I. The social class gradient of disease
  A. One of the main attributes of society is that people can be compared and are arrayed in terms of status hierarchies of various kinds, and studying these hierarchies and their effects is one of the main themes in sociology.
  B. The basic statement of the social class gradient of disease is that for EVERY hierarchy, as one moves down the scale people experience worse health outcomes.
  C. We can measure socioeconomic status (we use the acronym SES) accurately as a CONTINUOUS DISTRIBUTION, and for every small step moving down the scale, health deteriorates in a similar small increment—this is the social class gradient of disease.

II. We use the term “social stratification” to characterize the general study of status differences in society’s structure (or what we call the social structure)
  A. The most important source of structured difference has to do with an individual’s economic life and opportunities, and it is not hard to visualize that there is a continuous economic gradient where in the whole population we find people at every small level of difference.
  1. The most obvious kind of difference is in income levels (we want to distinguish income—what people earn each year—from wealth—the resources they own and control.
    a. Income alone is inadequate since we have some high-income individuals who get their money through means we do not much respect—whose life styles probably do not produce the health gains we see with the gradient of disease.
    b. Meanwhile we have other individuals who are highly respected but have low incomes
    c. Thus, when we measure socioeconomic status we combine three important variables
      i. Income
      ii. Educational attainment
      iii. Occupational prestige
      iv. Combining the three together we get a statistical measure that can be collected on surveys and that produces a variable we call SES.
  2. While SES is intuitively clear, a distortion it produces is a continuous distribution, with a distribution that roughly follows a normal curve.
    a. The distribution is accurately descriptive in the sense that for every tiny difference moving down the scale we see measurable declines in health.
b. However, it does not capture group differences in status opportunities but presents our society as “classless”

B. Class refers to distinctions between groups based on economic benefits, group power, and individual experiences of autonomy and control at work.
   1. Historically, the important theory of class comes from Karl Marx who viewed society as divided between owners (capitalists) and workers
      a. Marx gives us a complex theory of how the overall economy works that is only partially accurate today (lots of things have changed since he wrote in the 1850s)
      b. Three key ideas continue to be important in terms of health
         i. One is that rather than seeing social status as a continuous distribution, Marx saw society as divided up into separate opportunity groups.
         ii. Opportunity groups compete with each other, and in particular elites have outsized influence and control over society and work to shape events to serve their economic self interests (rather than the overall welfare of society)
         iii. Class is given personal, social psychological significance in terms of one’s feelings of success and the control and autonomy that one has at work.
         iv. All three of these aspects have big impacts on health as we will see.
   2. While economics are important, EVERY source of power based difference produces class effects and health differences—particularly race, ethnicity, and gender.

III. Social class differences come from “proximate” (near, self-caused) and “distal” (distant, produced by social position) causes.
   A. Many of the health differences related to the social class gradient come from behaviors and life situation effects that can be specifically identified and that produce negative health outcomes
      1. Personal habits and lifestyle
      2. Environmental risks and pollution
      3. Work risks
   B. If we hold these proximate factors constant (e.g., compare people only who experience a particular factor) we find that the social class gradient of disease process still operates.
      1. The entire social system situation of people who are of low status works to undermine health
      2. Some people are poor because they’re sick, so they are selected into poverty by their health situation
      3. Proximate factors like drinking and smoking and obesity exist because being poor is stressful and people seek to cope with that stress resulting in destructive health behaviors.
      4. We will see that work experiences affect stress and in turn health outcomes.