

AGE & SOCIOECONOMIC STATUS



SOCIOECONOMIC STATUS

Socioeconomic status (SES) is often measured as a combination of education, income, and occupation. It is commonly conceptualized as the social standing or class of an individual or group. When viewed through a social class lens, privilege, power, and control are emphasized. Furthermore, an examination of SES as a gradient or continuous variable reveals inequities in access to and distribution of resources. SES is relevant to all realms of behavioral and social science, including research, practice, education, and advocacy.

SES AFFECTS OUR SOCIETY

SES affects overall human functioning, including our physical and mental health. Its effects can be observed across the life span. Variance in socioeconomic status such as disparities in the distribution of wealth, income, and access to resources mitigate social problems that ultimately affect everyone. All benefit from an increased focus on the foundations of socioeconomic inequalities and efforts to reduce the deep gaps in socioeconomic status observed today in the United States and abroad.

While older and retired U.S. residents may enjoy a higher standard of living than their predecessors, older Americans remain among the most economically vulnerable groups. Of major concern is whether older Americans will outlive their financial resources. Psychologists and other social and behavioral science professionals possess the tools necessary to study and identify strategies to alleviate these disparities at both individual and societal levels.

SES IMPACTS THE LIVES OF OLDER ADULTS

The United States is facing unprecedented increases in

the older adult population. Americans age 65 and over comprise nearly 13% of the U.S. population, and their proportion is estimated to increase to 20% of the population in the next 25 years. As the percentage of older Americans rises, so does concern for their economic stability.

SES is a key factor in determining the quality of life of older Americans, nearly 10% of whom live below official poverty thresholds (U.S. Census Bureau, 2006). Declines in health and the death of a spouse, common among older adults, are factors that can affect financial standing and other aspects of SES. As a large proportion of the U.S. population approaches retirement, greater demand is placed on Social Security, and cuts in these benefits are anticipated. These circumstances place low-income older Americans at a serious disadvantage, as they are more likely to rely on Social Security as their main source of income.

Retirement and Income

The majority of older adults do not work and/or have fewer options for continued income. They are at risk for rising costs of living, which may place them at an economic disadvantage and potentially at lower levels of SES.

- About 86% of older adults with income receive Social Security income (U.S. Census Bureau, 2006). For 21% of these older adults, Social Security is their sole source of income (Social Security Administration, 2006).
- By 2030, it is projected that 25% of older persons will be from ethnic minority groups. Up to 23% of older African Americans and 19% of older Hispanics live in poverty (Fleck, 2008) compared with the estimated 8.9% of older White Americans who live in poverty (American Psychological Association Task Force on Socioeconomic Status, 2006).



- Regardless of race, older women are more likely to be poor. Recent data reveal that women age 65 and older are nearly twice as likely to be poor compared to older men (Lee & Shaw, 2008).
- Older individuals in the highest wealth decile can attribute the majority of their wealth to pensions, housing, and other assets, which are generally absent among those of lower SES (Butrica, Toder, & Toohey, 2008).

HEALTH AND ECONOMIC STATUS

Recent studies indicate that the quality of care afforded to older adults with medical conditions is substandard (Wenger et al., 2004). Furthermore, older adults who work are less likely to maintain employment as their health declines.

- About one in 10 persons age 50 and older who report that a disability has reduced or eliminated their ability to work are assisted by Social Security Disability Insurance (Fleck, 2008).
- In 2002, 20% of health care costs for persons 65 years and older were not covered by Medicare, the federal program for older adults and/or disabled persons who qualify for Social Security (APA, 2005).
- Older individuals of lower SES have increased mortality rates (Bassuk, Berkman, & Amick, 2002), higher stroke incidence (Awendano, et al., 2006), higher incidence of progressive chronic kidney disease (Merkin et al., 2007), lower health-related quality of life (Huguet, Kaplan, & Feeny, 2008), smaller social networks, and lower quality of social relations.
- Older individuals of lower SES have been found to be exposed to substandard prescription practices, such as receiving excessive amounts of prescription drugs for the same ailment and being prescribed combinations of drugs that may lead to potentially harmful interactions (Odubanjo, Bennett, and Feely, 2004).

Psychological Health and Well-Being

SES has been found to affect the psychological health of aging individuals. Poverty is considered a risk factor for declines in mental health among older people. Those at the lower levels of socioeconomic status are often most likely to be afflicted with a psychological disorder.

- Of older adults, 20-25% may meet criteria for some form of psychological disorder (Administration on Aging, 2001). An estimated 15 million older adults will experience mental health problems by the year 2030 (APA, 2004).
- Older persons with less than a high school education are at greater risk for depression (APA, 2003).
- Low educational achievement has consistently been associated with a higher incidence of Alzheimer's disease later in life. Blue collar work has also been associated with Alzheimer's and dementia. (Fratiglioni, Winblad, &

von Strauss, 2007; Karp et al., 2004; Fratiglioni & Rocca, 2001).

- Although good social networks have been shown to buffer stress (Krause, 2001), older persons living in poor neighborhoods are more likely to have underdeveloped (Feldman & Steptoe, 2004) and poorly integrated social networks (Black & Rubinstein, 2000).

WHAT YOU CAN DO

Include SES in your research, practice, and educational endeavors.

- Consider measuring, reporting, and controlling for SES in all research and published work on older adults. Report participant characteristics related to SES.
- Contribute to the body of research on the societal barriers experienced by older persons, particularly low-SES groups and/or persons of minority status, and the impact of these barriers on health and positive well-being.
- Consider how SES affects older clients' presenting problems, ways of coping, and the development of effective treatment strategies. Practice proactive screening of older clients for psychological and physical distress and coordinated care with other health professionals.
- Ensure that trainees are sensitive to age and the implications of aging on the psychological and physical health of clients. Provide trainees with exposure to older populations and specialized training on the screening and treatment of older adults.
- Combat ageism and advocate for sensitivity in your workplace.

Get involved.

- Support legislation and policies that explore and work to eliminate socioeconomic disparities. Visit the Office on Government Relations for more details: <http://www.apa.org/about/gr/pi/>.
- Become an SES Key Contact! As an expert, advocate for SES related issues.
- Join APA's SES Network to contribute and stay abreast of current developments in SES-related activities.
- Visit APA's Office on Socioeconomic Status (OSES) website: www.apa.org/pi/ses.
- Visit APA's Office on Aging website. <http://www.apa.org/pi/aging/>.
- Sign up for the *APA Aging Issues Newsletter* to be aware of APA activities on aging by contacting shwang@apa.org. References can be found at <http://www.apa.org/pi/ses/resources/publications/index.aspx>.

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