spend longer time in ULE
- Women STAY sicker but men die quicker ONLY for the less educated
- $\blacktriangleright$   $\Delta$ year ightarrow +4m in ULE for females (only for the less-educated)



#### Gender Gaps: Decomposition of LE

	LE	21	LE <sub>D</sub>	+	LE <sub>T</sub>	+	LE <sub>S</sub>
No college	<b>3.9</b> (0.2)		<b>0.0</b> (0.0)		- <b>0.1</b> (0.0)		<b>4.0</b> (0.2)
College	<b>2.7</b> (0.5)		<b>0.0</b> (0.0)		<b>0.1</b> (0.1)		<b>2.6</b> (0.5)

- Females live longer because of higher survival
- Mostly due to females with low education
- Education decreases gender gap in survival



## Gender Gaps: Decomposition of ULE

	ULE	21	ULED	+	ULE <sub>T</sub>	+	ULE <sub>S</sub>
No college	<b>1.4</b> (0.1)		<b>0.0</b> (0.0)		0.2 (0.1)		<b>1.2</b> (0.1)
College	<b>0.3</b> (0.3)		<b>0.0</b> (0.0)		-0.3 (0.2)		<b>0.6</b> (0.1)

- Females experience higher survival in disability
- Women stay sicker but men die quicker
- Again more important for the low-educated
- Females with high education can transit back to good health
- Females with low education stay and stay longer in ULE



## Education Gradients: Cross-Country Heterogeneity



LE: min Scan (M) and Med (F); max East (F,M)



## Education Gradients: Cross-Country Heterogeneity



HLE: min Scan (M); max US (M, F), East (F)



## Education Gradients: Cross-Country Heterogeneity



ULE: max US (M), Med (F)

## Differences Across Countries: Education Gradients

		Males			Females			
	LE	HLE	ULE	LE	HLE	ULE		
Western Europe	<b>3.9</b> (0.7)	<b>4.6</b> (0.7)	-0.8 (0.4)	<b>1.7</b> (0.6)	<b>3.0</b> (0.7)	-1.3 (0.4)		
Eastern Europe	4.0 (0.8)	<b>4.3</b> (0.7)	-0.3 (0.3)	<b>3.9</b> (0.6)	<b>5.1</b> (0.6)	-1.2 (0.4)		
Mediterranean	<b>3.0</b> (1.0)	<b>3.4</b> (1.0)	-0.4 (0.5)	<b>0.7</b> (1.1)	<b>4.1</b> (1.1)	-3.5 (0.4)		
Scandinavia	<b>2.1</b> (0.7)	<b>2.9</b> (0.7)	-0.8 (0.3)	<b>2.3</b> (0.6)	<b>3.7</b> (0.6)	- <b>1.4</b> (0.3)		
England	<b>3.4</b> (0.6)	<b>4.7</b> (0.6)	- <b>1.3</b> (0.3)	<b>1.2</b> (0.6)	<b>3.0</b> (0.6)	-1.8 (0.4)		
US	<b>3.6</b> (0.4)	<b>5.3</b> (0.4)	<b>-1.7</b> (0.2)	<b>3.2</b> (0.4)	<b>5.1</b> (0.4)	-2.0 (0.2)		

LE: The largest gradients for both males and females in East



### Differences Across Countries: Education Gradients

		Males			Females			
	LE	HLE	ULE	LE	HLE	ULE		
Western Europe	<b>3.9</b> (0.7)	<b>4.6</b> (0.7)	-0.8 (0.4)	<b>1.7</b> (0.6)	<b>3.0</b> (0.7)	- <b>1.3</b> (0.4)		
Eastern Europe	<b>4.0</b> (0.8)	<b>4.3</b> (0.7)	-0.3 (0.3)	<b>3.9</b> (0.6)	<b>5.1</b> (0.6)	-1.2 (0.4)		
Mediterranean	<b>3.0</b> (1.0)	<b>3.4</b> (1.0)	-0.4 (0.5)	<b>0.7</b> (1.1)	<b>4.1</b> (1.1)	-3.5 (0.4)		
Scandinavia	<b>2.1</b> (0.7)	<b>2.9</b> (0.7)	-0.8 (0.3)	<b>2.3</b> (0.6)	3.7 (0.6)	- <b>1.4</b> (0.3)		
England	<b>3.4</b> (0.6)	<b>4.7</b> (0.6)	- <b>1.3</b> (0.3)	<b>1.2</b> (0.6)	<b>3.0</b> (0.6)	-1.8 (0.4)		
US	<b>3.6</b> (0.4)	<b>5.3</b> (0.4)	<b>-1.7</b> (0.2)	3.2 (0.4)	<b>5.1</b> (0.4)	-2.0 (0.2)		

LE: The smallest gradients: Scan (males) and the Med (females)



## Differences Across Countries: Education Gradients

		Males			Females			
	LE	HLE	ULE	LE	HLE	ULE		
Western Europe	<b>3.9</b> (0.7)	<b>4.6</b> (0.7)	-0.8 (0.4)	<b>1.7</b> (0.6)	<b>3.0</b> (0.7)	-1.3 (0.4)		
Eastern Europe	<b>4.0</b> (0.8)	<b>4.3</b> (0.7)	-0.3 (0.3)	<b>3.9</b> (0.6)	<b>5.1</b> (0.6)	-1.2 (0.4)		
Mediterranean	<b>3.0</b> (1.0)	<b>3.4</b> (1.0)	-0.4 (0.5)	<b>0.7</b> (1.1)	<b>4.1</b> (1.1)	-3.5 (0.4)		
Scandinavia	<b>2.1</b> (0.7)	<b>2.9</b> (0.7)	-0.8 (0.3)	<b>2.3</b> (0.6)	3.7 (0.6)	<b>-1.4</b> (0.3)		
England	<b>3.4</b> (0.6)	<b>4.7</b> (0.6)	- <b>1.3</b> (0.3)	<b>1.2</b> (0.6)	3.0 (0.6)	-1.8 (0.4)		
US	<b>3.6</b> (0.4)	<b>5.3</b> (0.4)	- <b>1.7</b> (0.2)	3.2 (0.4)	<b>5.1</b> (0.4)	-2.0 (0.2)		

HLE: Education advantage largest in the US (males and females).



### Differences Across Countries: Education Gradients

		Males			Females			
	LE	HLE	ULE	LE	HLE	ULE		
Western Europe	<b>3.9</b> (0.7)	<b>4.6</b> (0.7)	-0.8 (0.4)	<b>1.7</b> (0.6)	<b>3.0</b> (0.7)	-1.3 (0.4)		
Eastern Europe	<b>4.0</b> (0.8)	<b>4.3</b> (0.7)	-0.3 (0.3)	<b>3.9</b> (0.6)	<b>5.1</b> (0.6)	-1.2 (0.4)		
Mediterranean	<b>3.0</b> (1.0)	<b>3.4</b> (1.0)	-0.4 (0.5)	<b>0.7</b> (1.1)	<b>4.1</b> <sup>(1.1)</sup>	-3.5 (0.4)		
Scandinavia	<b>2.1</b> (0.7)	<b>2.9</b> (0.7)	-0.8 (0.3)	<b>2.3</b> (0.6)	3.7 (0.6)	- <b>1.4</b> (0.3)		
England	<b>3.4</b> (0.6)	<b>4.7</b> (0.6)	- <b>1.3</b> (0.3)	<b>1.2</b> (0.6)	3.0 (0.6)	-1.8 (0.4)		
US	<b>3.6</b> (0.4)	<b>5.3</b> (0.4)	<b>-1.7</b> (0.2)	<b>3.2</b> (0.4)	<b>5.1</b> (0.4)	-2.0 (0.2)		

ULE: Education advantage large among US males and Med females



## Gender Gaps: Cross-Country Heterogeneity



LE: min Scan (NC); max East (C, NC)

SHARE SHARE

## Gender Gaps: Cross-Country Heterogeneity



HLE: min England (C), Scan (NC); max East (C, NC)



## Gender Gaps: Cross-Country Heterogeneity



ULE: min Med (C), Scan (NC); max US(C), Med (NC)



		College			No College			
	LE	HLE	ULE	LE	HLE	ULE		
Western Europe	<b>1.5</b> (0.8)	<b>1.0</b> (0.8)	0.5 (0.5)	<b>3.7</b> (0.6)	<b>2.6</b> (0.5)	<b>1.0</b> (0.2)		
Eastern Europe	5.5 (0.9)	<b>4.9</b> (0.8)	0.6 (0.4)	<b>5.6</b> (0.4)	<b>4.1</b> (0.4)	<b>1.6</b> (0.2)		
Mediterranean	<b>1.3</b> (1.4)	<b>2.1</b> (1.5)	-0.8 (0.6)	3.7 (0.4)	<b>1.4</b> (0.4)	<b>2.3</b> (0.2)		
Scandinavia	<b>1.9</b> (0.7)	2.0 (0.8)	<b>0.1</b> (0.4)	<b>1.8</b> (0.5)	<b>1.2</b> (0.5)	0.6 (0.3)		
England	<b>1.3</b> (0.7)	<b>0.3</b> (0.7)	0.9 (0.5)	3.5 (0.3)	2.0 (0.3)	<b>1.5</b> (0.2)		
US	<b>2.9</b> (0.5)	<b>1.5</b> (0.5)	<b>1.4</b> (0.2)	<b>3.3</b> (0.3)	<b>1.6</b> (0.3)	<b>1.6</b> (0.1)		





Boháček et. al. (2019)

	College			No College		
	LE	HLE	ULE	LE	HLE	ULE
Western Europe	<b>1.5</b> (0.8)	<b>1.0</b> (0.8)	0.5 (0.5)	<b>3.7</b> (0.6)	<b>2.6</b> (0.5)	<b>1.0</b> (0.2)
Eastern Europe	5.5 (0.9)	<b>4.9</b> (0.8)	0.6 (0.4)	<b>5.6</b> (0.4)	<b>4.1</b> (0.4)	<b>1.6</b> (0.2)
Mediterranean	<b>1.3</b> (1.4)	<b>2.1</b> (1.5)	-0.8 (0.6)	3.7 (0.4)	<b>1.4</b> (0.4)	<b>2.3</b> (0.2)
Scandinavia	<b>1.9</b> (0.7)	2.0 (0.8)	<b>0.1</b> (0.4)	<b>1.8</b> (0.5)	<b>1.2</b> (0.5)	0.6 (0.3)
England	<b>1.3</b> (0.7)	<b>0.3</b> (0.7)	0.9 (0.5)	3.5 (0.3)	2.0 (0.3)	<b>1.5</b> (0.2)
US	<b>2.9</b> (0.5)	<b>1.5</b> (0.5)	<b>1.4</b> (0.2)	<b>3.3</b> (0.3)	<b>1.6</b> (0.3)	<b>1.6</b> (0.1)

LE and HLE: Eastern Europe large gender gaps for both C, NC



	College			No College		
	LE	HLE	ULE	LE	HLE	ULE
Western Europe	1.5 (0.8)	<b>1.0</b> (0.8)	0.5 (0.5)	<b>3.7</b> (0.6)	<b>2.6</b> (0.5)	<b>1.0</b> (0.2)
Eastern Europe	<b>5.5</b> (0.9)	<b>4.9</b> (0.8)	0.6 (0.4)	<b>5.6</b> (0.4)	<b>4.1</b> (0.4)	<b>1.6</b> (0.2)
Mediterranean	<b>1.3</b> <sup>(1.4)</sup>	<b>2.1</b> (1.5)	-0.8 (0.6)	3.7 (0.4)	<b>1.4</b> (0.4)	<b>2.3</b> (0.2)
Scandinavia	<b>1.9</b> (0.7)	2.0 (0.8)	<b>0.1</b> (0.4)	<b>1.8</b> (0.5)	<b>1.2</b> (0.5)	0.6 (0.3)
England	<b>1.3</b> (0.7)	<b>0.3</b> (0.7)	0.9 (0.5)	3.5 (0.3)	2.0 (0.3)	<b>1.5</b> (0.2)
US	<b>2.9</b> (0.5)	<b>1.5</b> (0.5)	<b>1.4</b> (0.2)	<b>3.3</b> (0.3)	<b>1.6</b> (0.3)	<b>1.6</b> (0.1)

LE, HLE, ULE: smallest gap in Scan for the less-educated



	College			No College		
	LE	HLE	ULE	LE	HLE	ULE
Western Europe	<b>1.5</b> (0.8)	<b>1.0</b> (0.8)	0.5 (0.5)	<b>3.7</b> (0.6)	<b>2.6</b> (0.5)	<b>1.0</b> (0.2)
Eastern Europe	5.5 (0.9)	<b>4.9</b> (0.8)	0.6 (0.4)	<b>5.6</b> (0.4)	<b>4.1</b> (0.4)	<b>1.6</b> (0.2)
Mediterranean	<b>1.3</b> (1.4)	<b>2.1</b> (1.5)	-0.8 (0.6)	3.7 (0.4)	<b>1.4</b> (0.4)	<b>2.3</b> (0.2)
Scandinavia	<b>1.9</b> (0.7)	2.0 (0.8)	<b>0.1</b> (0.4)	<b>1.8</b> (0.5)	<b>1.2</b> (0.5)	0.6 (0.3)
England	<b>1.3</b> (0.7)	<b>0.3</b> (0.7)	0.9 (0.5)	3.5 (0.3)	2.0 (0.3)	<b>1.5</b> (0.2)
US	<b>2.9</b> (0.5)	<b>1.5</b> (0.5)	<b>1.4</b> (0.2)	<b>3.3</b> (0.3)	<b>1.6</b> (0.3)	<b>1.6</b> (0.1)

ULE: The female disadvantage largest for less-educated in Med



## **Discussion: Geo-Political Differences**

Mackenbach (2017)

Persistence/increase of socio-economic inequalities in health

Eastern disaster	Yes	Highest gradient
Nordic paradox	No	Scandinavia lowest inequality
Southern miracle	No	Gradient especially large among females

Policies and institutions



#### Discussion: Fundamental Causes Theory

Phelan (1995): Fundamental causes theory

- Higher socio-economic groups benefit more from new opportunities
- Greater material and non-material resources
- Cognitive, behavioral, material capacity
- Bad shocks or new technologies
- Eastern Europe

Overall mortality can decline together with widening inequality



#### **Discussion: Education**

- Montez (2011): Gradient widening in recent years Declines in mortality larger for high-educated males Increases in mortality larger for low-educated females
- Meara (2008): LE gains among high-educated (especially males)
- Chetty et al. (2016) and Karas et al. (2011) Males: declines in mortality greater for the high educated Females: mortality risk decreased among the college-educated but increased among the rest
- College attainment Buckles (2016): Important for males Case and Deaton (2017): Cumulative advantage over life



#### Discussion

- Education health-protecting
- Keep track of education attainment
- College graduation vs. additional year effects
- Baker (2017): Population education transition (PET) Shifting education gradients Education: Faster to adopt and dispose of new products and techs Eastern Europe and Mediterranean



#### Conclusions

- Inequality in mortality and health outcomes
- Important interaction of gender and socio-economic status
- Compression of morbidity: Women stay sicker but men die quicker Gradient larger for males: Survival Gradient larger for females: Transitions Compression absent among college educated
- Education gradient in HLE more important for males
- Education advantage more important for females
- Largest inequality in Eastern Europe



# Conclusions

- Methodology for other applications
- Other health and socio-economic variables
- Causality (life-cycle)
- Public policy

