
SOCIAL, BEHAVIORAL, AND BIOLOGICAL FACTORS, AND SEX DIFFERENCES IN MORTALITY*

RICHARD G. ROGERS, BETHANY G. EVERETT, JARRON M. SAINT ONGE, AND
PATRICK M. KRUEGER

Few studies have examined whether sex differences in mortality are associated with different distributions of risk factors or result from the unique relationships between risk factors and mortality for men and women. We extend previous research by systematically testing a variety of factors, including health behaviors, social ties, socioeconomic status, and biological indicators of health. We employ the National Health and Nutritional Examination Survey III Linked Mortality File and use Cox proportional hazards models to examine sex differences in adult mortality in the United States. Our findings document that social and behavioral characteristics are key factors related to the sex gap in mortality. Once we control for women's lower levels of marriage, poverty, and exercise, the sex gap in mortality widens; and once we control for women's greater propensity to visit with friends and relatives, attend religious services, and abstain from smoking, the sex gap in mortality narrows. Biological factors—including indicators of inflammation and cardiovascular risk—also inform sex differences in mortality. Nevertheless, persistent sex differences in mortality remain: compared with women, men have 30% to 83% higher risks of death over the follow-up period, depending on the covariates included in the model. Although the prevalence of risk factors differs by sex, the impact of those risk factors on mortality is similar for men and women.

Women generally live longer than men, and although research has consistently shown that the U.S. sex gap in mortality has fluctuated over time, much of the literature has overlooked important covariates and has not examined recent demographic patterns. One of the main objectives of the *Healthy People 2010* public health initiative is to eliminate health disparities, with a specific emphasis on sex differences in health (U.S. Department of Health and Human Services [U.S. DHHS] 2000). We use hazard models and a current nationally representative data set to examine numerous factors that affect sex differences in adult mortality in the United States. Specifically, we seek to explain sex differences in mortality by (1) accounting for differences in the distribution of both social and biological protective and risk factors by sex, including socioeconomic status (SES), social relationships, health behaviors, and biological indicators of health; (2) examining whether specific protective and risk factors have unique relationships with mortality among men and women; (3) determining sex differences in cause-specific mortality; and (4) estimating potential sex-specific gains with cause-elimination models.

Both sexes have experienced tremendous but uneven increases in life expectancy at birth over the past century. Between 1900 and 2005, male U.S. life expectancy rose from

*Richard Rogers, Director, Population Program, 484 UCB, University of Colorado, Boulder, CO 80309-0484; e-mail: Richard.Rogers@Colorado.edu. Bethany G. Everett, Population Program, University of Colorado. Jarron M. Saint Onge, Department of Sociology, University of Houston. Patrick M. Krueger, University of Colorado, Denver. We thank the NICHD-funded University of Colorado Population Center (Grant R21 HD51146), the UCB Department of Sociology, and the University of Texas Population Research Center (Grant R24 HD42849) for administrative and computing support; the National Center for Health Statistics for collecting the data and making the linked files available to the research public; Nancy Mann for expert editorial suggestions; and Bob Hummer for insightful substantive comments. This article also benefited from presentation to the Cells to Society Colloquium Series, Northwestern University; the Department of Demography and Organizational Studies, and the Institute for Demographic and Socioeconomic Research, University of Texas at San Antonio; the Department of Preventive Medicine and Community Health, The University of Texas Medical Branch, Galveston, Texas; the Division of Social Statistics, University of Southampton; and the Center for Population Dynamics, Arizona State University. And we thank the reviewers for their careful reading of and helpful comments and suggestions on an earlier version of this article.