

## The Stratification System of the United States: Correlations between Social Class and Health

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The United States is a very diverse country; we have people of many races, ethnicities, countries of origin, and religions. A striking difference between Americans is their levels of annual income, which is often described as income inequality. The population of the United States is currently about 322,762,000 (figures are rounded off) [1]. In the United States, the 1% of the wealthiest households own 40% of this country's wealth [2]. These are households with a net worth of at least \$422,000 [1].

This essay is not about the wealthiest 1% of the American population; it is about the lowest 12% of the population, those households that are at or below the poverty level. The threshold for poverty in the United States is defined as an income of \$25,100 or less for a family of four [3].

Being at the bottom of the social ladder often has negative effect on one's health, and this is a finding that can be found in other countries where a category of people cannot meet their most basic needs, for food clothing, and shelter. People who live in poverty live an average of 10 - 15 years less than people in the highest income brackets in the United States [4]. The potential reasons for this gap and the problems that it creates are the focal point of this paper.

While some might object to the generalizations to be found this discussion, people in poverty in the United States often have a lower nutritional status. While there is disagreement on whether a healthy diet is necessarily more expensive, poor people don't usually eat healthy food. There is a tendency to rely on fast food, like hamburgers, fried potatoes, and sugary drinks as a special treat, but fast food is notoriously high in fat, cholesterol, sodium, and calories. When preparing food at home, there is a reliance on high fat foods, not only because some believe that oil-rich food tastes better, but also because if one has more mouths to feed than food to feed them, coating food with a bread-mixture and frying it will make a portion seem larger. Also, in the United States there are more racial and ethnic minorities in poverty, mostly African-Americans, Hispanics and Native Americans. In those sub-cultures the definition of what looks healthy, especially for children, is different. While the middle and upper classes emphasize slimness as a desirable body type, those in the lower socioeconomic strata are more likely to view an overweight or obese child as one who looks 'healthy'.

In many impoverished communities in the United States it might be difficult to obtain fresh, healthy food. This is particularly true of urban poverty; many grocery chains don't want to drive their large trucks full of fresh produce into an inner-city neighborhood because of the likelihood of theft and vandalism, as well as the high cost of purchasing insurance for doing business in a city. While people who live in rural areas are likely to have alternative sources of food, such as: raising animals, growing crops, and catching fish and hunting animals, poor people in the cities are often restricted to what is available within walking distance, as few own their own vehicles and can't afford to take taxis.

Access to health care is another factor. The majority of Americans access health care through employer-sponsored health insurance plans [5]. Poor people not only don't usually have jobs, but if they do, the kind of work they do rarely provides health insurance. Jobs that pay only the minimum wage, which is \$7.25 per hour, or jobs that are classified as seasonal, part-time, or temporary are known not to provide benefits such as health insurance. While I'm probably not mentioning anything that will come as a surprise, people who don't have access to health care wait until the very last minute to seek medical care, and by that time a simple condition could have become life-threatening. Children who live in homes without access to health care often miss many days of school because they are not feeling well. Or, if there is no one to take care of them and they have to go to school, their abilities to think, learn, and remember are often negatively affected by their poor health. In such cases, children can be labeled as 'slow,' when in fact they just don't feel well and can't perform as effectively as their healthier peers.

People who live in poverty are residentially segregated. In general, Americans tend to live where they can afford to live and are surrounded by individuals much like themselves. Poor people live in impoverished areas, surrounded by other impoverished people. Such communities often exist in the middle of cities, and residents can be negatively affected by the noise, pollution, high crime rates, sub-standard schools, and over-crowding that characterize inner city slums. Poor people in rural communities often live in remote areas that are far from decent schools, health services, and emergency responders like fire-fighters, police, and emergency medical technicians (EMTs). We know that having an effective network of social support can have beneficial effects; it can provide friendship, companionship, a shoulder to cry on, or a person to talk to when one is feeling depressed or anxious [6]. Social support in impoverished communities might not be as reliable as in wealthier areas because everyone is in pretty much the same dire straits. Living in poverty causes a huge amount of chronic, serious stress, and wherever one turns, it seems like everyone else is grappling with the same difficulties: how to feed the family, whether one can afford to pay the telephone or the utility bill, how to pay the rent. Everyone is in a similar situation, so well-intentioned friends might not have the ability to be impartial or objective.

What's a possible solution to poverty and the problems it spawns? Education. It all starts with education. In many parts of the United States, especially in rural and low-income neighborhoods in cities, public education is a disaster. The overall rate of students ages 16 - 24 who drop out of high school is about 6% [7]. While the dropout rate has fallen in recent years, for those who do graduate from high school, many are not prepared for college or for the workplace. As a professor at a public university, most of my students come from the public school systems of their respective states. They are woefully unprepared for college; they don't have effective study skills, the ability to write grammatically correct sentences, or the ability to read complicated or technical materials. Many schools in impoverished areas are in deplorable condition, with doors that won't lock, windows that won't open, roofs that are falling down, and budgets that are insufficient to attract qualified teachers and purchase much-needed supplies. One of the ways to tackle poverty is by improving public education, but many states in America don't want to do it. When public education prepares students for the workplace and for higher education, such students can choose the kind of work they will do, which will then afford them a certain income and lifestyle. How does one get out of poverty? Individuals who have at least a high school diploma, who wait until they are established before starting a family, who limit the size of their families, and who work consistently full-time, are not likely to end up in poverty (source unknown).

### Bibliography

1. U. S. Census Bureau, Current Population Survey: Annual Social and Economic Supplement (2018).
2. Wolff EN. "Household Wealth Trends in the United States, 1962-2016: Has Middle Class Wealth Recovered?" NBER Working Paper No. 24085 (2017).
3. Semega J., et al. "Income and Poverty in the United States, 2017". UC Davis Center for Poverty Research, University of California, Davis, CA, (2018).

4. Chetty R., *et al.* "The Association between Income and Life Expectancy in the United States 2001-2014". *Journal of the American Medical Association* (2019).
5. Toland B. "How Did America End Up with This Health Care System?" Pittsburgh Post-Gazette (2014).
6. Friedman HS and Martin LR. "The Longevity Project: surprising Discoveries for Health and Long Life from the Landmark Eight-Decade Study". Hudson Street Press (2011).
7. U.S. Department of Education Statistics 2017. "Percentage of High School Dropouts among Persons 16-24 Years Old by Sex, Race/Ethnicity, Selected Years 1960 through 2016" (2017).

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