

Motivation

Deaton and Paxson (1998a)

Empirical questions

.5

20

1. Health better? (inequality "across socioeconomic groups") 2. Health more dispersed? ("whether inequality in health \uparrow with age")

- Ordinal SRHS (self-reported health status): "excellent," "good," etc.
- SRHS benefits: 1) "useful over the complete adult life cycle," 2) strongly correlated with objective measures, 3) widely available (PSID, NHIS, etc.), 4) synthesizes all health dimensions.

Deaton and Paxson (1998a,b): SRHS "variance" \uparrow with age. But: same pattern in simulation of pure location shift of latent health.

Var(SRHS) in Figure 10.4 (1998b) 1.5

Latent health H^* , ordinal H, thresholds γ_i :

Simulation DGP: for ages $a = 20, \ldots, 70$, sample 1000 iid N(μ_a , 1) each for increasing μ_a , convert to ordinal using fixed thresholds.



Problems with current methods in literature

- 1. "Cardinal sin" (treating excellent=1, ..., poor=5).
- 2. Treating H^* as discrete.

3. Unrealistic parametric models. (See also Bond and Lang, 2018)

Comparing latent inequality with ordinal health data

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- SD1 and non-SD1 sum to 1).

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Inference

 Statistical inference on ordinal relationships in Propositions 2–4. • Ordinal H_2 SD₁ $H_1 \iff \mathbb{E}[\mathbb{1}\{H_2 \le j\} - \mathbb{1}\{H_1 \le j\}] \le 0, \ j = 1, 2, 3, 4.$ Can use moment inequality tests (Andrews and Soares, 2010, etc.) Other relationships: more complicated (unions of intersections of ...). • Bayesian: Dirichlet-multinomial model. Posteriors for all relationships computed easily, simultaneously, and coherently (e.g., probabilities of

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