



Socioeconomic Status and Health

Socioeconomic status (SES) has long been recognized as a major determinant of health. There are really 3 parts to socioeconomic status – income, education, and occupation – and these factors are obviously related to one another. In this module, we want to talk a bit about the overall concept of SES and how it relates to health. In subsequent modules, we'll discuss the three factors individually.



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References



- ▶ Berkman LF, Kawachi I, & Glymour MM (eds). *Social Epidemiology* (2nd edition). Oxford University Press, 2014.
 - ▶ Chapter 2: Socioeconomic status and health

The overall relationship



- ▶ As SES increases, health increases
OR
- ▶ As SES increases, the risk of morbidity and mortality decrease.
- ▶ Well-established in the literature

It is very well-established in the literature that as SES increases, health increases – wealthier persons with higher levels of education and social standing tend to be healthier and have better outcomes. Said another way, as SES increases, people are less likely to suffer from chronic diseases or to die early of those diseases. These relationships are shown time and time and time again in the literature.

Importance



- ▶ Could use SES as a marker to identify individuals who might benefit from extra services
- ▶ To understand how to intervene on some aspect of SES to improve health

Given that we know so much about the relationship between SES and health, one might ask why this is important? There are two thoughts on this. First, you could use SES, which is relatively easily measured, as a marker to identify individuals who may benefit from extra services to support health. Second, health promotion program developers can use their understanding of SES and how it affects health to develop interventions that target some aspect of SES – and thus improve health overall.

Two concepts of social disadvantage



- ▶ Social theory – concerned with:
 - ▶ What types of disadvantage matter for health
 - ▶ What mechanisms link disadvantage to health
- ▶ Fundamental cause theory (Link & Phelan)
 - ▶ High-SES individuals possess a variety of resources that protect health, regardless of other mechanisms that may be operating.

Social theory is concerned with what types of disadvantage matter for health and what mechanisms link social disadvantage to health. If we are seeking to generate actionable information for translation into policy, this concept helps us understand everything a little more fully, to think through how to generalize existing interventions to new populations.

Link and Phelan's fundamental cause theory says high-SES individuals have resources of various types that protect their health. They argue that low SES places people 'at risk of being at risk' for developing disease and having poor outcomes. They point to the importance of considering not only individual-level risk factors but also why some populations are more likely to be exposed to those risk factors than other populations. They argue that focusing exclusively on the mechanisms that might link SES and health may lead to interventions that are ineffective because they seek to change behaviors that are largely a consequence of factors outside of the scope of the intervention AND may lead to blaming individuals for circumstances beyond their control.

A dynamic, relative influence

- ▶ SES
 - ▶ Dynamic – changes over time
 - ▶ Different at various life stages
 - ▶ Possession of resources
 - ▶ Relative construct
 - ▶ Differences between groups

SES is both dynamic and relative. It is dynamic in that it changes over time, as an individual moves through the stages of life. The term ‘SES’ is used to refer to differences between individuals and between groups with respect to the possession of resources. Thus, it is a relational construct, theoretically capturing how groups stand in relation to each other. It is not an absolute measure of wealth or income.

Timing – Models



- ▶ Critical or sensitive period
- ▶ Accumulation of risk
- ▶ Chain of risk
- ▶ Immediate risk
- ▶ SES instability

- ▶ Guide for intervention

Many believe it is critical to incorporate time and differential influence of stages of the life course when understanding the impact of constructs such as SES on health. In other words, there is some belief that when the low-SES exposure occurs is important. Various models address this. For example:

- The critical or sensitive period model suggests that exposures during a specific developmental period have reverberating consequences years later.
- Accumulation of risk models imply that each additional episode of low SES adds to an ever-growing health disadvantage.
- Chain-of-risk models suggest that low SES is primarily unhealthy because it leads to future low SES and only later in life does low SES become apparent as ill health.
- Immediate risk models maintain that the link between low SES and adverse health outcomes is immediate.
- The SES-instability model states that instability in SES is the important factor, more so than any point-in-time effect.

Distinguishing between these models may be important for developing interventions – your choice of intervention will be guided by your belief about the mechanism of action.

Next steps



- ▶ Additional modules
 - ▶ Income
 - ▶ Education
 - ▶ Occupation

There are three additional slide sets – or modules – that will provide some additional information on income, education, and occupation.