**Jan. 26, 2021. Very rough intro for 'indicators paper'**

**From Susan P.**

An underlying and fundamental assumption of all survey data and all measures, whether biologic or not, is that the same element is being measured in each subject or participant. Only then can differences in relationships between that item and an outcome be compared and contrasted across groups. Rarely, however, are the meanings of measures interrogated. When individuals are asked how they rate their health, or whether their income is sufficient, although the question asked is fixed and unchanging, interpretations of that question may vary among individuals and across groups. For example, if women tend to consider lower absolute incomes as adequate relative to men (and there is evidence that they do), how would this affect a study of the relationship between income sufficiency and health? Would it appear that among women, poorer health is less likely to be aligned with this measure of SES? If so, this might only be because women have, in effect, over-estimated their SES by accepting a lower level of income as adequate. This misclassification (I may be using the term loosely here!) leads to ambiguity in estimating the association between SES and health because entwined in the estimate is an 'independent variable' that is not independent of sex as it has different meaning for women and men.

We will examine the meanings of measures, to consider whether sex or gender ie the intersection of sex and social locations, in any way drive how and where individuals locate themselves within each measure. There are two aspects to this problem: 1. measures that are interpreted differently by different groups (as explained above) and; 2. Identifying missing measures that have meaning for all groups – eg measures of reproductive and household work, control at home and work, etc. These measures merit consideration because it may be that for women measures of control (especially at home) and, perhaps, of social capital, may be more robust social indicators that also have meaning for men. *Could weave in Karasek's concept of control at work (for men) versus control at home for women.*

*I will then review classic papers demonstrating that the characteristics aligning with a particular self-report of health are often different for men and women* eg SRH may align more closely with income for one sex than the other, or with function or mood etc. The finding of sex differences is the norm although the nature of those differences is not uniform (sometimes for a particular level of 'objective health' women report poorer SRH than men and at other times the reverse is so). These inconsistencies may well arise from intersections of various social locations with sex, intersections that then produce heterogeneous reports of SRH among eg men or women. (give some egs). However, perhaps the more fundamental heterogeneity introduced above might arise if women and men, or subgroups within each of these categories attribute different meanings to subjective indicators and therefore consider different parameters in determining, for example, whether their health is excellent fair or poor. Findings that SRH aligns differently with depression or workplace control for men and women suggest that perhaps how each sex accounts for mental health or home and workplace satisfaction enters into the measure of SRH. If so, this widely used single indicator would actually be indicating something different for women and men. How might a measure with a consistent and common meaning be developed?

There is very little research on what people mean when they rate their health, what they consider, how they weight different factors and whether these weightings and meanings vary by sex/gender. *Now review the few relevant papers, particularly Peersman*.

Methods

-survey of an international sample of ~1000 men and ~1000 women aged 25-45, 45-65, 65+.

-We will look at specific indicators most commonly used eg SES, ?race, ?marital status, SRH, caregiving, care receiving and examine evidence for difference in meanings for men and women to determine whether what historically has been true for men is true for all (eg Whitehall 1).

Survey content

The survey will ask participants to rate the contribution (out of a total of 100%) to the measure (indicated in bold below) for each of the following groups of inputs

**SRH**

1. physical function, mental health/function, number of diseases/diagnoses

2. physical pain, diagnosed disease, mental anguish *(find a less severe term!)*

3. happiness, life satisfaction, control in life

4. health of others of same age, relative to my own expectations, compared to 'perfect health'

5. satisfaction with work/career, satisfaction at home, satisfaction with family

6. connection to co-workers, connection to friends, connection to spouse/family

7. control in my workplace, control at home

8. optimism, independence, support (??)

**Quality of life**

Need to check scales

**Caregiving**

Would you say that a spouse who provides the following is a caregiver? Preparing meals, doing household chores (eg laundry), helping you bathe

**Income sufficiency** how would you decide your income is sufficient:

**Individual Income**

1. What would you include if asked about your individual income: personal salary/wages, money available from partner, income from investments

2. Individual income: consider – income I earn, income I have access to, ??

Respondent demographics – age, sex, ?? anything else, sources of income (?), employment