



HEALTH POLICY ISSUE BRIEF

# Socioeconomic Status

*This health policy issue brief helps family physicians and their care teams understand the critical role that socioeconomic status plays in reinforcing and exacerbating health disparities. SES is a combination of financial security, educational attainment and perception of social class or status. It is an American Academy of Family Physicians policy priority to address the social determinants of health, including SES. The AAFP recognizes that poverty, structural racism and discrimination are primary drivers of health inequities, and social factors can contribute to mortality as much as health behaviors and pathophysiological factors.*

## Key Messages

- Race, ethnicity, culture and perceived status are some of the social factors that have demonstrable impacts on health outcomes, which result in health disparities.<sup>1</sup>
- Education, employment and a lack of resources and access to health insurance are also SDoH that amplify disparities between those with economic opportunity and those without.
- Family physicians can support patients by recognizing and understanding their individual challenges and coping methods, becoming aware of community resources, fostering trusting relationships and advocating for health care incentives and systems that enhance both population health and individual care.

## SOCIAL INEQUALITY AND HEALTH DISPARITIES

Health disparities occur along social gradients in which individuals with lower SES and those who experience racism or other forms of discrimination have worse health outcomes than those who do not. This pattern persists even across income and education levels. SES can accurately predict a wide range of outcomes throughout the life span, including physical and mental health.<sup>2</sup>

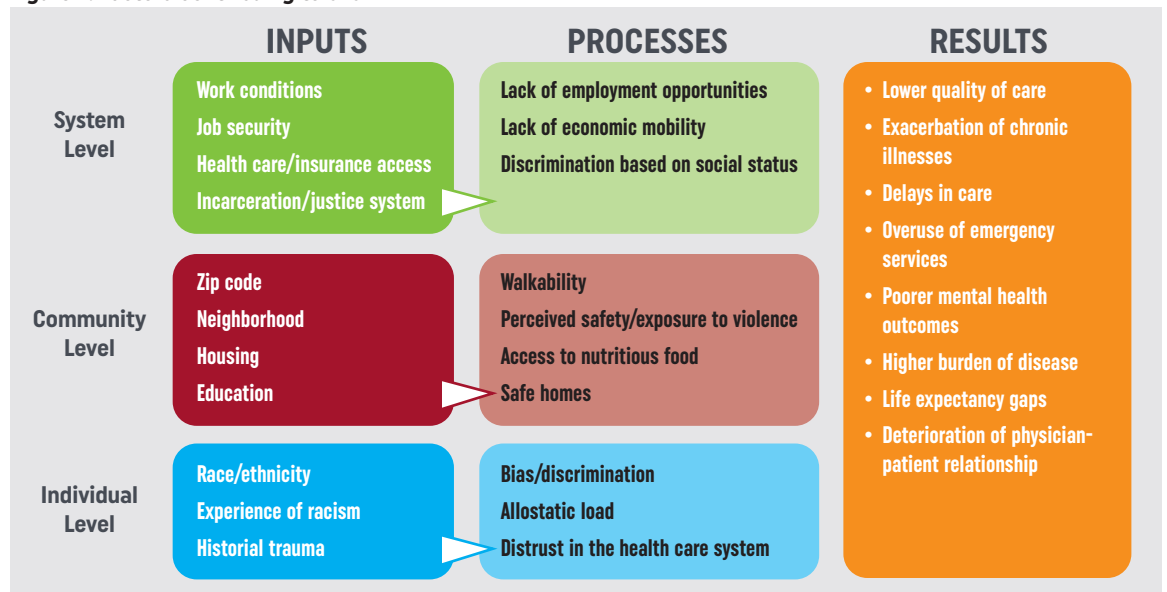
We may not know the full extent of the impacts of health disparities because health outcomes data and research often underrepresent people in minoritized groups.<sup>3</sup> The Centers for Medicare & Medicaid Services has identified the expansion of the collection, reporting and analysis of standardized data for measuring and intervening in health disparities as the first priority in its 2022-2032 Framework for Health Equity.<sup>4</sup>

SES measures an individual's economic and social standing based on various factors, including income, education and occupation. Economic inequalities and their connection to health disparities are well documented.<sup>5</sup> However, more recently, structural racism has been identified as a factor contributing to poorer health outcomes among racialized groups.<sup>6</sup>

It is difficult to discern how factors such as race, ethnicity, language, educational attainment, income, financial security, social standing, culture and institutions affect health outcomes, as they are all deeply and causally intertwined. SES is often conflated with poverty, which does not capture the complex impacts of social structures like marginalization, racism and sexism on individual health. Other social circumstances can mitigate opportunities for education, employment and health care.<sup>7</sup>

While poverty is a significant component of SES, a broader range of economic, social and environmental factors can collectively influence individual or community well-being and opportunity. Using information from the World Health Organization, the AAFP compiled individual-, community- and system-level factors that contribute to SES in *Figure 1* below.<sup>8,9</sup>

Figure 1. Factors Contributing to SES\*



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Factors such as these can have a cumulative impact on a person's health, particularly stress. For example, experiencing racism is significantly related to poorer mental health outcomes and, to a lesser extent, physical health outcomes.<sup>10</sup> Family physicians should understand that discrimination based on race, ethnicity, gender, sexual identity and social status compound for patients with one or more marginalized identities. With that understanding, family physicians can position themselves and their communities to advocate and implement policies and practices that promote health equity and reduce health disparities.

## AAFP RECOMMENDATIONS

The AAFP recognizes the significant impact of SES on health outcomes, with the most prevalent and severe health inequities occurring where poverty, systemic racism and discrimination exist.<sup>11</sup> The Academy also acknowledges that disparities in health outcomes, access to health care and individual well-being are closely tied to socioeconomic factors, including racism. To address the impacts of SES on patient health outcomes, the AAFP recommends:

- Implementing the [AAFP's Health Equity Curricular Toolkit](#) throughout health care training to further explore an area of care that has not often been adequately prioritized in past medical school and residency curricula.
- Training for family physicians, medical staff, residents and medical students on [health equity, inclusive care and strategies](#) to examine the implications of patients' past non-inclusive care.
- Advocating for regulatory frameworks and economic incentives to ensure public and population health is critical to individual health care efforts.
- [Screening patients for SDoH](#) and partnering with health care and social service organizations to connect patients directly to resources that mitigate the effect poverty has on health.
- Partnering with local public health services, such as health educators, community health workers and outreach services to help prevent costly, avoidable complications.<sup>12</sup>
- Aligning with other private and public community resources to advance the [integration of primary care and public health](#).

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\*Developed by the American Academy of Family Physicians from information in World Health Organization, *Social determinants of health*, [https://www.who.int/health-topics/social-determinants-of-health#tab=tab\\_1](https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1); and Solar O, Irwin A, *A conceptual framework for action on the social determinants of health*, WHO, [https://www.afro.who.int/sites/default/files/2017-06/SDH\\_conceptual\\_framework\\_for\\_action.pdf](https://www.afro.who.int/sites/default/files/2017-06/SDH_conceptual_framework_for_action.pdf).