School Income Inequality and Sexually Transmitted Infections in the United States

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Background

- Economic inequality is associated with several health outcomes across a range of settings.¹
- An observed association between inequality and health may reflect:
 - i. Absolute deprivation (e.g. a lack of resources)
 - ii. Community inequality (e.g. low social capital, social mixing)
 - iii. **Relative deprivation** (e.g. social distancing).²
- Social comparisons and risky sexual behavior are both common in school settings.
- We therefore considered:
 - whether **income inequality** affects an individual's subsequent risk of contracting a sexually transmitted infection (STI), and
 - through which mechanisms (absolute deprivation, community) inequality, relative deprivation) it might do so.

Methods

- Dataset: Add Health interviewed children in grades 7-12 in 1994/5 (Wave I). Re-interviewed respondents in 1996 & 2001/2 (Waves II & III)
- Analysis: Two-level hierarchical logistic model. 11,183 respondents (52%) female; 58% White non-Hispanic, 20% Black non-Hispanic, 15% Hispanic) nested in 132 schools.
- Outcome: A diagnosis of Chlamydia, Gonorrhea or Trichomoniasis, either self-reported (Wave II or III) or laboratory-confirmed (Wave III).
- **Covariates**: Respondent-level age, sex, race/ethnicity, parental education; School-level race/ethnic composition.
- Economic Measures: Built on parent-reported family income at Wave I.
 - i. Absolute deprivation: Per-capita equivalent family income;
 - ii. Economic inequality: Gini coefficient of sampled students' family incomes at each school;
 - iii. Relative deprivation: Family Yitzhaki index (reference group is other students at same school).

	_		Not Poor	Poor Fami		
Equal Community Unequal Community				Α	Absolute depri	
		Inequality c			Absolute depri Inequalit Relative depri	
	Model containing:	Sin	gle measures (bivariate)	A m	ll 3 SES easures	Absolute ind inequality & int
	Absolute deprivation	В	&D vs. A&C	[3 vs. A	B vs. A
	Community inequality	С	&D vs. A&B	(C vs. A	C vs. A
	Relative deprivation	D	vs. A&B&C	D	vs. B+C	-
	Sum of all measures		-	[D vs. A	D vs. A
	Interaction term		-		-	D vs. B+

Figure 1. Conceptual & analytic map of economic disadvantages

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Primary Results



Figure 2. Odds ratios for STI diagnosis by quintiles of economic status

- All 3 SES measures are positively associated with STI diagnosis bivariately.
- Inequality association much attenuated after covariate adjustment, specifically own race/ethnicity. Remains clear predictor of risk for rich (Figure 3, left-most quintile).
- Absolute deprivation remains positively associated throughout. But effect is independent of income equality.
- Relative deprivation becomes negatively associated in presence of other SES measures, suggesting negative multiplicative interaction between income and inequality. This is qualitatively confirmed by the adjusted, interaction model of absolute deprivation and inequality (Figure 3): STI risk rises as relative deprivation does, but by less than expected levels based on income & inequality values (i.e. the sum of the main effects). Additionally, we note that the relative deprivation measure appears to provide greater **power** to predict than the interaction terms.



(inequality increases from left to right within each quintile of income)



Subgroup comparisons

- By **Sex**:
 - Low income strongly associated with STIs for women;
 - Inequality effect also more positive for women than men.
- By **STI**:
 - Inequality & low income most strongly associated for Trichomoniasis, the STI with the highest proportion of female cases.
- By Race/ethnicity:
 - Inequality relationship strongest among Hispanics and Others;
 - Income relationship strongest for Black non-Hispanics.



(most vs. least disadvantaged quintiles)

Discussion

- Policy implications: Poverty may be a valid target for those wishing to reduce STIs, particularly for women and within Black non-Hispanic populations. Higher rates in more unequal settings appear to largely reflect compositional effects due to higher-risk racial groups living in them.
- Analytic implications: The Yitzhaki index is a useful tool for decomposing the causal mechanisms that might drive an association between inequality and health; it has clear epidemiologic and empirical interpretations.
- Future research: This analysis represents a first pass at a quantitative effort to separate an association between inequality and health into its constituent causal mechanisms. Next steps would include:
 - 1. Extending the approach to **other** health **outcomes** and **settings**;
 - 2. Using mediation analysis to confirm economic, behavioural or physiological **pathways** implied by each mechanism.

Acknowledgments & References

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	Not Poor Family	Poor Family			
Equal Community		Absolute deprivation	Model containing:	Single measures	All 3 measures
			Absolute deprivation	B&C vs. A&C	B vs. A
Unequal Community	Inequality	Inequality	Community inequality	B&C vs. A&C	C vs. A
• • •	• •	Relative deprivation	Relative deprivation	D vs. A	D vs. B+C
			Sum of all 3 measures	-	D vs. A
			Interaction term	_	_

		2 nd		2 nd	
	Richest	Richest	Middle	Poorest	Poorest
Most equal	1.0				
2 nd most equal					
Middle					
2 nd most unequal					
Most unequal					



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Absolute income, inequality & interaction B vs. A C vs. A --D vs. A

Not Poor Family

Equal Community

Inequality



Unequal Community

		Per-capita income					
			2nd		2nd		
		Richest	richest	Middle	poorest	Poorest	
	Most equal	1	1.99	1.48	1.75	0.99	
Community	2nd most equal	1.15	1.34	1.47	1.64	1.65	
inoquality	Middle	1.31	1.56	1.22	1.15	1.93	
mequanty	2nd most unequal	1.49	1.51	1.74	1.83	2.13	
	Most unequal	1.74	1.36	1.79	1.53	1.60	

Richest quintile in most equal quintile is the comparison group

Significant at the 10% level

Significant at the 5% level

Poor Family