



# Understanding Socioeconomic Status with Health Equity



# Objectives

- Members should be able to define socioeconomic status and all relevant definitions
- Members should be able to understand historical impacts on socioeconomic status and how it influences medical interactions today.
- Members should be able identify examples and the impact of socioeconomic status on patient outcomes.



**What does socioeconomic  
status mean?**

# DEFINITIONS



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# Socioeconomic Status

## Definition:

*Socioeconomic status* is a representation of one's access to collectively desirable goods, including social networks, material items, money, and healthcare (Rossi and Nock).

- Socioeconomic status has a significant impact on health outcomes, affecting people's access to care, quality of care, engagement in preventative care, and environmental factors.

"If you or a loved one were suddenly diagnosed with a chronic illness like diabetes, If treatment cost more than you could afford, what tough choices might you have to make?"



# Occupational Health Disparities

## Definition:

*Occupational health disparities* are differences in workplace conditions that disproportionately contribute to poorer health.

People who have lower socioeconomic status are often more affected by occupational health disparities due to a higher prevalence of industrial, physical jobs, and a lower quality of safety training and measures.

# Health Impacts

VOICES  
OF  
EQUITY



# Nutrition

Because of inconsistency in the ability to acquire nutritious food, it can lead to poor health outcomes.

- Food insecurity
- Food access
  - Food desert: places where there are minimal options for acquiring healthy foods
  - Food apartheid:
    - Food swamp: places where fast food restaurants and stores selling unhealthy food are extremely common
  - Food oasis: places where supermarkets are readily available, making healthy food easy to acquire





## **Stress and Bodily Pathways**

- Lower SES contributes to higher stress
  - increases inflammation
  - weight retention
  - influence on the neural, impulse, and reflective systems (Kraft, 2021)
- Lower SES patients may consider healthy behaviors as marginal to their overall health due to their overwhelming financial circumstances and therefore make less of an effort to control them (Kraft, 2021).



## Insurance and Medicaid

- People with lower SES may be eligible for insurance benefits through Medicaid
- Middle-high SES may also struggle with finances, as private insurance is incredibly expensive
- Lower-middle often may not qualify for Medicaid and cannot afford private insurance
  - Children's Health Insurance Program (if income too high for medicaid) gives children benefits until age 19



## **Cyclic Nature of Low SES**

- Can be cyclic and very difficult to break out of, contributing to further worsened health for generations.
  - For example, food insecurity and lack of nutrition from low SES can contribute to hindered education and career potential, lowering a child's ability to succeed in school and break the cycle of low SES.

# ACTIVITY

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# Crossword Race!

## Directions:

Get into groups of 2-3 with *only* one member from each committee (1 outreach, 1 philanthropy, 1 media/education). When we start the timer, flip over the crossword. Whichever group finishes first gets a prize!





# CASE STUDY

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## Living with a chronic disease: insights from patients with a low socioeconomic status

A study by Wilder et al. was conducted to better understand how domains of health-related quality of life (HRQOL) are affected in populations with low SES.

**Method:** A qualitative interview study was conducted in Belgium with fifteen chronically-ill patients from a low SES background, and interviews were analyzed using NVivo.

**Results:** Low SES patients had greater risks of social isolation, dependence on others, and stress, more research needed.



## **What insights does quote 1 provide regarding low SES patients with chronic illness?**

“I need to plan when I want to do something and after that I need to schedule enough rest. But I can’t plan too far in advance because I don't know if my body will allow it. So, I need to plan, but I can't make many plans at the same time. That’s very frustrating. If I go somewhere, I need to know: can I sit there?” (P11, female, 38 years)

- Illness dependency
- Difficult to work
- Limited accessibility
- Decreased sense of autonomy



## **What insights do quotes 2 and 3 provide regarding low SES patients with chronic illness?**

“I sometimes call the outreach worker or my financial administrator. Then I make up an excuse or I say: I’m just calling to say hello. Well, I do that just to hear someone, to hear a voice.” (P3, female, 39 years)

“When you talk about it with other people, they don't listen. They say: that's not my problem. People only think of themselves, your story doesn't interest them.” (P4, male, 57 years)

- Social isolation
- May be stigmatized or treated as burdensome
- Social rejection may increase stress



**So, why are we discussing  
socioeconomic status  
within the context of  
health?**



## Why is understanding this important?

- SES directly influences health through structures that cause stressors as well as creating access barriers, typically financial ones.
- Influences health literacy through financial access and education. This limits the efficacy of clinical encounters by having an uninformed patient that cannot advocate for themselves from lack of knowledge.
- Aids with health advocacy in both the hospital and external setting. Well-informed doctors can advocate on their patient's behalf.
- Helps the physician understand privileges and avoid assumptions that may worsen the relationship with the patient, harming their trust and therefore the efficacy of the clinical encounter.
- Physician understanding of external influences like SES can enable them to suggest and provide resources that can solve some problems in a way that in-hospital practices can't.