SOCIOECONOMIC STATUS

- Socioeconomic status (SES) is a term that refers to a combination of income and other social measures that include education level attained. The term SES also refers to some of the less measurable factors often associated with poverty such as social exclusion, which includes lack of a supportive community environment; overall high stress levels often associated with trying to find adequate food, shelter, and clothing; and exclusion from decision-making civic participation.
- Inequalities in SES, primarily measured by income and education, underlie many health disparities in the US.
- Income and education are intrinsically related and serve to some degree as proxy measures for each other. Therefore, those people who attain high education levels are more likely to attain high income levels as well.

According to the World Health Organization and others, research indicates that socioeconomic status is one of the *strongest* determinants of health, but the health of a population appears to be more determined by the *distribution* of income rather than the overall wealth of the population.

(*World Health Report 2000*, WHO)

Christine Hastedt, Public Policy Specialist, Maine Equal Justice Project

"Despite the good work that's been done over the past several years, there are large numbers of people who cannot afford private coverage and are not eligible for a public program. A related problem is ensuring that people with MaineCare Insurance (Medicaid) have genuine access to quality services. Areas of particular concern include dental care and care for children with mental health problems."

NATIONALLY WE KNOW:

- Higher SES, as measured by higher income and education levels, allows people in the US increased access to medical care, better housing, safer neighborhoods, and opportunities to choose healthy behaviors such as physical activity.
- Lower SES, as measured by lower education and income status, is associated with higher rates of incidence and death from heart disease, diabetes, obesity, lead poisoning, and low birth weight.
- Limitation in activity from chronic disease, the most common underlying cause of disability, is three times higher in people with low income than in those with the highest income levels.
- Cardiovascular disease, the biggest cause of death, showed a decrease in mortality for all SES groups in the US between 1969 and 1998. However, there were significantly larger mortality declines in the higher SES groups, resulting in increasing inequalities in mortality associated with SES.

(G.K. Singh, M. Siahpush, Increasing inequalities in all-cause and cardiovascular mortality among US adults aged 25–64 by area socioeconomic status, 1969–1998, *International Journal of Epidemiology*, Vol. 31, pp. 600–613.)

- Among white men age 65 years, those with the highest income have a life expectancy three more years than those with the lowest income.
- Among people ages 25–64, the overall death rate for those with less than 12 years of education is more than twice that for people with 13 or more years of education.
- The level of education attained by women is a key determinant of the welfare and survival of their children. For instance, infant mortality is almost double for infants of mothers with less than 12 years of education compared with those with an educational level of 13 years or more.

Social Determinants of Health

An entire sub-field called social epidemiology now focuses on the health impact of social factors. More and more data show that the underlying conditions in which a person lives predict health to an equal or perhaps greater extent than access to medical care or lifestyle factors such as diet and tobacco use. The World Health Organization's 1986 Ottawa Charter includes the following prerequisites of health:

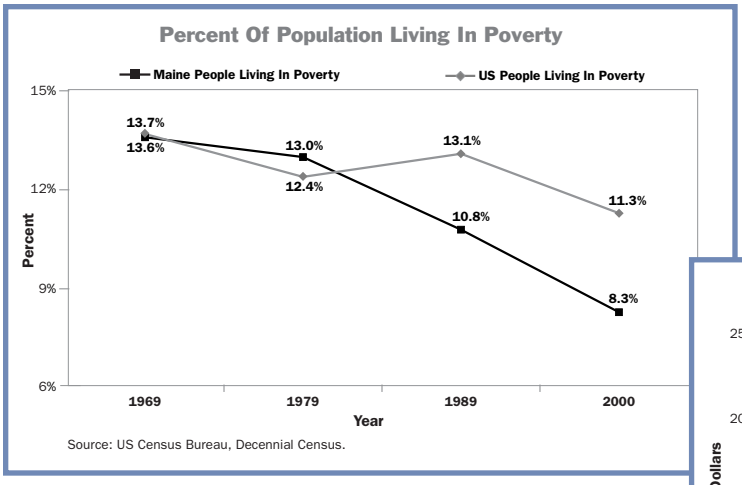
- **peace**
- **education**
- **income**
- **sustainable resources**
- **shelter**
- **food**
- **stable ecosystem**
- **social justice**
- **equity**

Social determinants of health predict a great proportion of variance in health status. Health Canada has defined the following key determinants of health:

- **income and social status**
- **social support networks**
- **education**
- **employment/working conditions**
- **social environments**
- **physical environments**
- **personal health practices and coping skills**
- **healthy child development**
- **biology and genetic endowment**
- **health services**
- **gender**
- **culture**

IN MAINE, WE KNOW:

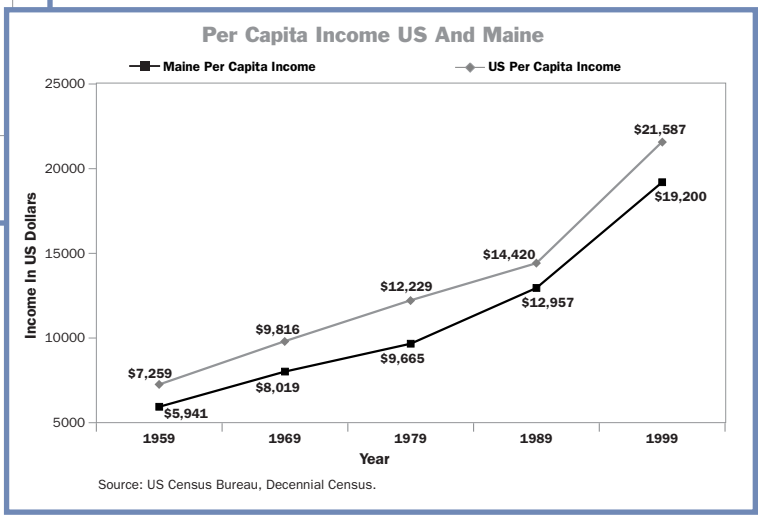
- Maine ranks 36th in the nation on personal income standings according to the 2002 Measures of Growth.
- Maine's estimated household income is $37,400, the lowest in New England and below the national average of $41,343.



Source: US Census Bureau, Decennial Census.

- According to the 2001 Measures of Growth, the wealthiest fifth of Maine families earn on average 8.5 times as much as the poorest fifth of Maine families, and 29% of Maine's population earns less than 200% of the Federal Poverty Level.

(Some Maine economic data sources: 2001 and 2002 Measures of Growth of the Maine Economic Growth Council prepared by the Maine Development Foundation)



Source: US Census Bureau, Decennial Census.

- Employment status is also associated with income and education. As an example of looking at employment status and its impact on health:
  Percent of Maine adults under age 65 who report they have diabetes:
  7.9% unemployed **3.3% employed**

CHALLENGES:

- We face challenges in defining socioeconomic status and its impact on health, since SES is much more than simply levels of income and education (see insert on social determinants of health). As research nationally and from other countries more clearly defines these determinants, it may become easier in the future to measure their impact on health here in Maine.
- Definitions for measuring income and education levels are less of an issue than other factors. However, income and education levels are not fully collected with all pertinent health data systems (see appendix). For instance, income is not collected with youth surveys (YRBS and MYDAUS), data systems that measure encounters with the health care system such as the MHDO data system, disease registries such as the Cancer Registry and Infectious Disease Reports, or with vital records. Sometimes analyses use the utilization of the health care delivery system by people with Medicaid Insurance as a proxy for measuring the impact of low income on health care utilization, but this has many limitations, including exclusion of people without health insurance.

- Education level is collected by youth surveys (YRBS and MYDAUS), but since education levels are not fully attained by respondents (by virtue of the fact they are in school at the time of the survey), this information is used primarily as a proxy for age – for instance, comparing 12th graders to 9th graders gives an idea of the differences between 18-year-olds and 14-year-olds.
- The impact socioeconomic status exerts on health overlaps with other factors. For instance, children, women, people with disabilities, racial and ethnic minorities are more likely to live in poverty. Therefore, one of our biggest challenges is to tease out the specific impacts SES has on health.
- Since socioeconomic status is considered by many to be the leading factor influencing our overall health, tracking its impact on the health of Mainers needs to be a priority. With improved measurements it will be easier to identify effective interventions that provide the opportunities for Maine people at all levels of socioeconomic status for longer and healthier lives.

Kevin Lewis, Executive Director
Maine Primary Care Association

"The health issues that we are most concerned about when reaching out to underserved populations are diabetes, depression, asthma, and cardiovascular disease. But we are challenged by our predominantly rural demographics in sustaining and expanding the care infrastructure. Our effort is to spread accessible and comprehensive models of primary care that most effectively address these chronic conditions."

Education Levels Among Maine People 25 Years and Older:

High School Education Attainment:

Eighty-nine percent (89%) have graduated from high school, compared with 84% nationally and 86% in New England. Maine's attainment is the second highest in New England, with Vermont at a 90% attainment level.

Bachelor's Degree Attainment:

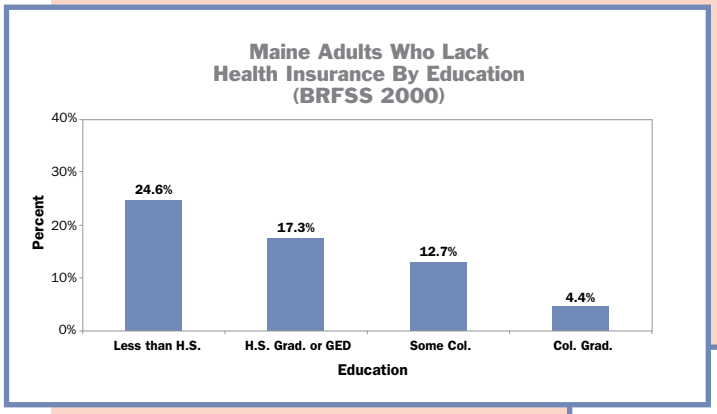
Twenty-four percent (24%) have a bachelor's degree or higher degree, compared with 26% nationally and 31% in New England. Maine's attainment level is the lowest in New England; Massachusetts has the highest at 35%.

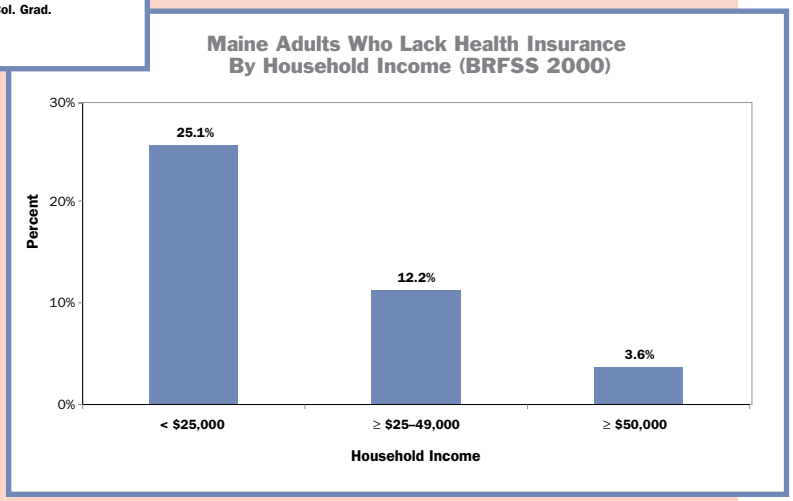
Graduate Degree Attainment:

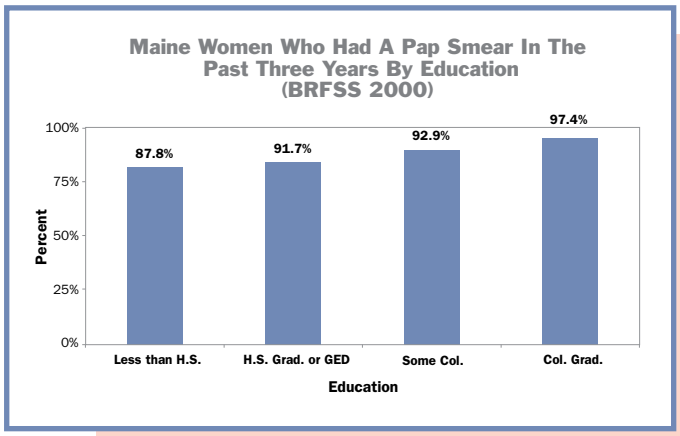
Five and three-tenths percent (5.3%) (preliminary estimate) have attained a graduate degree, compared with 5.6% nationally and 8.7% in New England.

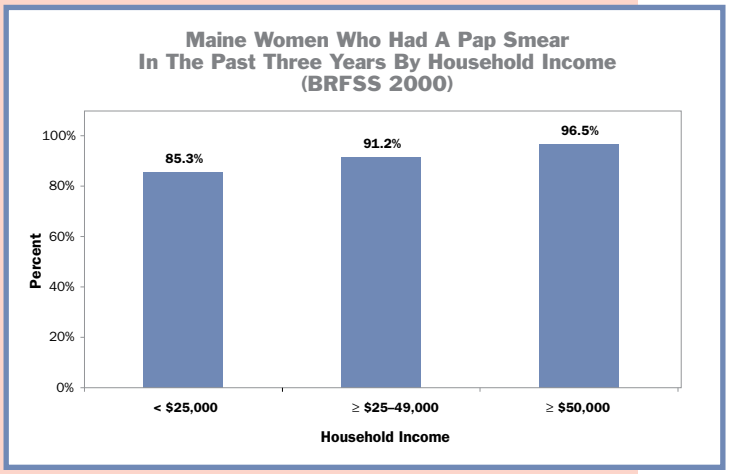
(Source: 2000 Census and the 2002 Measures of Growth)

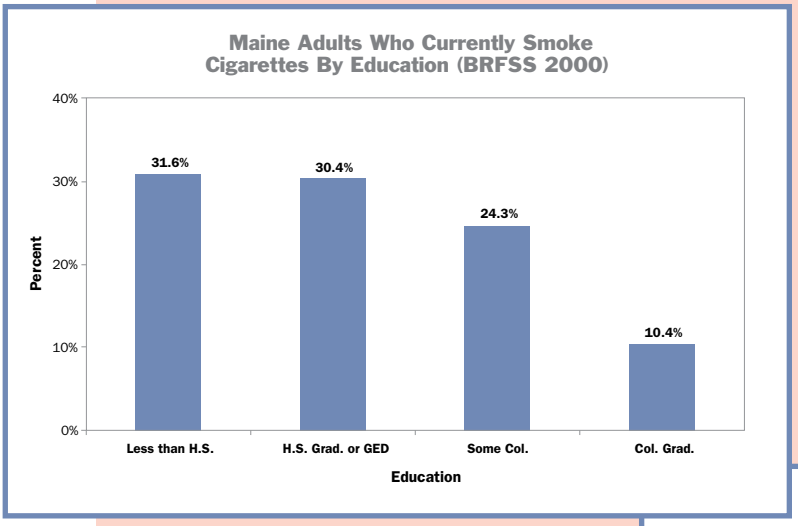
BOTH INCOME AND EDUCATION IN MAINE ARE ASSOCIATED WITH INCREASED HEALTH ACCESS AND PREVENTION:

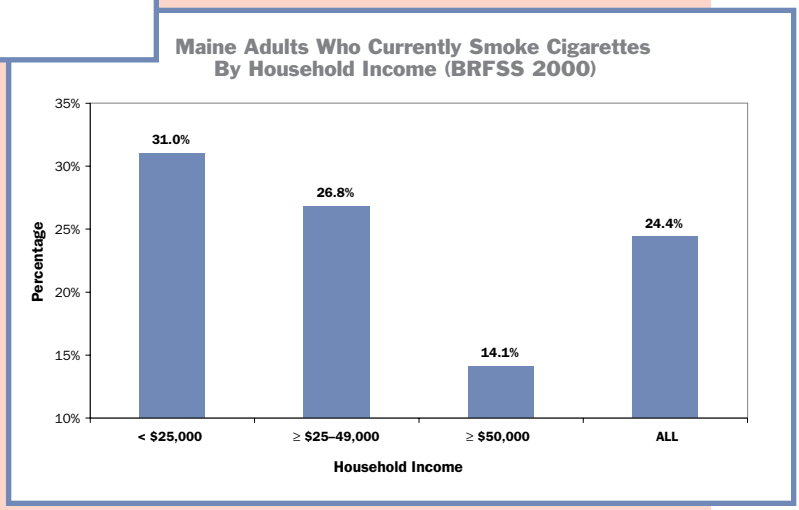


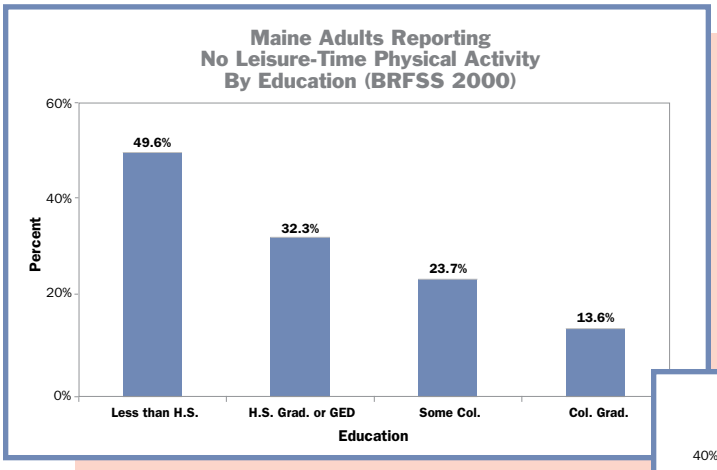


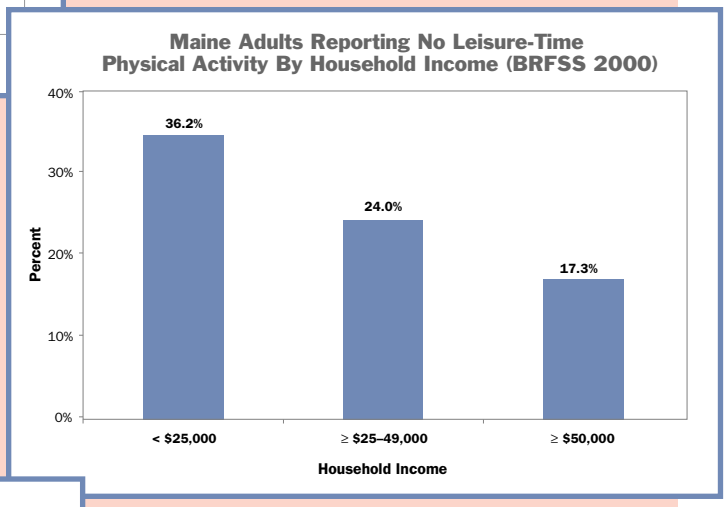

Maine Women Who Had A Pap Smear In The Past Three Years By Education (BRFSS 2000)
100%
75%
50%
25%
0%
Percent
87.8%
91.7%
92.9%
97.4%
Less than H.S.
H.S. Grad. or GED
Some Col.
Col. Grad.
Education

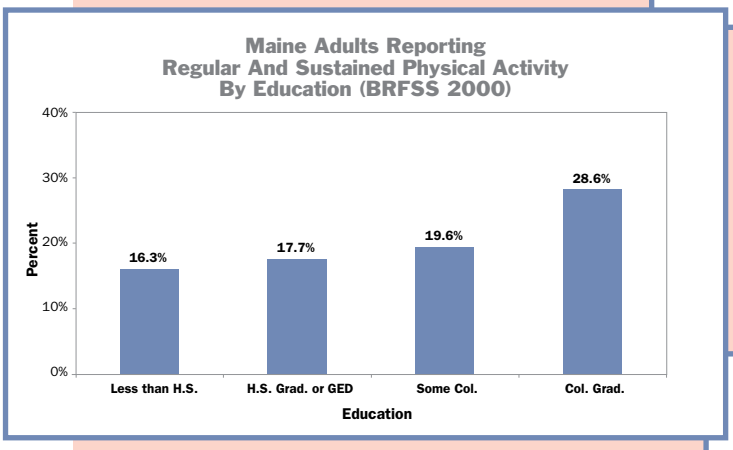

Maine Women Who Had A Pap Smear In The Past Three Years By Household Income (BRFSS 2000)
100%
80%
60%
40%
20%
0%
Percent
85.3%
91.2%
96.5%
< $25,000
≥ $25–49,000
≥ $50,000
Household Income

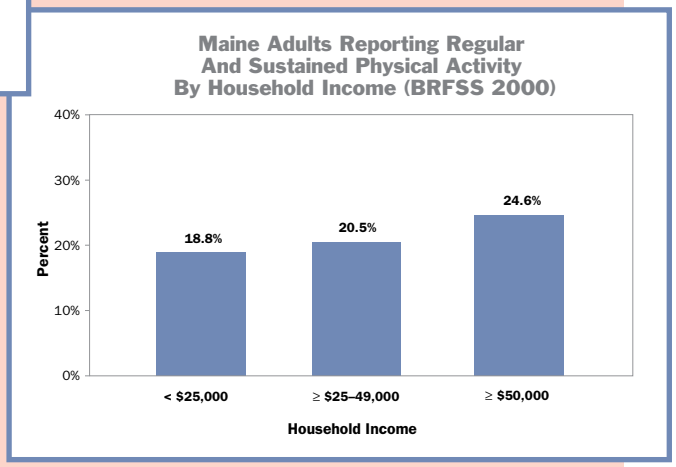

Maine Adults Who Currently Smoke Cigarettes By Education (BRFSS 2000)
40%
30%
20%
10%
0%
Percent
31.6%
30.4%
24.3%
10.4%
Less than H.S.
H.S. Grad. or GED
Some Col.
Col. Grad.
Education

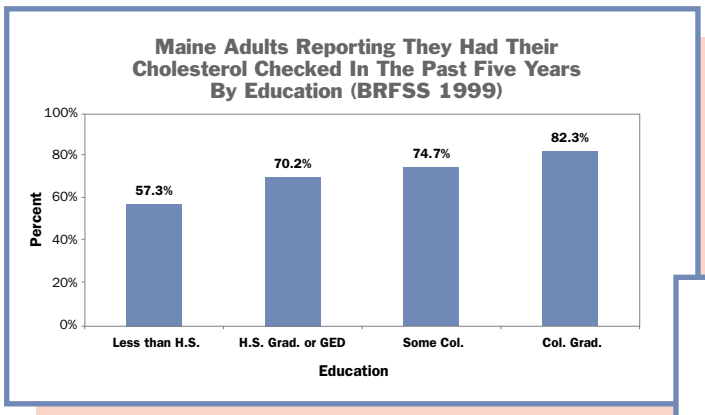

Maine Adults Who Currently Smoke Cigarettes By Household Income (BRFSS 2000)
35%
30%
25%
20%
15%
10%
Percentage
31.0%
26.8%
14.1%
24.4%
< $25,000
≥ $25–49,000
≥ $50,000
ALL
Household Income

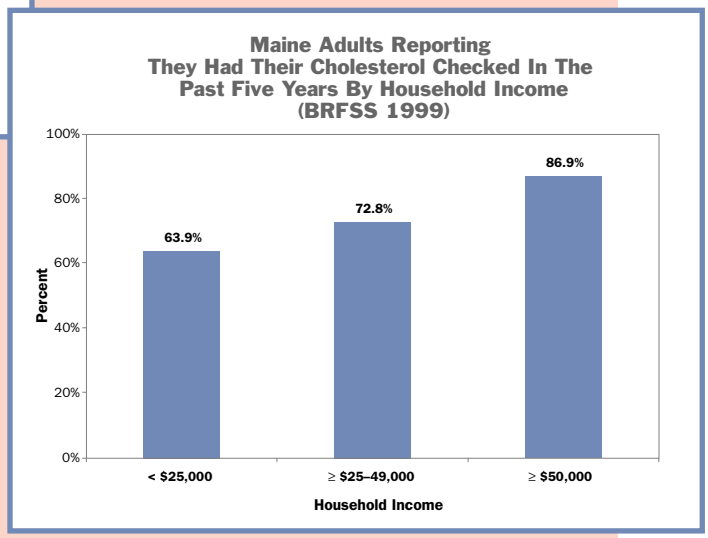

Maine Adults Reporting
No Leisure-Time Physical Activity
By Education (BRFSS 2000)
60%
40%
20%
0%
Percent
49.6%
32.3%
23.7%
13.6%
Less than H.S.
H.S. Grad. or GED
Some Col.
Col. Grad.
Education

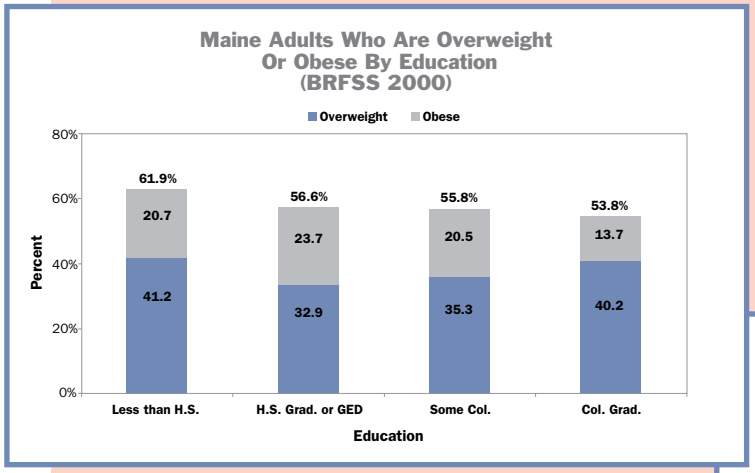

Maine Adults Reporting No Leisure-Time
Physical Activity By Household Income (BRFSS 2000)
40%
30%
20%
10%
0%
Percent
36.2%
24.0%
17.3%
< $25,000
≥ $25–49,000
≥ $50,000
Household Income

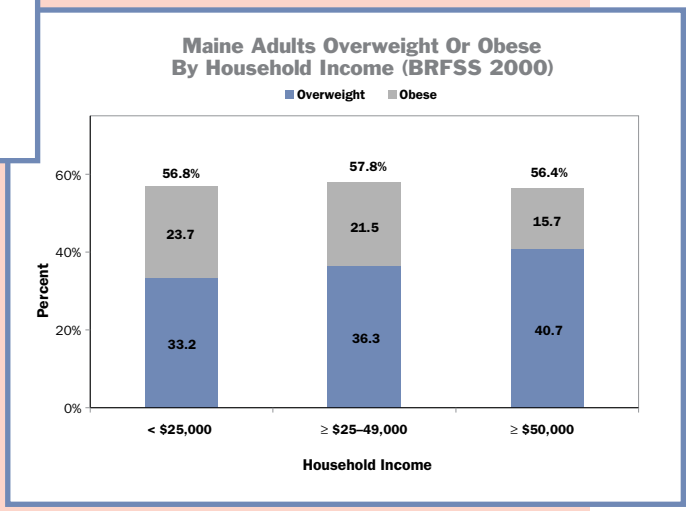

Maine Adults Reporting
Regular And Sustained Physical Activity
By Education (BRFSS 2000)
40%
30%
20%
10%
0%
Percent
16.3%
17.7%
19.6%
28.6%
Less than H.S.
H.S. Grad. or GED
Some Col.
Col. Grad.
Education

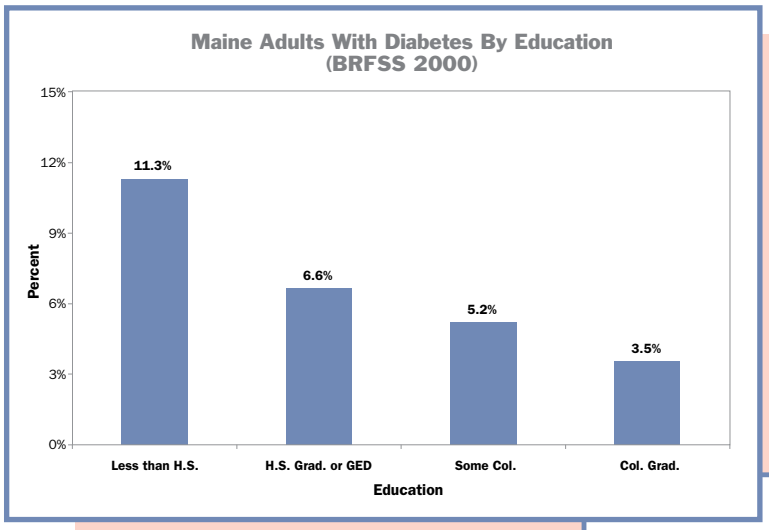

Maine Adults Reporting Regular
And Sustained Physical Activity
By Household Income (BRFSS 2000)
40%
30%
20%
10%
0%
Percent
18.8%
20.5%
24.6%
< $25,000
≥ $25–49,000
≥ $50,000
Household Income

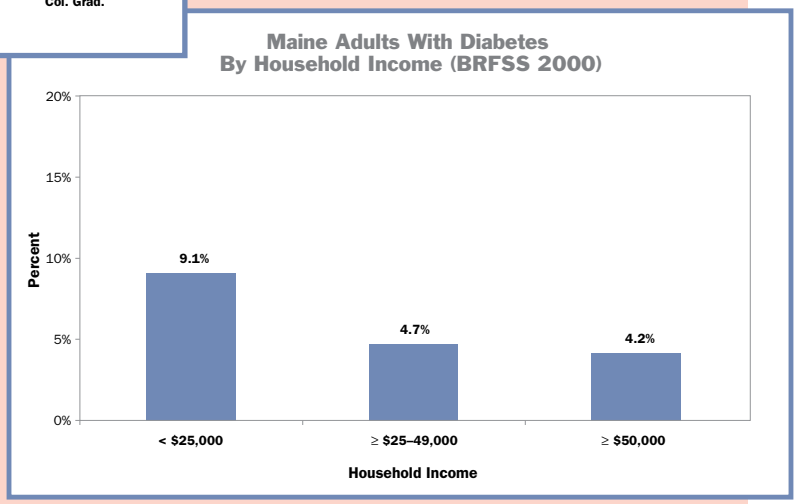

Maine Adults Reporting They Had Their Cholesterol Checked In The Past Five Years By Education (BRFSS 1999)
100%
80%
60%
40%
20%
0%
Percent
57.3%
70.2%
74.7%
82.3%
Less than H.S.
H.S. Grad. or GED
Some Col.
Col. Grad.
Education

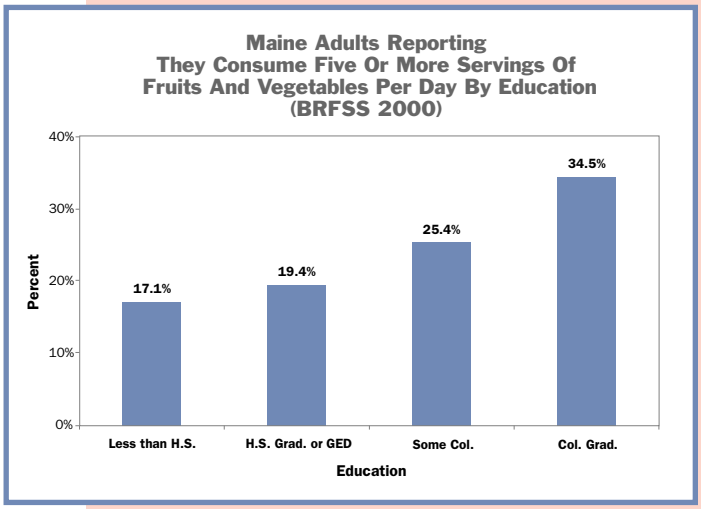

Maine Adults Reporting They Had Their Cholesterol Checked In The Past Five Years By Household Income (BRFSS 1999)
100%
80%
60%
40%
20%
0%
Percent
63.9%
72.8%
86.9%
< $25,000
≥ $25–49,000
≥ $50,000
Household Income

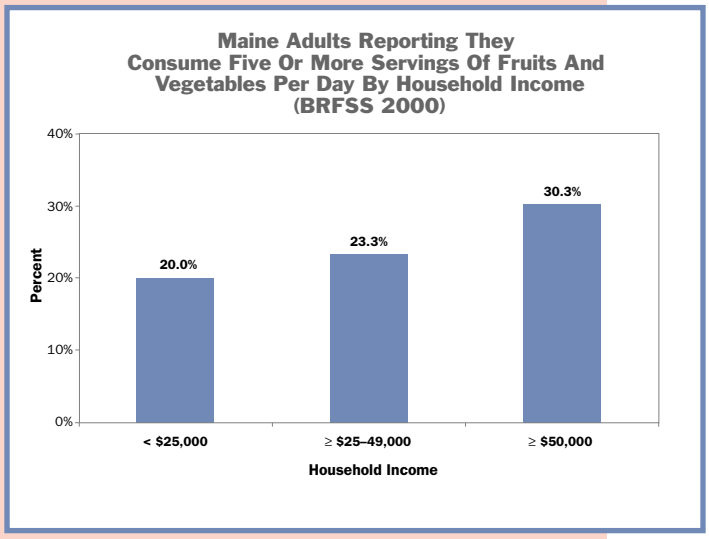

Maine Adults Who Are Overweight Or Obese By Education (BRFSS 2000)
Overweight
Obese
80%
60%
40%
20%
0%
Percent
61.9%
20.7
41.2
56.6%
23.7
32.9
55.8%
20.5
35.3
53.8%
13.7
40.2
Less than H.S.
H.S. Grad. or GED
Some Col.
Col. Grad.
Education

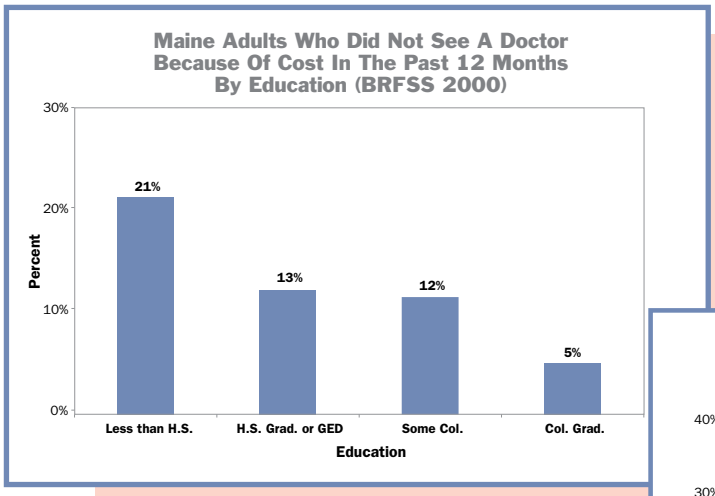

Maine Adults Overweight Or Obese By Household Income (BRFSS 2000)
Overweight
Obese
60%
40%
20%
0%
Percent
56.8%
23.7
33.2
57.8%
21.5
36.3
56.4%
15.7
40.7
< $25,000
≥ $25–49,000
≥ $50,000
Household Income

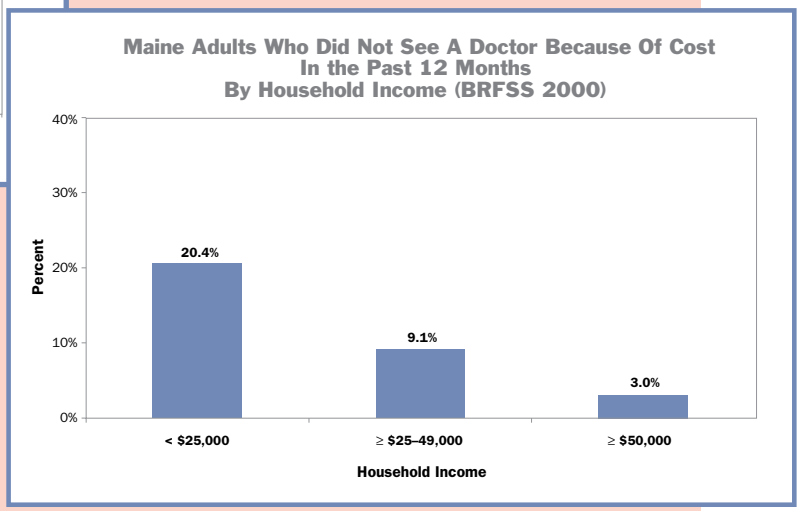

Maine Adults With Diabetes By Education (BRFSS 2000)
15%
12%
9%
6%
3%
0%
Percent
11.3%
6.6%
5.2%
3.5%
Less than H.S.
H.S. Grad. or GED
Some Col.
Col. Grad.
Education

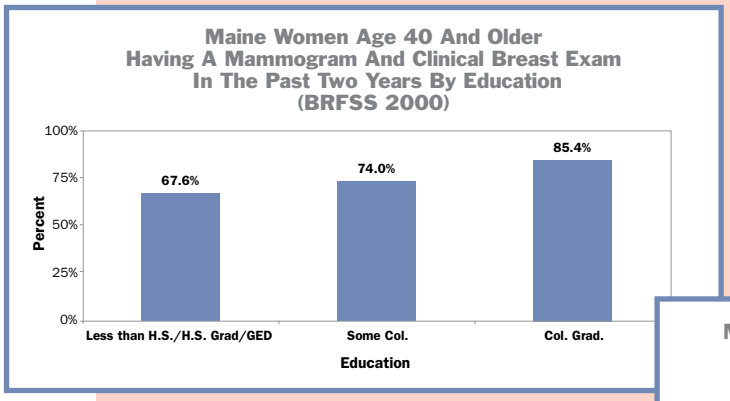

Maine Adults With Diabetes By Household Income (BRFSS 2000)
20%
15%
10%
5%
0%
Percent
9.1%
4.7%
4.2%
< $25,000
≥ $25–49,000
≥ $50,000
Household Income

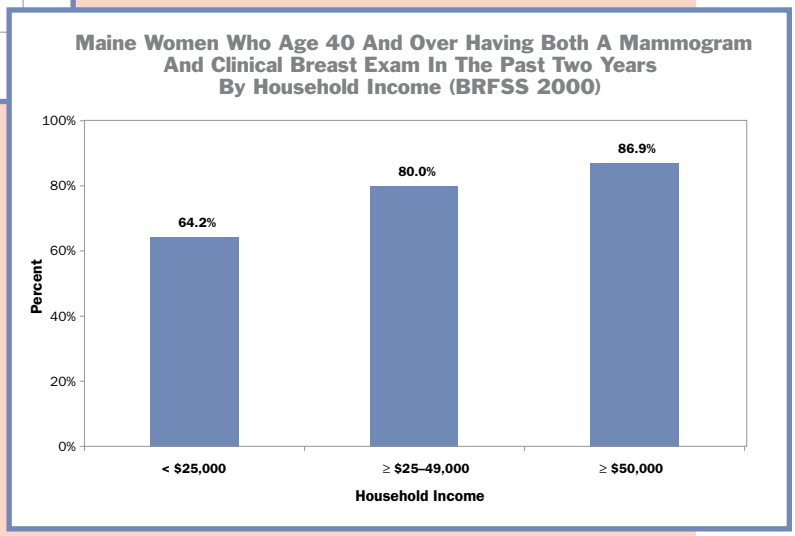

Maine Adults Reporting They Consume Five Or More Servings Of Fruits And Vegetables Per Day By Education (BRFSS 2000)
40%
30%
20%
10%
0%
Percent
17.1%
19.4%
25.4%
34.5%
Less than H.S.
H.S. Grad. or GED
Some Col.
Col. Grad.
Education


Maine Adults Reporting They Consume Five Or More Servings Of Fruits And Vegetables Per Day By Household Income (BRFSS 2000)
40%
30%
20%
10%
0%
Percent
20.0%
23.3%
30.3%
< $25,000
≥ $25–49,000
≥ $50,000
Household Income


Maine Adults Who Did Not See A Doctor
Because Of Cost In The Past 12 Months
By Education (BRFSS 2000)
30%
20%
10%
0%
Percent
21%
13%
12%
5%
Less than H.S.
H.S. Grad. or GED
Some Col.
Col. Grad.
Education


Maine Adults Who Did Not See A Doctor Because Of Cost
In the Past 12 Months
By Household Income (BRFSS 2000)
40%
30%
20%
10%
0%
Percent
20.4%
9.1%
3.0%
< $25,000
≥ $25–49,000
≥ $50,000
Household Income


Maine Women Age 40 And Older
Having A Mammogram And Clinical Breast Exam
In The Past Two Years By Education
(BRFSS 2000)
100%
75%
50%
25%
0%
Percent
67.6%
74.0%
85.4%
Less than H.S./H.S. Grad/GED
Some Col.
Col. Grad.
Education


Maine Women Who Age 40 And Over Having Both A Mammogram
And Clinical Breast Exam In The Past Two Years
By Household Income (BRFSS 2000)
100%
80%
60%
40%
20%
0%
Percent
64.2%
80.0%
86.9%
< $25,000
≥ $25–49,000
≥ $50,000
Household Income