

In recent years, the average life expectancy of Japanese people is increasing, and it is already the world first in 2013 (WHO (2015)). However, the difference in the average life expectancy in Japan from 3 years in 1947 to about 7 years in 2013 (Ministry of Health, Labor and Welfare (2015 a)). With regard to the average life expectancy among major developed countries G9 now belongs to the group with the largest gender difference with France and South Korea As a result, changes in the age composition of men and women in Japan have occurred, the proportion of women over 65 years old population There is a difference of 4.9% from men, which is the country with the largest difference in age composition of men and women in G9 (OECD (2015)). The difference between the longevity and age structure of these men and women suggests that there is a large health disparity between men and women. Also, looking at outgoing visit behavior of men and women in Japan, the number of men and women outpatient in the year was almost the same at the time of 1960, but thereafter the difference between outpatients increased between males and females (Ministry of Health, Labor and Welfare 2015 b)). There is a clear gender difference in outpatient consultation behavior. This paper focuses on the socioeconomic status, "What kind of socioeconomic status factor is related to the health of middle and elderly people in Japan?", "Social economy as a health disparity between men and women Based on research questions such as "whether the position is affecting and what are the most important factors?", "Does socioeconomic status difference interfere with medical institution access (outpatient visit behavior)?" Grossman (1972) using the health investment function, compared with the previous study and compared and verified. In conclusion, the factors influencing health and outpatient visit behavior of middle and elderly people in recent years are changing with age change. In middle-aged people, socioeconomic status and health are not much related to men, and positive effects of education and marriage on health are great for women. Men's health tends to be affected by monetary factors such as income in the elderly, and the positive effects of education and marriage are weakened for women's health. Analysis on outpatient consultation behaviors has results similar to health, and education has influence on outpatient consultation behavior of elderly women, and elderly men are influenced by monetary factors such as living expenses. In addition, as a result of comparison with previous studies, the fact that gender health disparities occurred, the fact that the educational level of women increased significantly after World War II contributed to the contribution. From the conclusion of this paper, it is clear that policies to increase the proportion of regular workers and policies to maintain and increase women's college admission rates are increasing, as women are more likely to be affected by education and men are more sensitive to monetary factors It is considered effective for eliminating health disparities and extending average life expectancy.