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Canadian Centre for Health Economics
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THE PUZZLE OF GOOD HEALTH AMONG ULTRA-ORTHODOX JEWS IN ISRAEL

Dov Chernichovsky & Chen Sharony

Discussant: David Rudoler

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INTERESTING TOPIC

1. Why is it that Israel's Ultra-Orthodox Jews (UOJs) enjoy better health, relative to the general Israeli population, despite low levels of socio-economic status?

   - **Hypothesis:** UOJs have high investment in "social capital" that contributes to better health outcomes (life-expectancy & self-assessed health).

2. Why do UOJs enjoy better health, relative to other religious groups, controlling for socio-economic status?

   - **Hypothesis:** There is a differential impact of "social capital" in the UOJ population, relative to other religious groups.

Figure 1: Life expectancy at birth (2005–2009) in localities with population over 50,000, by socioeconomic index (2008), Israel
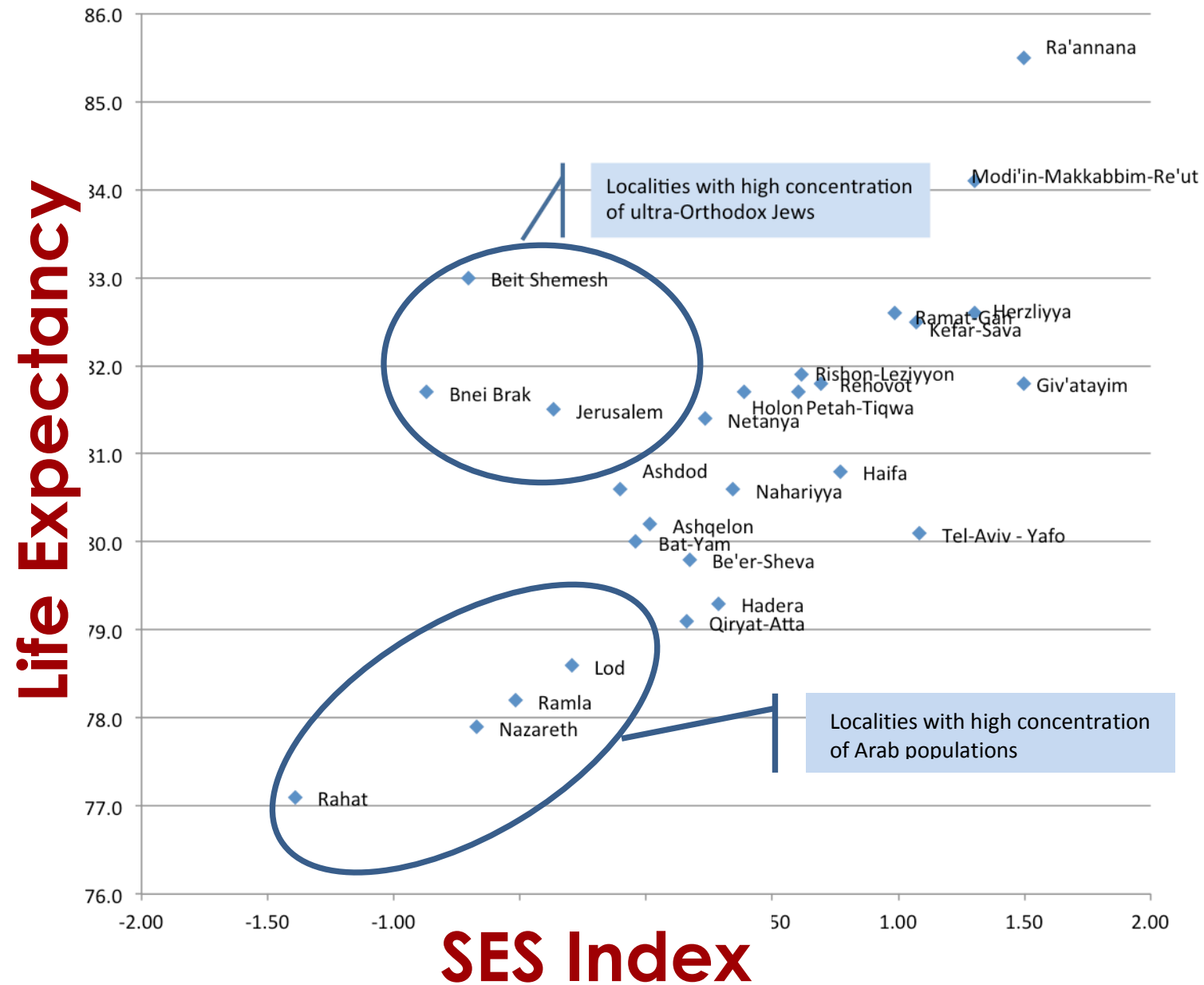
LONGEVITY AMONG UOJ

UOJ Localities	Arab Localities
Jerusalem	Lod
Bnei Brak	Ramla
Beit Shemesh	Nazareth
--	Rahat

Low SES
High Life Expectancy

Low SES
Low Life Expectancy

LONGEVITY AMONG UOJ

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Comment

Is this really a UOJ locality?
- Large Arab population
- Large secular Jewish population

LONGEVITY AMONG UOJ

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Comment

- Is low SES in both groups the result of similar factors?
- Healthy immigrant effect?
- Is this comparison really needed in your paper?

SOCIAL CAPITAL

- *"UOJ demonstrate a high level of satisfaction with different aspects of their lives, which indicates a high level of social capital"* (p. 7)

- What precisely is meant by "social capital"?

- What are the mechanisms of social capital in the UOJ population?

REGRESSION ANALYSIS - DATA

- Social Survey of Israel, 2011-2012 from the Central Bureau of Statistics of Israel.

- Description of data?
  - Non-institutional population aged 20+, (n=~7,500)

- Outcome variable: self-assessed health

SELF-ASSESSED HEALTH

Table 1. Self-Reported Health Status by Religiosity, Jews and Non-Jews.

Religiosity	Health indicators					No health problem
	Very good	**Good**	**Not so good**	**Not good at all**	**Very good—standardized**	
Jews	Percent of all					
Ultra-Orthodox	73.6	20.4	5.3	0.0	64.6	18.7
Religious	52.9	31.9	10.1	4.9	55.1	35.4
Traditional	48.0	31.5	14.1	6.3	51.2	39.4
Not religious, secular	52.9	34.0	9.1	3.7	54.2	33.7
Non-Jews	Percent of all					
Very religious and religious	54.1	21.7	17.6	6.7	51.2	33.8
Not so religious	60.3	24.8	10.3	4.6	50.7	25.0
Not religious	56.4	26.2	12.3	5.2	48.5	28.2

STATISTICAL ANALYSIS

$$PROB(SAH) = f(\alpha_1 + K\alpha_2 + S\alpha_3 + X\alpha_4 + \varepsilon)$$

R = dummies traditional, religious, ultra-orthodox
(not religious is base category)

S = vector of SES indicators

(household income, education, # of wage earners, labour force participation)

X = vector of control demographic variables

(age, sex, marital status)

K = vector of social capital indicators

SOCIAL CAPITAL & HEALTH

Comment

- Differential effect of social capital on health:
  - Stratification, interaction terms
- Relationship between social capital and religiosity:
  - Separate estimates for each of your K variables (Baron-Epel, et al. 2008)

SOCIAL CAPITAL & HEALTH

Comment

- Heterogeneity in responses to self-assessed health?

  - Results may represent differences in subjective health rather than objective health status (Levin, 1994)

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THANK YOU

David Rudoler, PhD(c)

Institute of Health Policy, Management & Evaluation,

University of Toronto

155 College St., Toronto ON

M5T 3M6

Canadian Centre for Health Economics
155 College Street, 4th Floor
Toronto, ON M5T 3M6 Canada
Email: cche@utoronto.ca | **Phone: 1-416-978-4125**

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