RACIAL AND ETHNIC DIFFERENCES IN EXPECTATIONS OF LENGTH OF LIFE: A STUDY OF OLDER ADULTS

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Voluminous research has established racial and ethnic differences in both morbidity and mortality. Blacks have higher mortality than Whites, while Hispanics appear to have lower mortality than both racial groups (Arias & Smith, 2003; Elo et al., 2004). While much research has focused on racial and ethnic differences in the length of time people actually live, little research has examined racial-ethnic variation in how long people *expect* to live. Subjective life expectancy predicts actual length of life, and may also influence psychological well-being, retirement and savings decisions, and health behaviors (Siegel et al., 2003). Prior work has found that Blacks, contrary to actual life expectancies, expect to live as long as or longer than their White counterparts (Hurd & McGarry, 2001; Mirowsky, 1999). The reasons for this racial discrepancy between subjective and actual life expectancy remain unclear. Further, previous research has neglected to include other racial-ethnic groups, such as Hispanics. This paper uses data from the 1998 Health and Retirement Survey (HRS) to examine racial and ethnic differences in expectations of length of life as well as factors which may influence these expectations.

BACKGROUND

There are well-established racial and ethnic variations in both morbidity and mortality (e.g., Crimmins & Saito, 2001; Hayward et al., 2000). When comparing Hispanics to non-Hispanic whites, Hispanics have a mortality advantage such that both Hispanic men and women can expect to live longer than their White counterparts (Elo et al., 2004). When comparing Whites and Blacks, Whites have a mortality advantage. In 2001, the life expectancy for Blacks was 72.2 years, and for Whites was 77.7 years (Arias & Smith, 2003). This racial difference in

life expectancy persists throughout life. At age 65, the life expectancy for Whites is 18.2 years and for Blacks is 16.4 years (Arias et al., 2003). The racial difference is life expectancy is particularly pronounced for men; in 2001, the life expectancy for Whites men is 75 years, while for Black men it is 68.8 years (Arias et al., 2003).

Although actual length of life is certainly important, expected length of life should also be considered. Very few researchers have examined subjective life expectancy, as most research has focused on actual mortality, yet there is an important association between the two. Mirowsky (1999) finds that expectations of length of life closely approximate actual morality rates. Longitudinal analyses have established a link between subjective life expectancy and actual life expectancy; people seem to be able to predict their length of life with some degree of accuracy (Siegel, Bradley, & Kasl, 2003). Further, subjective life expectancy is a predictor of actual mortality independent of self-rated health (Siegel et al., 2003).

Little research has moved beyond considering mortality as an outcome of subjective life expectancy; however, there may be other important consequences of length of life expectations. First, expectations of length of life may have consequences for mental health. Expecting that one may not live to an old age may be depressing, whereas expecting a long length of life may have positive consequences for psychological well-being. Indeed, Mirowsky (1999) finds that those who expect to live longer have a greater sense of control over their life. Further, expectations of length of life may have consequences for health behaviors; those who expect a long life may take better care of themselves physically by getting better nutrition, exercising, and seeking health care more regularly. Those who do not expect a long life, on the other hand, may decide to engage in unhealthy behaviors such as smoking or drug and alcohol use, and may practice less healthy behaviors. Although causal ordering is not clear, subjective life expectancy

is associated with smoking, drinking, overweight, and exercise (Ross & Mirowsky, 2002). Finally, expectations of length of life may have consequences in terms of retirement and economic decisions. Those who do not expect to live to old ages may retire earlier and save less money, while those who expect a long life may accumulate more wealth and savings (Mirowsky, 1999).

As there are racial and ethnic variations in many of these outcomes, it is possible that racial and ethnic variations in expectations of length of life may be important to understanding some of these differences. While prior research has certainly established that Blacks have higher morbidity and mortality, little research has examined how race-ethnicity may play a role in expectations of length of life. Two prior studies of subjective life expectancy find that Blacks expect longer lives than they will actually realize (Hurd & McGarry, 1995; Mirowsky, 1999). In a sample of adults ages 18 and over, Mirowsky (1999) finds that Blacks and White women expected to live to the age of 82, while White men expected to live to be 81 years of age, on average. In a sample limited to older adults between the ages of 51 and 61, Blacks reported a greater probability of surviving to both the ages of 75 and 85 than did Whites (Hurd & McGarry, 1995). This is perplexing, considering that Blacks, and particularly Black men, have lower life expectancies than do Whites. This difference is not due to racial differences in non-response, to Blacks expecting future declines in their actual mortality rates, or to differences between the composition of the sample and that of the entire population (Mirowsky, 1999). The two papers which directly assess the race difference are unable to determine the cause of this "race anomaly" (Hurd & McGarry, 1995; Mirowsky, 1999).

Further, to our knowledge, no prior research has investigated the subjective life expectancies of Hispanics or other racial-ethnic groups. This is surprising, given that Hispanics

now constitute the largest minority group in America and continue to grow (United States Census Bureau, 2001), and morbidity and mortality differences between Hispanics and other racial-ethnic groups are well-documented in the literature (e.g., Angel, Buckley, & Sakamoto, 2001; Hayward et al., 2000). Although Hispanics have a mortality advantage over both Whites and Blacks, we do not know whether their subjective life expectancy would mirror actual life expectancy patterns or whether it would also present an anomaly.

In order to understand racial-ethnic differences in subjective life expectancy, it may be important to consider some of the predictors of racial-ethnic differences in mortality. Not only are Blacks disadvantaged in terms of mortality, but they also suffer from poorer health. Blacks are more likely to have hypertension, diabetes, impairments, disabilities, and stroke (Hayward et al., 2000). Blacks experience chronic diseases at an earlier age and are afflicted for long periods of time (Hayward et al., 2000). Hispanics also suffer from poorer health than Whites (Angel, Buckley, & Sakamoto, 2001). Although some research has been contradictory (see Angel et al., 2001), foreign-born Hispanics have better health than native-born Hispanics as well as lower mortality rates; it appears that there is a health disadvantage to becoming acculturated to American society (Hummer et al., 1999; Vega et al., 1998).

Higher rates of morbidity and mortality among Blacks seem to be the consequence of a lifetime of economic and health disadvantage (Hayward et al., 2000). Many researchers point to socioeconomic differences as the key cause of racial-ethnic differences in morbidity and mortality (e.g., Crimmins & Saito, 2001; Hayward et al., 2000; Huie et al., 2003). Blacks have lower income and even lower levels of wealth than do Whites (Huie et al., 2003; Shea, 1996). In fact, wealth is a significant predictor of mortality even after controlling for income (Huie et al., 2003). Blacks with high levels of wealth are less likely than Whites to report being in excellent

health and more likely to report lower levels of health (Shea, 1996). Further, educational differences also contribute to these socioeconomic differences. Whites have higher levels of educational attainment than Blacks and Hispanics, and greater education has been linked with longer healthy life expectancy (Crimmins & Saito, 2001). However, while accounting for socioeconomic status does attenuate the racial differences, it does not wholly explain the discrepancies (Huie et al., 2003).

While much research has focused on Black-White differences in socioeconomic status, other minority groups, such as Hispanics, also experience economic disadvantage. The fact that Hispanics and Blacks have similar socioeconomic status, but that Hispanics experience much more favorable mortality outcomes has been termed the "Hispanic mortality paradox" (Elo et al., 2004; Palloni & Arias, 2004). Researchers suggested cultural differences, artifacts of bad data, and migration differentials as possible explanations (Abraido-Lanza et al., 1999; LeClere, Rogers, & Peters, 1997; Palloni & Arias, 2004). The exact cause of this paradox remains unclear, but nativity and return migration appears to play a role, and the mortality advantage of Hispanics appears to hold only for those who are foreign-born (Palloni & Arias, 2004; but see Elo et al., 2004).

Prior research has identified several important predictors of subjective life expectancy which may also aid in understanding race-ethnic anomalies. Gender is one determinant; surprisingly, men report higher subjective life expectancies than do women, although women actually live longer than men (Mirowsky, 1999). Those who consider themselves healthy, who express hopefulness about the future and the ability to overcome hardships, and those who do not believe they are victims to fate expect to live longer (Mirowsky & Ross, 2000; Siegel et al., 2003). A surviving parent, and especially a surviving same-sex parent, is associated with a

longer subjective life expectancy. Older men who are married have longer subjective life expectancies, and those with adult children and sources of emotional support also expect longer lives, demonstrating the importance of social support for subjective life expectancy (Hurd & McGarry, 1995; Ross & Mirowsky, 2000). Drinking, smoking, and poor nutrition are all associated with lower subjective life expectancy, while exercise is associated with expecting a longer life (Ross & Mirowsky, 2002). Finally, consistent with the idea that socioeconomic status is a key to understanding health and mortality, those with higher levels of education expect longer lives, while those who have experienced economic hardship and those unable to work due to disability expect shorter lives (Mirowsky & Ross, 2000).

HYPOTHESES

We hypothesize that, consistent with prior research, Blacks will expect a greater chance of living to old age than Whites. With respect to Hispanics, we expect differences in expectations of length of life will mirror racial and ethnic differences in mortality rates. Thus, Hispanics will expect greater chances of living to older ages than will Whites.

METHOD

Data

We use the 1998 wave of the Health and Retirement Study (HRS). This study is a longitudinal survey of older adults and includes information from 21,384 respondents in the 1998 wave. Use of this dataset is advantageous for this study, as it is specifically a sample of older Americans and contains oversamples of Blacks and Hispanics. Mirowsky's (1999) previous research on the race anomaly in subjective life expectancy used a smaller sample of adults aged

18 to 95 years. HRS data allows for a much larger sample size, the inclusion of several minority groups, and a focus only on older adults, for whom life expectancy may be more meaningful and tangible than for younger adults (Siegel, Bradley, & Kasl, 2003).

Only those aged 65 years and younger were asked questions about their expected length of life; therefore, the sample was limited to those who are 51 to 65 years old and who had valid responses to the two items asking about length-of-life expectations. Excluding those outside of the age range as well as those who did not provide valid answers to the items used for the dependent variable resulted in a final sample size of 8,471 respondents. Of these respondents, 6,465 are white, 1,200 are black, 634 are Hispanic, and 172 are of other race-ethnicity.

Measures

Dependent Variable

Two separate dependent variables are used in analyses. The first, *expectations of living to 75,* is measured using the response to a single question asking, "What is the percent chance you will live to be 75 or more?" The second variable, *expectations of living to 85,* is the response to a similar question asking, "What is the percent chance you will live to be 85 or more?" The responses to both questions range from (0) absolutely no chance to (100) absolutely certain.

Independent Variables

The primary independent variables in this analysis will be a set of mutually-exclusive dichotomous variables representing the respondent's race-ethnicity. Four categories will be used: *White* (used as the reference category in analyses), *Black, Hispanic,* and *other* (including groups such as Asian Americans and Native Americans). Several other sociodemographic variables are also included. *Female* is a dichotomous variable coded (1) if the respondent is

female and (0) if the respondent is male. *Age* is a continuous variable indicating the respondent's age in years. Marital status is represented by a set of mutually exclusive dummy variables indicating whether the respondent is *married* (used as the reference category), *cohabiting, widowed, divorced/separated,* or *never married*. Finally, as research have shown that Blacks have higher morbidity rates than Whites, it is important to control for one's health, as this may influence one's expectations of length of life. *Poor health* is measured as the response to a single question asking the respondent, "Would you say your health is excellent, very good, good, fair, or poor?" Responses range from (1) excellent to (5) poor. For the two people who responded "don't know," the mean score for their race-ethnicity was imputed.

Several socioeconomic status variables are also important to control for. *Education* is coded as the number of years of education one has completed and ranges from (0) no formal education to (17) post-college education. The mean education level for the respondent's race-ethnicity was imputed for the 14 cases with missing data. Employment status is measured using a set of mutually exclusive dichotomous variables. *Employed full-time* (the reference category) is coded (1) if the respondent reports working 40 hours or more per week, *employed part-time* is coded (1) if the respondent reports working less than 40 hours per week, *unemployed* is coded (1) if the respondent reports that he/she is not currently working but is looking for work, and *not working* is coded (1) if the respondent reports not working and also not looking for work (encompassing those who are retired, homemakers, etc.).

The measure of *household income* is constructed by the HRS and is a measure of total household income from various sources. This measure includes the use of bracketing techniques to minimize non-response and allow for better imputations for missing data. The household income is then logged (a one is added to all values to insure none are zero prior to logging) for

use in regression analysis. *Wealth* is also a constructed measure in the HRS, and includes the respondent and his or her spouse's assets as well as the value of their home(s). Like the measure of income, the measure of wealth takes advantage of bracketed data to make more sophisticated imputations for missing data. It is important to include a measure of both income and wealth, as some researchers have found much larger racial-ethnic differences in older persons' wealth as opposed to their income, and have found consequences of this wealth disparity in terms of mortality (Huie et al., 2003; Shea et al., 1996). This variable is the log of total wealth; as some respondents reported negative wealth due to debt, all non-positive wealth responses were set to zero, and a one was added to all responses before taking the logarithm. *No health insurance* is a dummy variable indicating that the respondent has no type of health insurance (including governmental sources such as Medicare and Medicaid as well as private insurance). Finally, *welfare receipt* is a dummy variable which assesses economic hardship and the receipt of governmental assistance; this variable is coded (1) if the respondent reports receiving welfare benefits.

Plan of Analysis

The data are analyzed in several steps to determine whether expectations of length of life are similar to the mortality patterns of different racial and ethnic groups. Bivariate analysis will first test for significant racial and ethnic differences in the means of all variables using t-tests. Multivariate analysis will then use Ordinary Least Squares (OLS) regression analysis to regress expectations of length of life on the independent variables. These variables will be added in subsequent models. The first model will add the variables for race-ethnicity only in order to determine if there are racial-ethnic differences in expectations of length of life. The sociodemographic background factors will be included in the second model to see if they account

for the racial-ethnic differences, and health will be added in the third model. The fourth model will then add the economic variables to test whether economic differences can explain potential racial-ethnic differences in length-of-life expectations. All analyses will use the respondent-level weight available in the Health and Retirement Study to correct for oversamples and ensure the sample is nationally representative.

RESULTS

Bivariate Results

The means of all variables by race-ethnicity are shown in Table 1. Significant racial-ethnic differences in expectations of length of life are evident. On average, Hispanics expect less of a chance of living to both ages 75 and 85 than do Whites. Blacks, however, expect a greater chance of living to age 85, on average, than do Whites. There are also differences with respect to the sociodemographic, health, and economic factors. Black respondents are more likely to be female and to receive welfare benefits than are Whites. Further, Black respondents are older and have lower levels of education, income, and wealth, on average, than do Whites. With respect to marital status, Blacks are more likely than Whites to be cohabiting, widowed, never married, or divorced/separated and are less likely than White to be married. In terms of employment status, Blacks are less likely than Whites to be employed full-time and are more likely to not be working.

Hispanics are less likely to be married and more likely to be divorced/separated than are Whites. Hispanics have lower levels of education, household income, and wealth, on average, than do Whites. Hispanics are also less likely to be employed full-time, are more likely to be unemployed or not working, and are more likely to receive welfare benefits than Whites. Those

of other race-ethnicities are less likely to be married and more likely to be divorced/separated than Whites. Further, they have lower levels of wealth, on average, than their White counterparts. Blacks, Hispanics, and those of other race-ethnicities all have lower levels of health, on average, than do Whites, and all are more likely to lack health insurance than Whites. Whereas only 7% of whites have no health insurance, 13% of Blacks, 27% of Hispanics, and 14% of those of other race-ethnicities are without health insurance.

Multivariate Results

Table 1 shows the results of the regression of expected chance of living to age 75 on sociodemographic, health, and economic factors. Model 1 shows that Hispanics expect lower chances of living to age 75 than do Whites. The sociodemographic factors are added in Model 2, and there are significant effects for gender and marital status. Women expect a greater chance of living to age 75 than do men; this is not surprising, given that women do have a longer life expectancy than men. Those who are widowed, cohabiting, and divorced/separated expect a lower chance of living to age 75 than do those who are married; this is consistent with research finding a mortality advantage for married adults. Controlling for sociodemographic factors in Model 2 does not explain the White-Hispanic difference in expectations of length of life. However, after controlling for self-rated health in Model 3, not only do Hispanics have significant differences in subjective life expectancy as compared to Whites, but so do Blacks and those of other race-ethnicity. While Hispanics continue to expect a lower chance of living to age 75 than do Whites, Blacks and those of other race-ethnicities expect a greater chance of living to age 75. The fact that these two racial-ethnic groups are more likely to be in poor health than are Whites suppresses the relationship between race-ethnicity and expected chance of living to age 75, as poorer health is associated with expecting lower chances of living to age 75. It is notable

that poor health explains a considerable portion of the variance in expectations of living to age 75; whereas the R-squared value for Model 2 is only 0.02, it rises to 0.14 after the addition of the variable for poor health in Model 3.

Finally, Model 4 adds the economic factors. Education, household income, and wealth are all significant predictors of expectations of living to age 75. Those with higher levels of education, income, and wealth expect a greater chance of living to age 75. This is certainly consistent with much prior research finding mortality advantages for those with higher socioeconomic status. Controlling for economic factors explains the significant difference in length of life expectations between Whites and Hispanics and between Whites and those of other race-ethnicities. In subsequent analyses, each of the economic variables was added to the regression analysis separately to determine which of these factors was explaining the significant differences. Controlling for education explains the significant Hispanic-White difference in expectations of living to age 75. For those of other race-ethnicities, controlling for education and employment status explains the significant difference from Whites. Model 4 also shows that the significant Black-White difference in expectations of living to age 75 persists even after controlling for economic factors. Blacks expect greater chances of living to age 75 than do Whites, even after controlling for all variables in the full model.

Table 1 shows the results of the regression of expected chance of living to age 85 on sociodemographic, health, and economic factors. Model 1 shows that Hispanics expect a lower chance of living to age 85 than do Whites, which is consistent with the earlier finding that Hispanics also expect a lower chance of living to age 75. However, there are also Black-White differences, such that Blacks expect a greater chance of living to age 85. Model 2 adds the sociodemographic factors, and shows significant effects for gender and marital status. Females

expect a greater chance of living to age 85, while those who are cohabiting or widowed expect a lower chance of living to age 85 than do those who are married. Again, this is consistent with prior research finding that women and married persons live longer. Model 3 controls for poor health, and shows that those in poorer health expect a lower chance of living to age 85. Controlling for poor health explains the White-Hispanic difference in expectations of living to age 85; because Hispanics are in poorer health, they are less likely to expect to live to the age of 85. However, controlling for this variable exacerbates the Black-White difference, which remains significant, and a significant difference between Whites and those of other race-ethnicities emerges. Both Blacks and Others expect a greater chance of living to age 85 than do Whites. As was the case with expectations of living to age 75, poor health suppresses the relationship between race-ethnicity and expectations of living to age 85 for these two groups.

The fourth model includes economic factors. Education is positively associated with expectations of living to age 85. However, puzzlingly, being unemployed and having no health insurance are both predictive of expecting a greater chance of living to age 85. It is unclear why those who are unemployed and those without health insurance would expect greater chances of a long life. Also surprisingly, income and wealth are not significant predictors of expectations of living to age 85. After controlling for the economic factors in Model 4, Blacks and those of other race-ethnicities continue to expect a greater chance of living to age 85 than do Whites. However, a significant difference between Whites and Hispanics also emerges. In subsequent analyses, each of the economic variables was added to the regression model separately in order to determine which variable is responsible for this difference; these subsequent analyses found that controlling for education in Model 4 causes the coefficient for Hispanic to become significant. Therefore, it appears that education is suppressing the relationship between Hispanic

ethnicity and expectations of living to age 85. After controlling for the fact that Hispanics have lower levels of education, results show that Hispanics actually expect a greater chance of living to age 85 than do whites. In fact, after controlling for all of the independent variables in the full model, all of the minority groups in this study expect a significantly greater chance of living to age 85 than do Whites.

DISCUSSION

This paper has examined racial and ethnic variations in the expectations of living to age 75 and age 85. It has also attempted to account for these differences by considering sociodemographic, health, and economic factors. Consistent with the idea of a "race anomaly" in subjective life expectation (Mirowsky, 1999), our findings indicate that Blacks actually expect greater chances of living to ages 75 and 85 than do Whites when controls are included in the model. While Hispanics initially expect lower chances of living to old ages than Whites, after controlling for sociodemographic factors, health, and economics, there are no Hispanic-White differences in expectations of living to age 75, and Hispanics expect greater chances of living to age 85. Finally, those of other race-ethnicities are initially no different than whites, but, after adding all controls, expect greater chances of living to age 85 than do Whites. While the finding that Hispanics and those of other race-ethnicities expect greater chances of living to age 85 than do whites is not surprising given evidence that Hispanics do have lower mortality rates, it is quite surprising that Blacks expect greater chances of living to ages 75 and 85 than do Whites. The finding that Blacks expect a greater chance of living to old ages is consistent with prior research (Mirowsky, 1999). It is possible that this is due to a selection effect, as the Blacks in our sample have already made it to older ages (all are aged 51-65). Some research has found evidence of a

racial crossover in mortality (e.g., Johnson, 2000), although the cause of this crossover is debated. As the early life course is especially precarious for Blacks, who are much more likely than Whites to be victims of homicide, it is possible that Blacks who make it to middle age are more hopeful about surviving to older ages.

Economic factors do not seem to be as salient to racial-ethnic differences in expectations of length of life as they are to actual mortality. Whereas much prior research has demonstrated the importance of socioeconomic status in partially accounting for racial and ethnic differences in mortality, the results of this study do not follow the same pattern. Although economics are able to explain the significant difference in expectations of living to age 75 for Hispanics and those of other race-ethnicities, controlling for economic factors is not able to explain the Black-White difference in expectations of living to either 75 or 85. Poor health emerged as a key variable in racial-ethnic differences in expectations of length of life, suppressing the relationship between race-ethnicity and subjective life expectancy.

There are several limitations to this study. Unfortunately, this study cannot take discrimination and racism into account, although this may be an important factor to consider when comparing minority groups' expectations of length of life to that of Whites. This study also cannot disaggregate the broad Hispanic group into separate ethnic groups such as Puerto Ricans and Mexican Americans. Future research on larger samples of Hispanics should investigate different Hispanic groups separately, as there is evidence of significantly differential mortality among the groups (Elo et al., 2004). Further, we are not able to separate the "other" race-ethnicity category into different groups due to the small sample size and lack of information in the data set that identifies Asian Americans as opposed to other groups. Further research should examine Asian Americans specifically; although the "other" category used here is likely

composed mainly of Asian Americans, the presence of other groups, such as Native Americans, may confound the findings for the group, as these different groups are quite heterogeneous. Finally, further research should link expectations of length of life to outcomes such as depression, health behaviors, retirement, economic decisions, and subsequent mortality in order to more fully explore the ways in which racial and ethnic differences in expectations of length of life may play a role in racial and ethnic differences in these outcomes.

This study confirms earlier findings that, in contrast to actual live expectancy, Blacks expect to live to older ages than do Whites. This race anomaly persists despite controls for sociodemographic factors, self-rated health, and socioeconomic status. In this paper we also expand prior work on subjective life expectancy by incorporating other minority groups, and find that Hispanics and those of other-race ethnicities do not expect a greater chance of living to age 75 than do Whites, but do expect a greater chance of living to age 85. Therefore, the subjective life expectancy of Hispanics somewhat mirrors actual life expectancy patterns. Further analyses will focus on incorporating other factors which may explain the racial-ethnic differences in subjective life expectancy, including more objective measures of physical health such as activities of daily living (ADL), nativity, parental education level, social support, and parental survival status. Subsequent analyses will also examine interaction terms.

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Table 1. Means and Standard Deviations of All Variables

	Blacks	Hispanics	Other	Whites	Total
Dependent Variables					
Live to Age 75	66.25	55.98 ***	66.60	66.40	65.73
Live to Age 85	52.38 ***	38.86 ***	44.30	42.64	43.28
Race/Ethnicity					
White					0.83
Black					0.09
Hispanic					0.06
Other					0.02
Sociodemographic Factors					
Female	0.60 ***	0.57	0.56	0.54	0.54
Age	57.19 *	56.84	56.74	57.15	57.13
Married	0.44 ***	0.64 ***	0.63 **	0.74	0.70
Cohabiting	0.04 *	0.04	0.04	0.03	0.03
Widowed	0.14 ***	0.08	0.09	0.06	0.07
Divorced/Separated	0.30 ***	0.20 *	0.19 *	0.14	0.16
Never Married	0.08 ***	0.04	0.05	0.03	0.04
Health					
Poor Health	3.08 ***	3.12 ***	2.92 ***	2.51	2.61
Economic Factors					
Education	12.17 ***	9.76 ***	13.36	13.29	12.97
Employed Full-time	0.42 ***	0.42 **	0.53	0.50	0.49
Employed Part-time	0.14	0.15	0.09	0.15	0.15
Unemployed	0.02	0.04 *	0.04	0.01	0.02
Not Working	0.42 ***	0.39 **	0.34	0.34	0.35
Household Income	37758 ***	38073 ***	66102	74782	69048
Wealth	107348 ***	130990 ***	296829 **	385370	343133
Welfare Receipt	0.04 ***	0.04 ***	0.00	0.00	0.01
No Health Insurance	0.13 ***	0.27 ***	0.14 *	0.07	0.09

Significantly different from whites: *p < 0.05 **p < 0.01 ***p < 0.001

Table 2. OLS Regression Predicting Expected Chance of Living to Age 75 Net of Sociodemographic, Health, and Economic Factors

	Model 1	Model 2	Model 3	Model 4
Race/Ethnicity				
Black	-0.157	0.547	5.028 ***	6.324 ***
Hispanic	-10.420 ***	-10.293 ***	-5.010 ***	-1.873
Other	0.197	0.437	3.951 *	3.536
Sociodemographic Factors				
Female		5.831 ***	6.152 ***	6.591 ***
Age		-0.007	0.202 **	0.294 ***
Widowed		-5.226 ***	-3.369 **	-1.975
Cohabiting		-4.390 *	-2.007	-1.605
Divorced/Separated		-2.540 **	-0.683	0.069
Never Married		-3.225	-1.615	-1.160
Health				
Poor Health			-9.035 ***	-8.045 ***
Economic Factors				
Education				0.843 ***
Employed Part-time				0.436
Unemployed				3.940
Not Working				-1.349
Household Income				0.533 *
Wealth				0.298 **
Welfare Receipt				2.646
No Health Insurance				1.133
Intercept	66.405 ***	64.552 ***	74.695 ***	46.397 ***
F	21.97 ***	18.74 ***	139.75 ***	84.18 ***
R^2	0.01	0.02	0.14	0.15

Significantly different from Whites: *p < 0.05 **p < 0.01 ***p < 0.001

Table 3. OLS Regression Predicting Expected Chance of Living to Age 85 Net of Sociodemographic, Health, and Economic Factors

	Model 1	Model 2	Model 3	Model 4
Race/Ethnicity				
Black	9.738 ***	9.912 ***	14.284 ***	14.829 ***
Hispanic	-3.779 **	-3.862 **	1.292	2.856 *
Other	1.662	1.722	5.150 *	4.714 *
Sociodemographic Factors				
Female		7.865 ***	8.177 ***	8.198 ***
Age		0.007	0.210 **	0.209 **
Widowed		-4.497 **	-2.686 *	-2.072
Cohabiting		-4.056 *	-1.732	-1.760
Divorced/Separated		-0.796	1.015	1.289
Never Married		-1.862	-0.291	-0.493
Health				
Poor Health			-8.814 ***	-8.482 ***
Economic Factors				
Education				0.640 ***
Employed Part-time				0.467
Unemployed				5.641 *
Not Working				1.338
Household Income				0.174
Wealth				0.161
Welfare Receipt				4.092
No Health Insurance				3.150 **
Intercept	42.642 ***	38.567	48.463 ***	34.553 ***
F	25.17 ***	23.76 ***	118.37 ***	68.31 ***
R^2	0.01	0.02	0.12	0.13

Significantly different from Whites: *p < 0.05 **p < 0.01 ***p < 0.001