

Socioeconomic Gradients in Morbidity in the Late 19th Century: An Examination of Self-Reported Conditions by Households Enumerated in the 1880 Census.

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Theoretical Background of Health Inequality Research

For centuries, researchers have recognized the socioeconomic gradient in health (Virchow 1848; Chaplin 1924; Coombs 1941; Kadushin 1964; Antonovsky 1967; Kitagawa and Hauser 1973; McKeown 1976; Duleep 1989; Adler et al. 1994; Colgrove 2002). In recent decades, there has been a renewed interest in socioeconomic gradients in morbidity and mortality over the course of the century (Duleep 1989; Feldman, Makuc, Kleinman, and Cornoni-Huntley 1989; Pappas, Queen, Hadden and Fisher 1993; Link and Phelan 1995; Hayward, Miles, Crimmins and Yang 2000; Lutfey and Freese 2005). However, few studies attempt to reveal trends in socioeconomic status and health in the 1800s. This study focuses on measures of morbidity reported in the 1880 Census; specifically, our analysis focuses on the comparison of socioeconomic gradient effects in infectious and chronic diseases.

Research Design and Data

For our analysis, we use the Integrated Public Use Microdata Sample (IPUMS) of households taken from 1880 Census records (Goeken, et al. 2003). We use self-reported health conditions on the day of enumeration (Ruggles, et al. 2004) as a measure of morbidity. There are twenty-six health condition categories in the 1880 IPUMS data including disability variables (maimed, insane, idiotic, blind and deaf). The 1880 IPUMS sickness data also provide subcategory information on specific types of illness (e.g., tuberculosis) (Ruggles, et al. 2004) allowing us to distinguish between infectious and chronic illnesses.

Our paper focuses on the relationship between socio-economic status and morbidity in 1880 at the regional level. As a measure of socio-economic status (SES), we use the Duncan Socioeconomic Index

that classifies occupations. For the health condition variable, we aggregated at the household-level, using the SES measure from the head of the household. Our analysis focuses on the relationship between SES and morbidity and compares the infectious and chronic disease gradients. Finally, in our analysis we also consider information on symptoms and actual diagnoses categories to test for SES differences in the classification of the morbidity strings (e.g., differences between people who articulate a symptom such as a “chronic cough” that is then coded as “Respiratory – Non-specified” and people that articulate the actual condition such as “tuberculosis”).

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