

Black-White Mortality Crossover Paradox: New Evidence from Social Security Mortality Records

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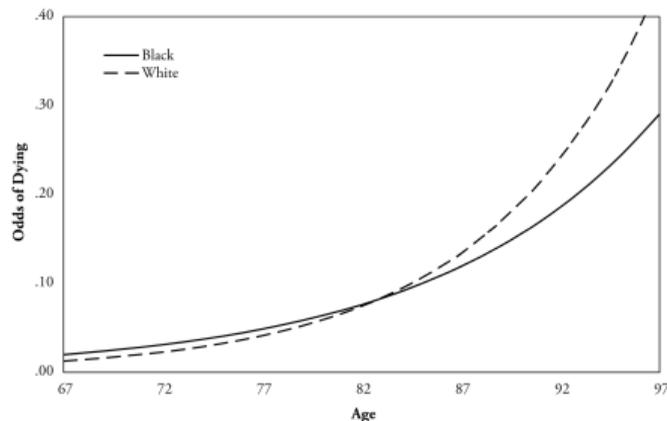
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- ▶ Yet — among oldest-old, Black mortality is lower than White mortality (!)
- ▶ Black-White mortality crossover is a well-studied demographic **paradox**



Dupre 2006. *Demography*.

Why understanding Black-White crossover is important

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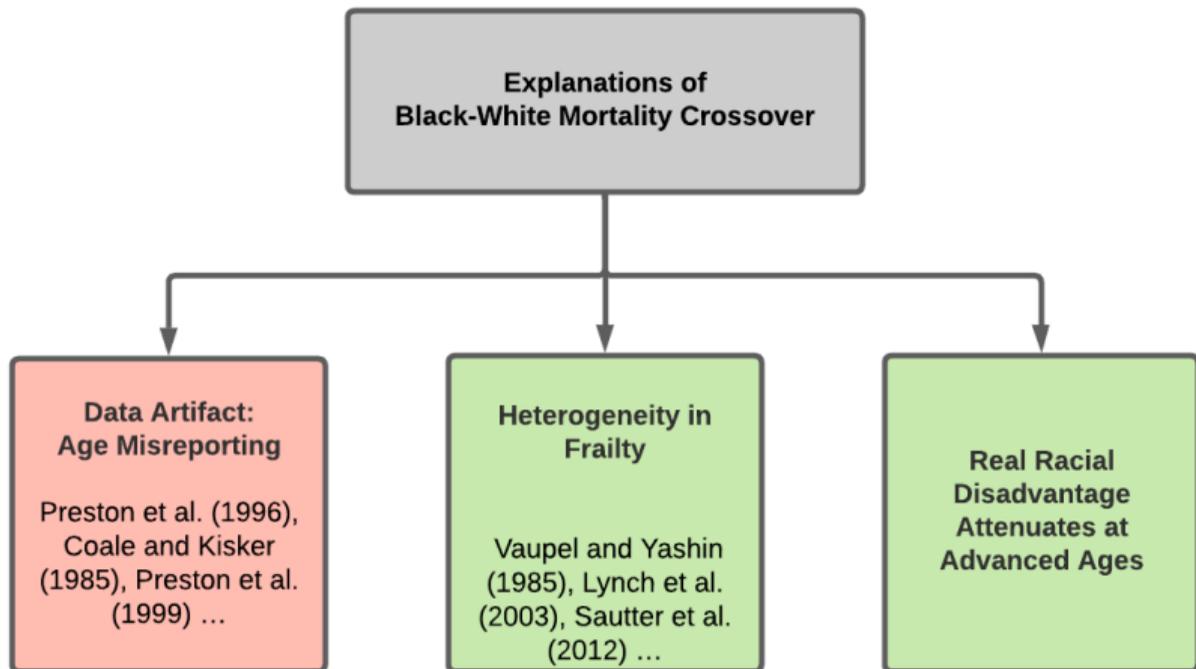
Why understanding Black-White crossover is important

1. Fundamental to our understanding of **inequality** over the life course
2. Oldest-old is fastest growing age segment, potential social policy implications
3. Implications for theories of cumulative disadvantage and weathering ([Geronimus, 1992](#))

Black-White crossover repeatedly documented

Data Source	Age of Crossover	Covariates	Age Verification	Citation
Tennessee Vital Statistics	74			Sibley (1930)
Evans County Study	85 (f); 80 (m)			Wing et al. (1985)
Medicare Enrollment	88 (f); 86 (m)			Kestenbaum (1992)
U.S. Death Certificates	90 (f); 85 (m)		✓	Preston (1996)
Medicare Enrollment	85–86			Parnell and Owens (1999)
Survey on Asset and Health Dynamics Among the Oldest Old	81			Johnson (2000)
Berkeley Mortality Database	79–87		✓	Lynch, Brown and Harmsen (2003)
Medicare Enrollment	80–85			Arias (2006)
Established Populations for Epidemiologic Studies of the Elderly	83 (f); 79 (m)	Religious Attendance		Dupre, Franzese and Parrado (2006)
Americans' Changing Lives study	80	Education, Income, Neighborhoods		Yao and Robert (2011)
National Health Interview Survey-Linked Mortality Files	85			Masters (2012)
Established Populations for Epidemiologic Studies of the Elderly	83 (f); 79 (m)			Sautter et al. (2012)
NCHS Multiple Cause-of-Death public-use files	87	Education, Income		Fenelon (2013)
National Longitudinal Mortality Study	85			Şahin and Heiland (2017)

Still no consensus on explanation...



Research questions

1. Is the Black-White mortality crossover a **data artifact**?
2. Does **heterogeneity in frailty** explain the Black-White crossover? Is there really observable late-life mortality selection?

New Data Allows Us to Make Progress

- ▶ Data limitations have hampered efforts to explain crossover
- ▶ Comparative advantage:
 1. Massive sample (1M deaths)
 2. Cohorts
 3. Covariates

scientific **data**

OPEN
DATA DESCRIPTOR



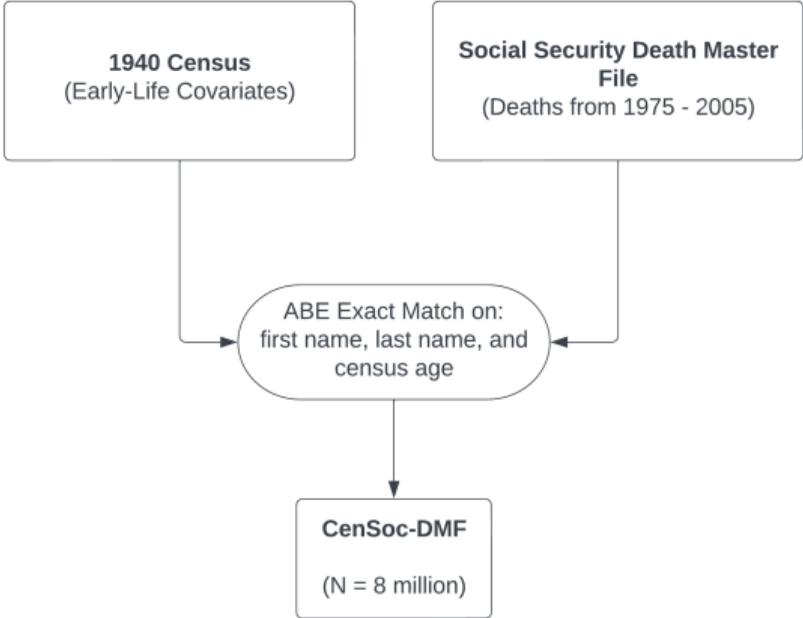
CenSoc: Public Linked Administrative Mortality Records for Individual-level Research

Casey F. Breen^{1,2,3}, Maria Osborne¹ & Joshua R. Goldstein^{1,2,3}

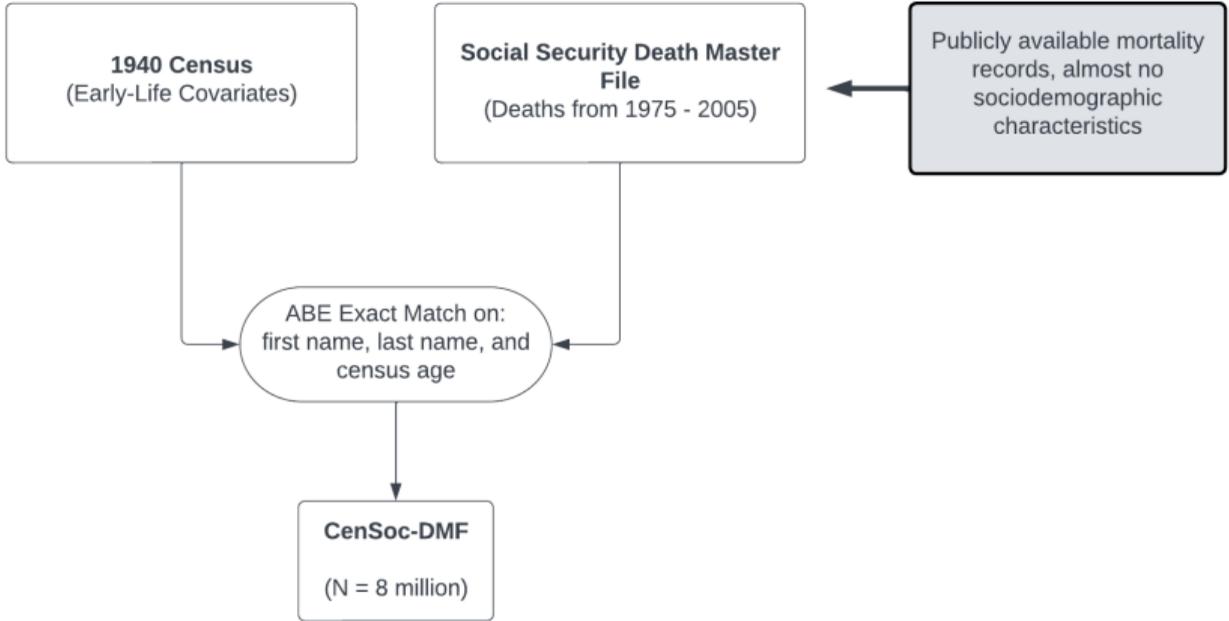
In the United States, much has been learned about the determinants of longevity from survey data and aggregated tabulations. However, the lack of large-scale, individual-level administrative mortality records has proven to be a barrier to further progress. We introduce the CenSoc datasets, which link the complete-count 1940 U.S. Census to Social Security mortality records. These datasets—CenSoc-DMF (N = 4.7 million) and CenSoc-Numident (N = 7.0 million)—primarily cover deaths among individuals aged 65 and older. The size and richness of CenSoc allows investigators to make new discoveries into geographic, racial, and class-based disparities in old-age mortality in the United States. This article gives an overview of the technical steps taken to construct these datasets, validates them using external aggregate mortality data, and discusses best practices for working with these datasets. The CenSoc datasets are publicly available, enabling new avenues of research into the determinants of mortality disparities in the United States.

Breen, Osborne, Goldstein 2023

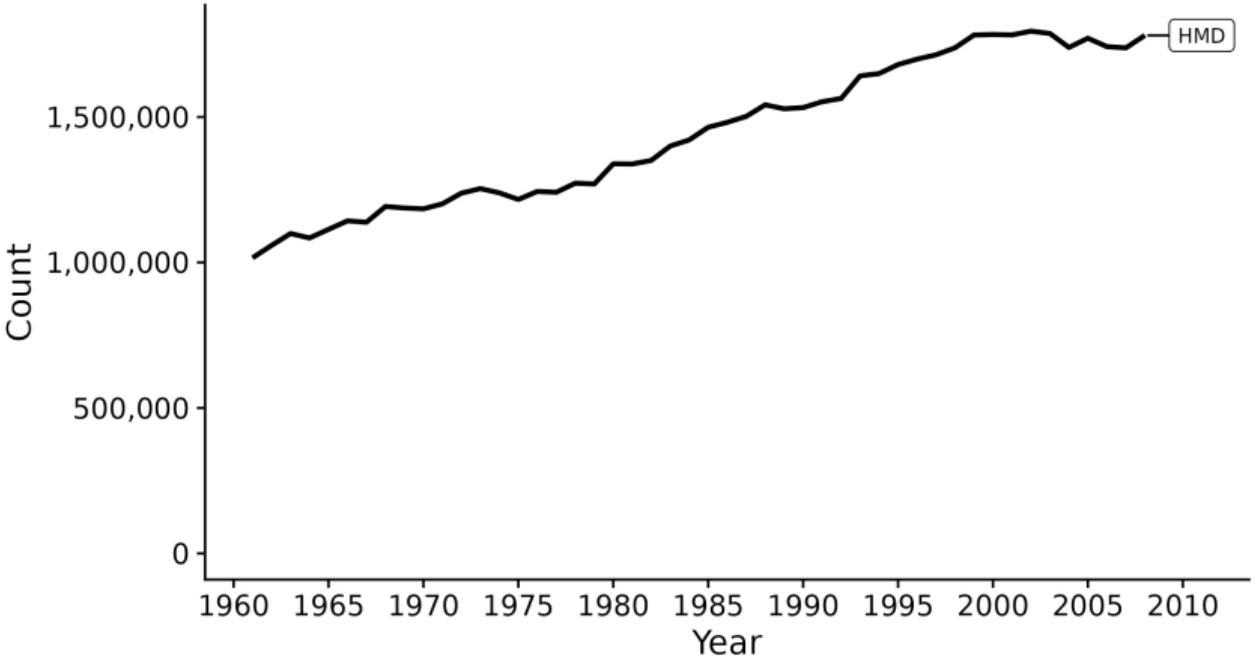
CenSoc-DMF: Linked IPUMS 1940 Census and mortality records



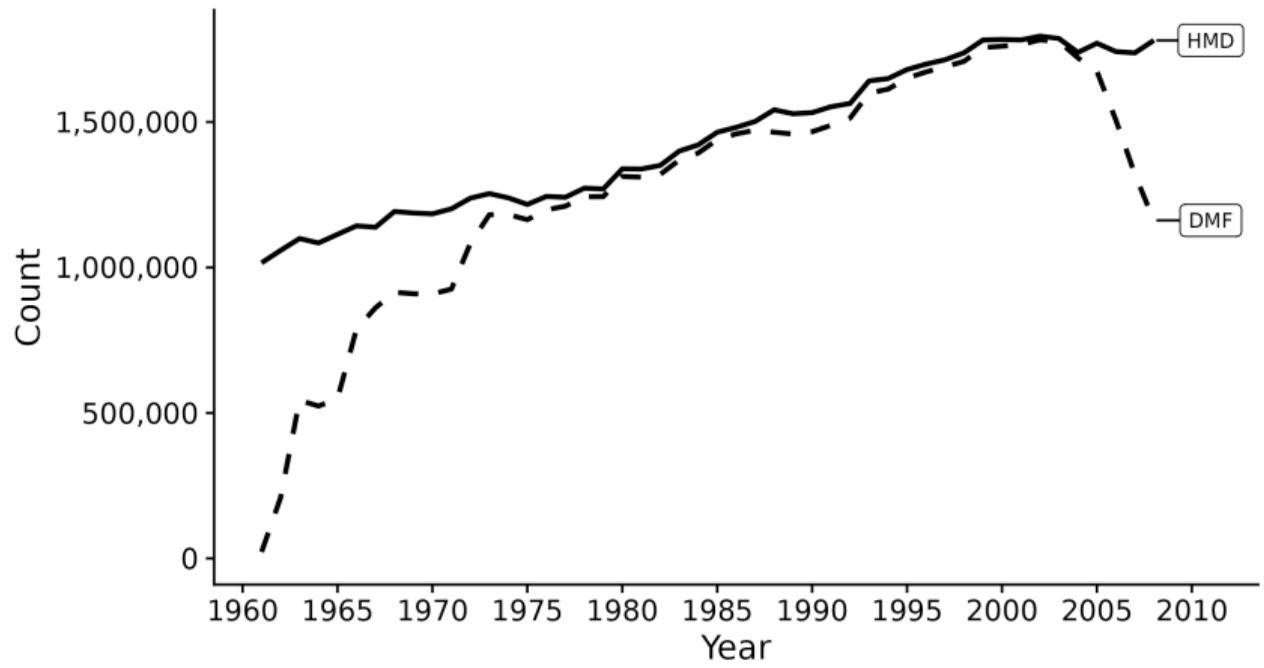
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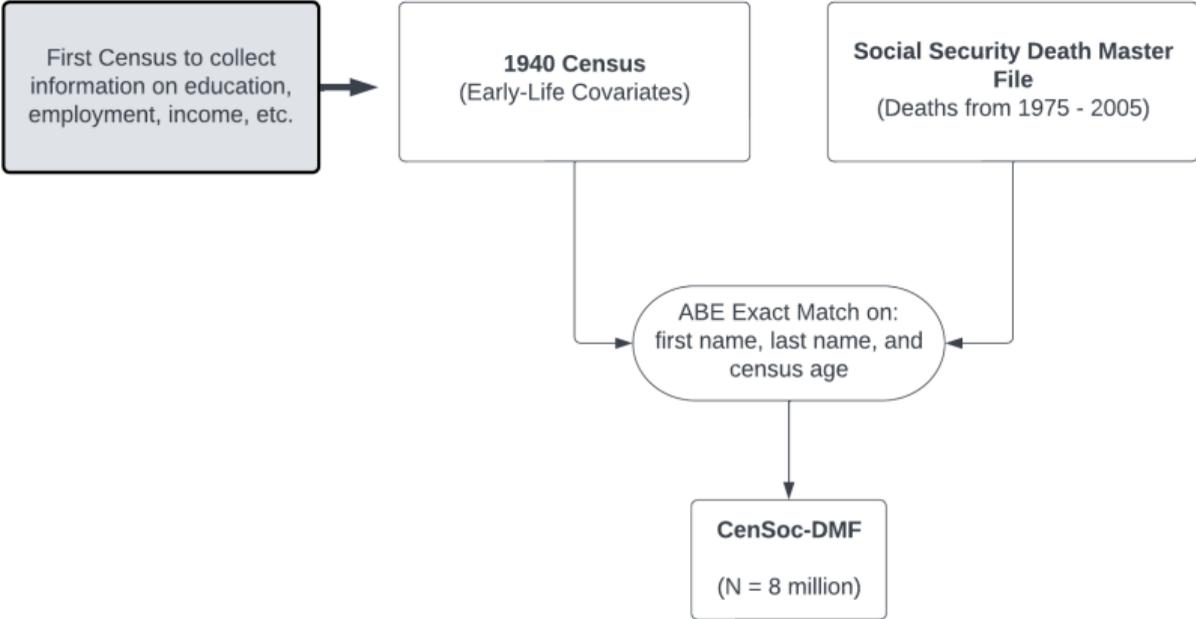
Death Master File (DMF) coverage (65+)



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CenSoc-DMF: Linked 1940 Census and mortality records



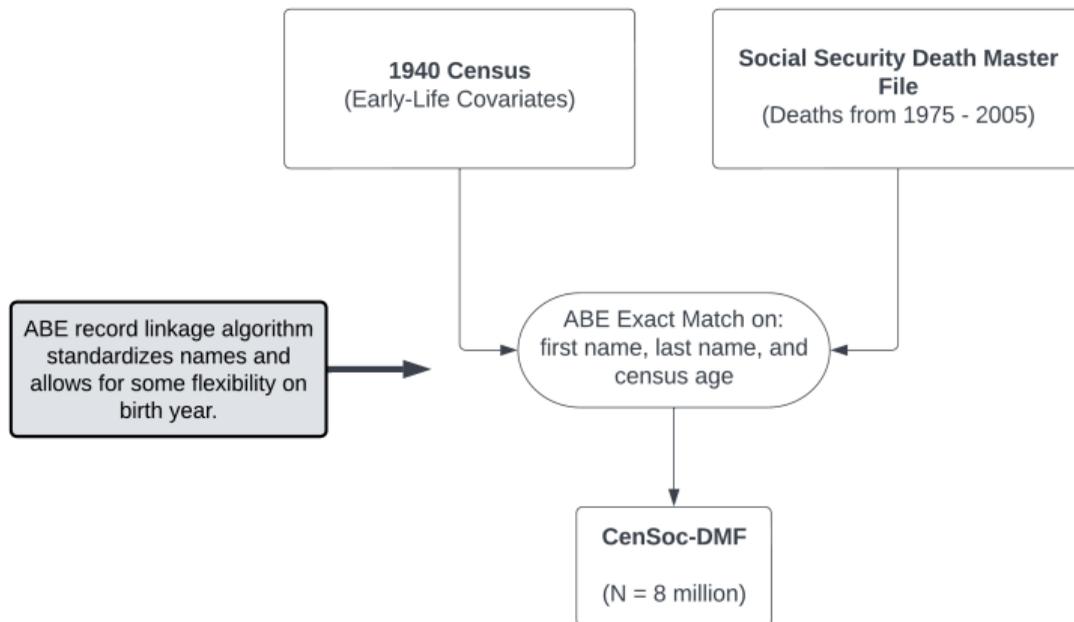
1940 Census

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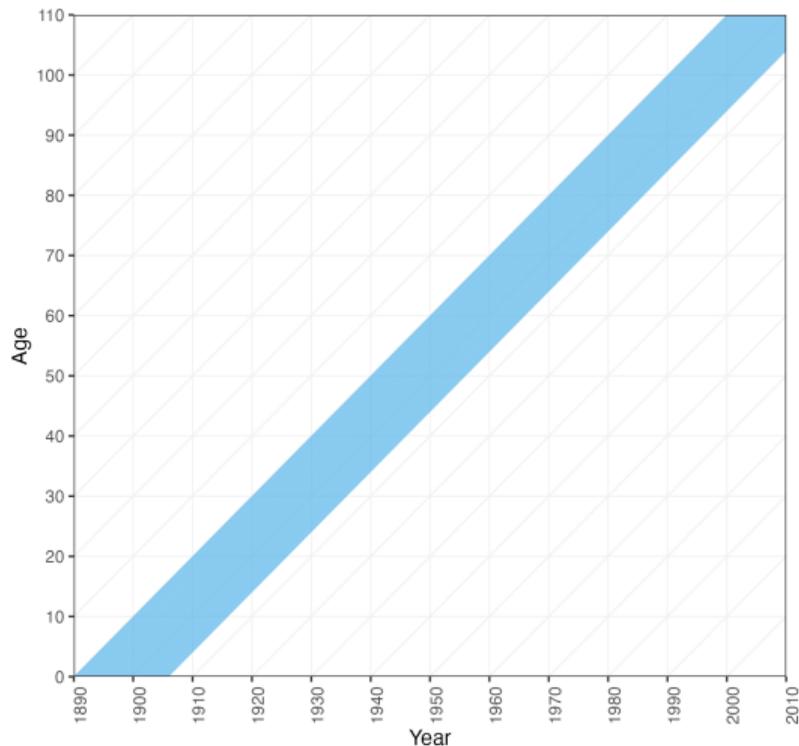
- ▶ 1940 Census reflected heightened time of social awareness brought about by Great Depression
- ▶ First decennial census to include question on educational attainment, wage and salary income, and detailed questions on employment

CenSoc-DMF: Linked census and mortality records



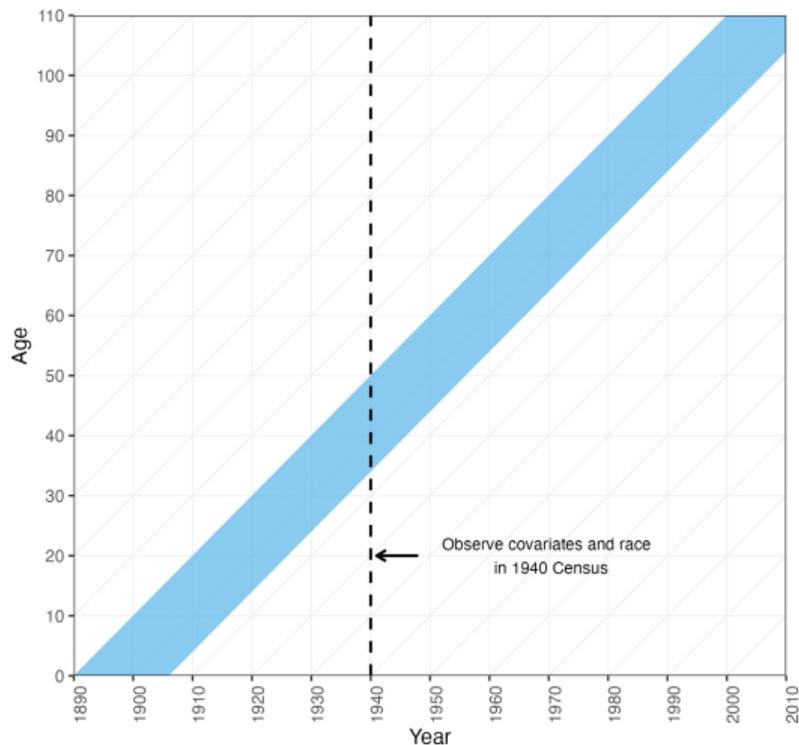
Analytic Sample

- ▶ Birth cohorts of 1890-1905
 - ▶ $N = 900,000$ deaths
- ▶ Sample restrictions
 - ▶ Men only
 - ▶ U.S. born



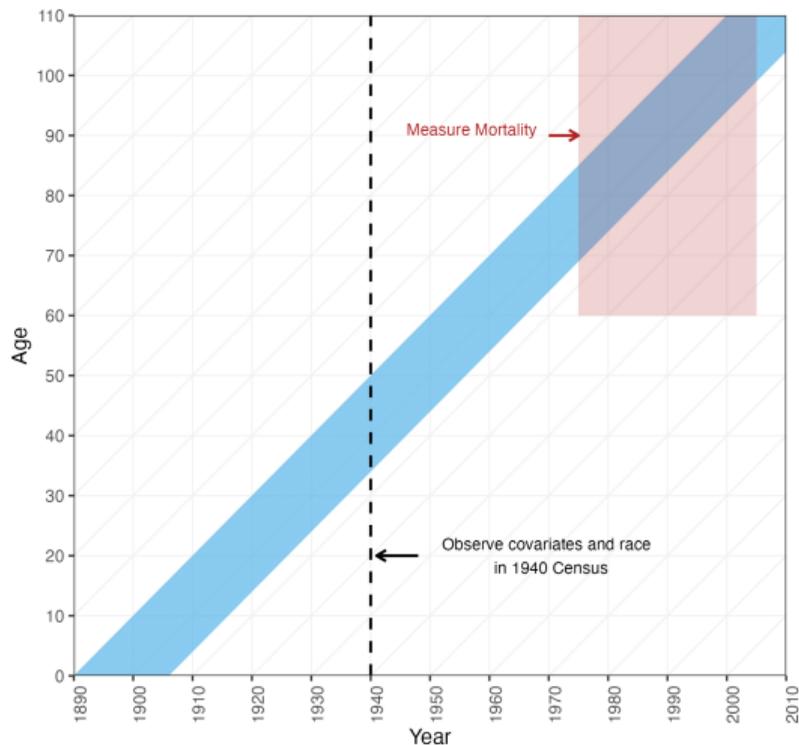
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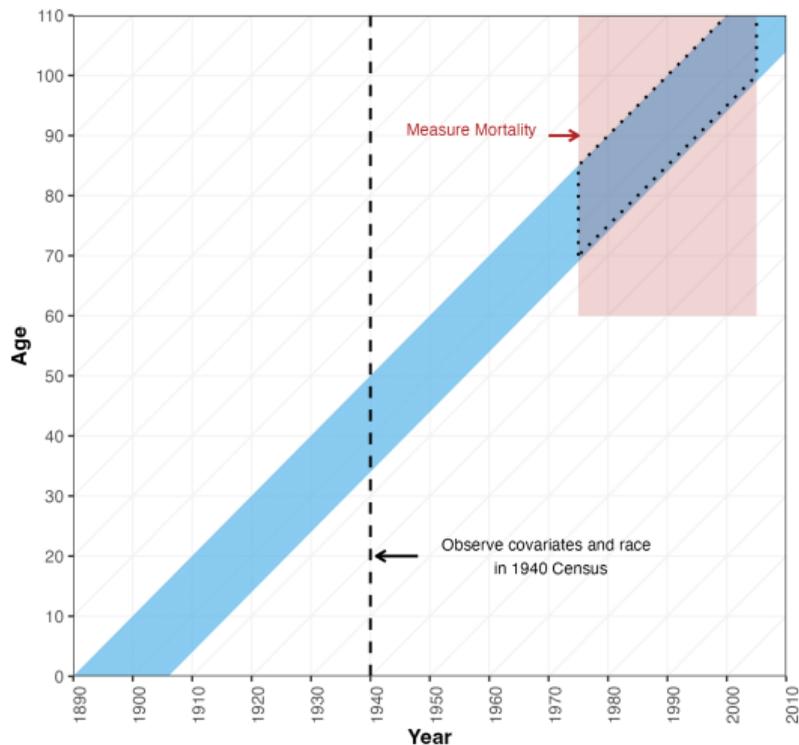
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Birth cohorts of 1890-1905: extinct cohort method

- ▶ Assumes that all members of the cohort have died by a certain year
- ▶ Uses recorded deaths over time to reconstruct the cohort's survival pattern

$$q_x = \frac{d_x}{\sum_x^{\infty} d_i} = \frac{d_x}{l_x} \quad (1)$$

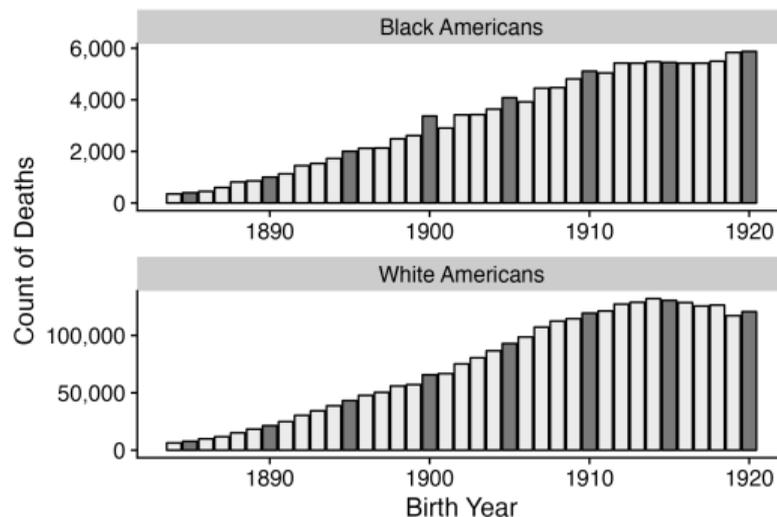
where:

- ▶ q_x is the probability of dying at age x .
- ▶ d_x is number of deaths at age x

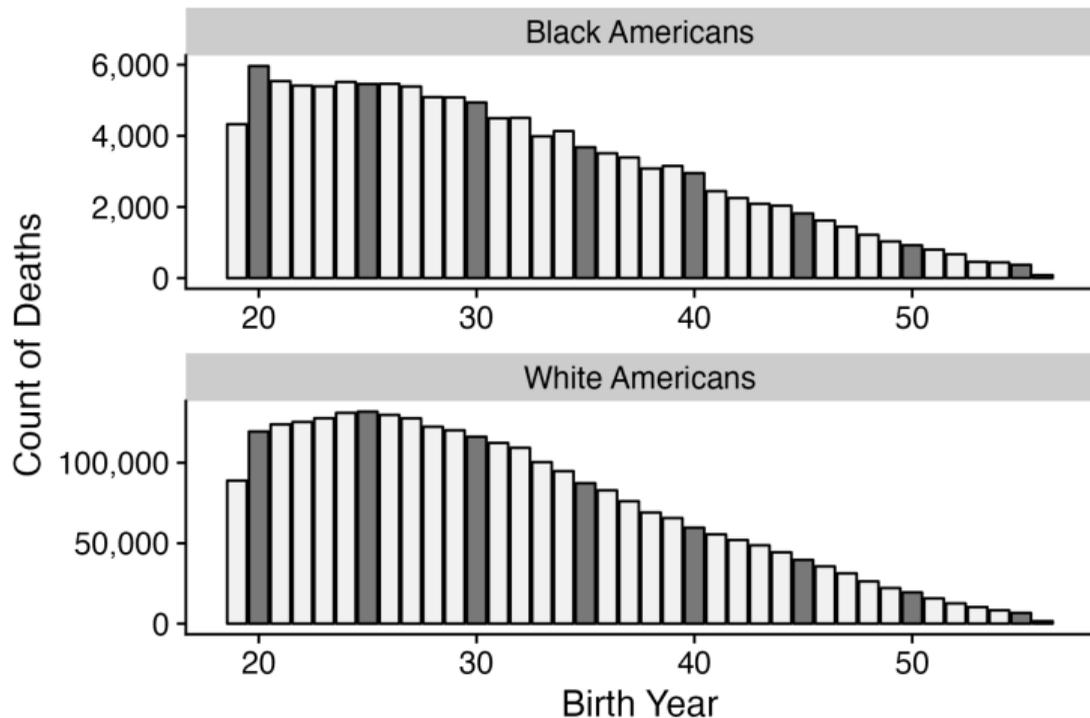
Question 1: Is the crossover a data artifact?

Background: Age of death calculated from date of birth and date of death

1. Minimal age heaping on birth year...
2. Date of death gets reported immediately (no heaping)
3. Institutional incentive: Social Security wants to accurately track birth date
4. Linkage requires close match on year of birth and Census age



No age heaping in 1940 Census



Heterogeneity in frailty – overview of approach

- ▶ First, how much **mortality selection** do we actually observe...?
- ▶ Second, does stratifying on heterogeneity uncross the crossover?

HETEROGENEITY'S RUSES: SOME SURPRISING EFFECTS OF SELECTION ON POPULATION DYNAMICS

James W. Vaupel and Anatoli I. Yashin
*Population Program, International Institute for Applied Systems Analysis,
 Laxenburg, Austria*

Unpacking the black box of frailty...

- ▶ **Frailty:** an individual's susceptibility to death
 - ▶ Wealth, education, environmental, behavioral, etc.
- ▶ Lots of theorizing on frailty — but less empirical evidence due to data limitations
- ▶ Data-driven investigation of components of frailty that we can observe: sociodemographic characteristics

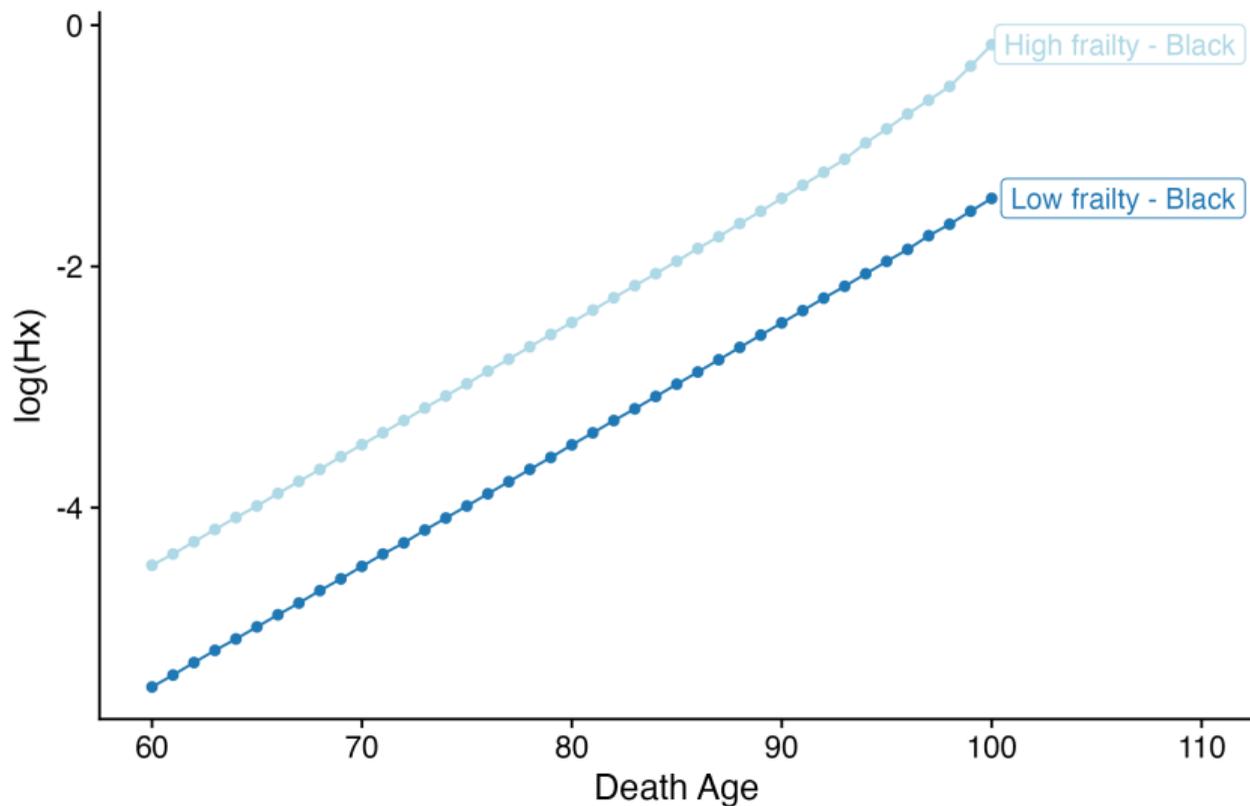
The theory of heterogeneity in frailty

- ▶ To get a crossover, higher initial mortality population must have **higher variance** in frailty

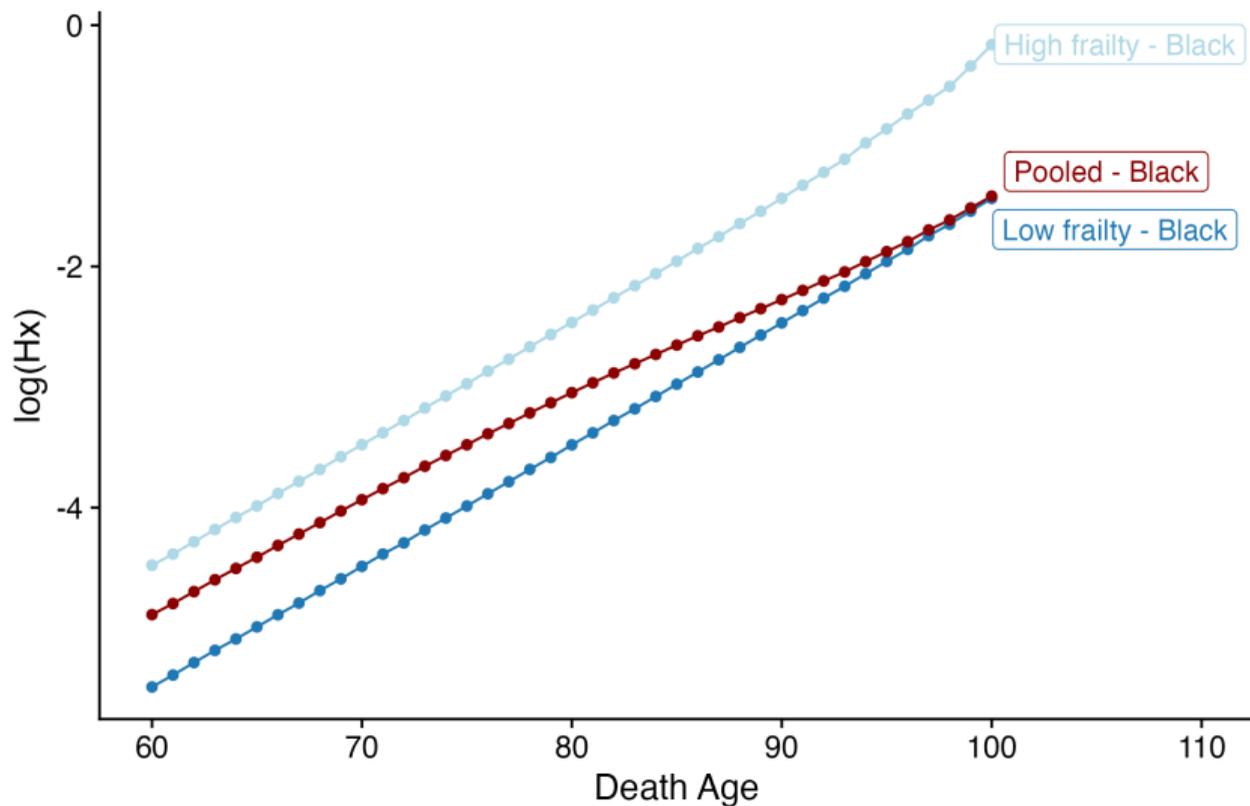
The theory of heterogeneity in frailty

- ▶ To get a crossover, higher initial mortality population must have **higher variance** in frailty
- ▶ As the cohorts age, mortality selection is much stronger for the high mortality, high variance group
- ▶ So much stronger, that eventually the frailty of survivors actually crosses

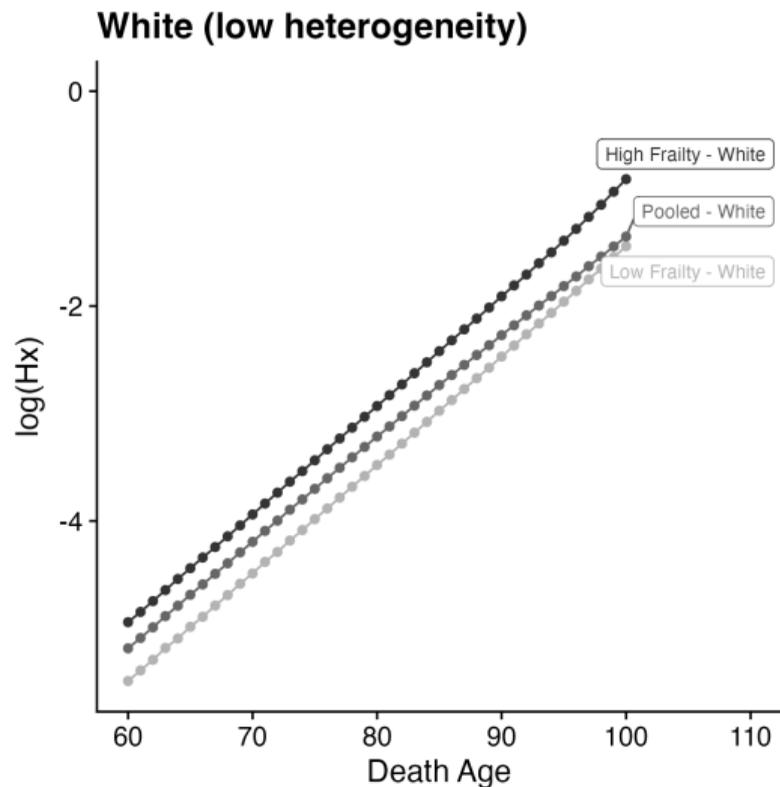
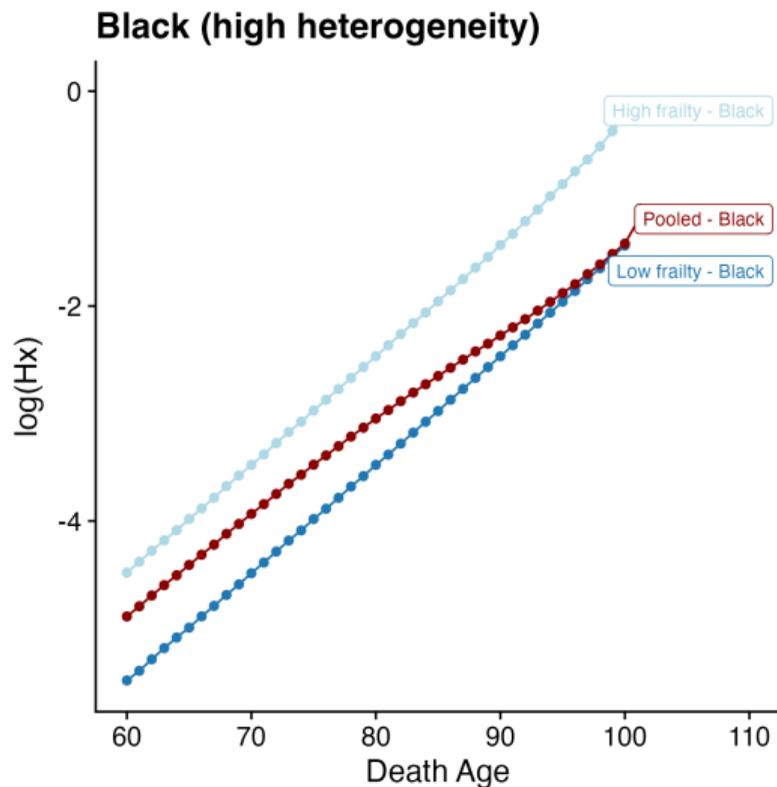
Heterogeneity in frailty (stylized example)



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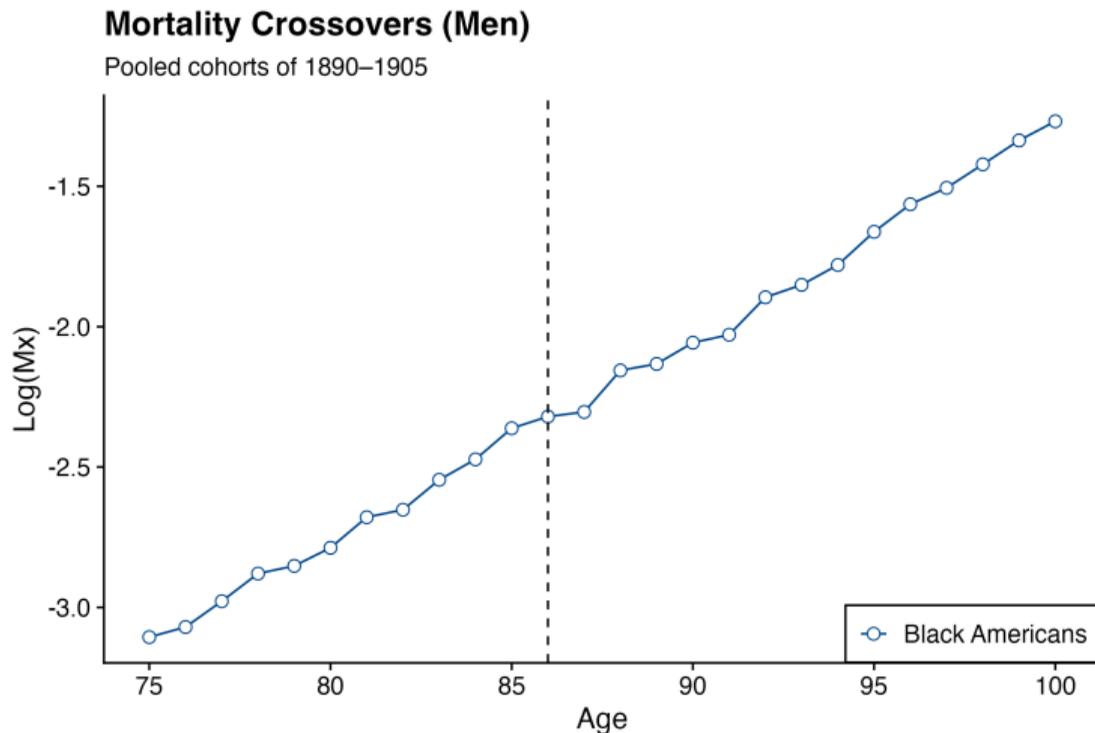
Empirical testing

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- ▶ We don't observe frailty but we observe characteristics that comprise part of frailty
 - ▶ Educational attainment
 - ▶ Occupation and income
 - ▶ Wealth

Simple test - visible deceleration? (Bend in curve?)



No support for heterogeneity in frailty explanation

1. Very little mortality selection

No support for heterogeneity in frailty explanation

1. Very little mortality selection
2. Mortality selection stronger for White Americans than Black Americans
 - ▶ Cause a widening — not convergence/crossover — of mortality rates
3. No observable mortality deceleration

Where to next? Adaptive resilience

▶ Resilience

- ▶ Lifelong exposure to adversity (racism, economic hardship, discrimination) may cultivate adaptive coping mechanisms
- ▶ Black Americans have higher levels of self-esteem and religiosity than white Americans ([Louie 2024](#)), better mental health ([Erving 2021](#)) and subjective survival expectations ([Bernstein and Sasson 2021](#))

▶ Supportive Social Structures

- ▶ Older Black adults are more deeply embedded in extended family systems + live closer to kin ([Springer, Crowder, et al. 2023](#))
- ▶ More embedded networks provide caregiving, daily help, companionship, protection from loneliness ([Cornwell and Qu, 2024](#), [Umberson et al. 2010](#), [Durkheim 1897](#))

Conclusions

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 - ▶ However, other dimensions of heterogeneity might be responsible (biomarkers, self-rated health)

Conclusions

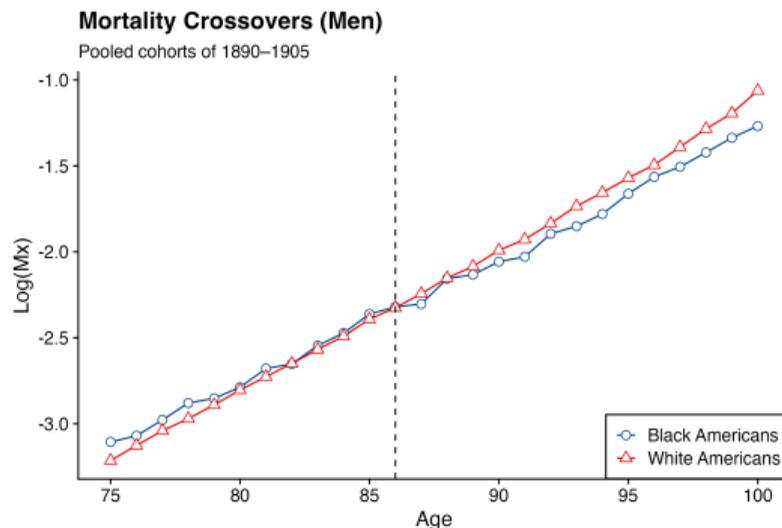
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 - ▶ However, other dimensions of heterogeneity might be responsible (biomarkers, self-rated health)
- ▶ Attenuation of disadvantage from adaptive resilience: **Intriguing**, but need more theoretical and empirical work
- ▶ New explanations are needed (!)

Thank you — questions?

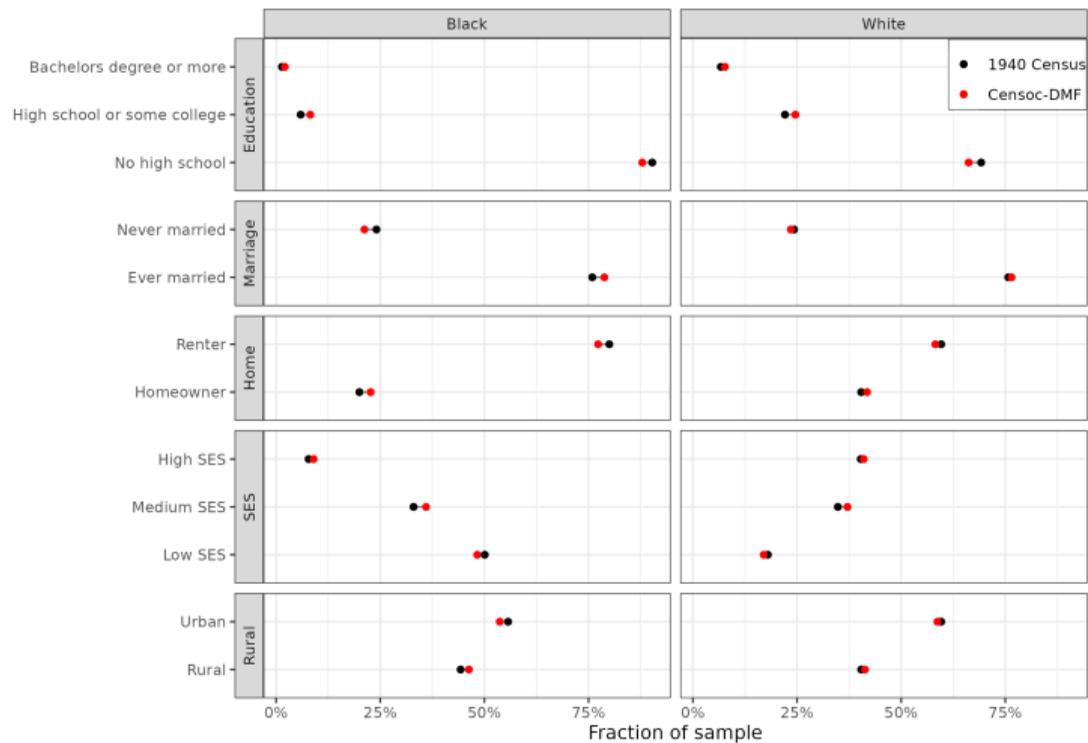
Data: CenSoc.Berkeley.edu

Funding: R01AG058940, R01AG076830

Contact: ✉ casey.breen@demography.ox.ac.uk



Representativeness



Birth cohorts of 1906-1915: Gompertz Hazard Model

$$h(x) = \mathbf{a}e^{\mathbf{b}x} \quad (2)$$

- ▶ $h(x)$ = hazard at age x . “Force of mortality”

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Birth cohorts of 1906-1915: Gompertz Hazard Model

$$h(x) = \mathbf{a}e^{\mathbf{b}x} \quad (2)$$

- ▶ $h(x)$ = hazard at age x . “Force of mortality”
- ▶ **a is baseline mortality**
- ▶ **b is rate of increase of mortality**

Representativeness of samples

	General Pop		CenSoc-DMF		CenSoc-DMF Siblings	
	No.	%	No.	%	No.	%
Educational Attainment						
<High School	4951782	67.3	608639	64.7	26137	66.7
High School or some college	1783203	24.3	247103	26.3	10133	25.9
Bachelors Degree	339072	4.6	48024	5.1	1664	4.2
Advanced Degree	162122	2.2	24559	2.6	820	2.1
NA	117086	1.6	12091	1.3	441	1.1
Race						
Black	656027	8.9	34159	3.6	278	0.7
Other	27778	0.4	3296	0.4	43	0.1
White	6669460	90.7	902961	96.0	38874	99.2
Marital Status						
Married	7013184	95.4	905924	96.3	38102	97.2
Not married	340081	4.6	34492	3.7	1093	2.8
Homeownership						
Homeowner	1780906	24.2	249379	26.5	11553	29.5
Not Homeowner	5572359	75.8	691037	73.5	27642	70.5
Socioeconomic Status Indicator						
Sei 1-9	1293523	17.6	138209	14.7	5513	14.1
Sei 10-14	1170543	15.9	149673	15.9	7962	20.3
Sei 15-25	1862967	25.3	246484	26.2	10028	25.6
Sei 26+	2776321	37.8	380226	40.4	14745	37.6
NA	249911	3.4	25824	2.7	947	2.4
Rural						
Rural	3183160	43.3	397739	42.3	19754	50.4
Urban	4170105	56.7	542677	57.7	19441	49.6

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