UNIT V

Social Strata

Foundational Concept: Social stratification affects access to resources and well-being.

CHAPTER 12

Social Inequality

Read This Chapter to Learn About

- Social Class
- Theories of Stratification
- Poverty
- Health Care Disparities

SOCIAL CLASS

Social class has been defined by sociologists, economists, and others in numerous ways. In one common and basic definition, a **social class** is a group of people who share similar material wealth, influence, and status in society. Sociologists often designate class with the label **socioeconomic status (SES)**. In the United States, sociologists generally recognize anywhere from three to five primary SES groups. One of the most widely used definitions, proposed in 2005 by William Thompson and Joseph Hickey, recognizes five primary SES categories. The graph in Figure 12-1 shows the following class categories in the United States.

Measured in economic terms, the **upper class** comprises the top 1 percent of Americans. People in this group earn more than $350,000 per year and hold approximately 25 percent of total U.S. wealth. Approximately half of the individuals who fall into this category were born into this class, while half rose into it from lower classes.

The **middle class** is the largest single class and is commonly divided into the upper middle class and lower middle class. The difference between the upper middle class and lower middle class is not solely based on income level. It also includes values, education levels, lifestyle, and occupation. Generally, individuals in the **upper middle class** comprise approximately 15 percent of the U.S. population. Upper middle class households have above-average incomes of more than $100,000 per year. People in this category also tend to value education, and many hold graduate degrees and

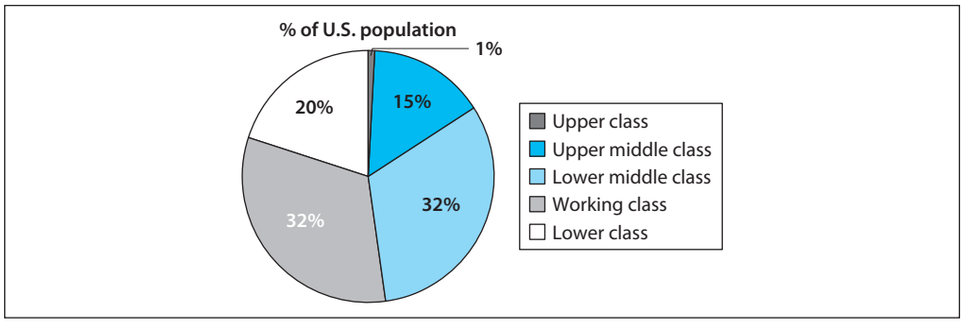


FIGURE 12-1 Percentage of U.S. population in each class category.

jobs that allow for greater flexibility in the workplace. **Lower middle class individuals** comprise approximately 32 percent of the U.S. population. Individuals in this category usually have some education beyond high school and often work in lower-level "white collar" administrative positions with household incomes ranging from $35,000 to $75,000 per year.

Working class households make up approximately 32 percent of the U.S. population. Individuals in this category usually have completed high school and work in "blue collar," or basic clerical, positions that often have low job security. Household incomes in this category usually range from $16,000 to $30,000 per year.

Lower class households make up approximately 20 percent of the U.S. population. Individuals in this category may not have finished high school and rely on unreliable and low-paid positions. They may also rely on government funds to meet their basic needs.

THEORIES OF STRATIFICATION

There are multiple ways that a society may stratify its population, and these often revolve around class, status, or power. From a **functionalist** sociology approach, stratification serves to preserve the functioning of society. Rewards are given to individuals who occupy positions that are more critical to the functioning of society; those individuals are rewarded with increased resources. Those rewards then serve to attract the "best and brightest" to the positions that are most critical to the functioning of the society. This ties closely to the idea of **meritocracy**, a society in which individuals with significant achievements are rewarded with power and prestige. Ancient China was one of the first governments to make use of the idea of meritocracy. Men who performed well on increasingly difficult civil service exams could be appointed to increasingly higher levels of government. However, in a true meritocracy, everyone would have equal access to educational opportunities.

In contrast to the functionalists, **social conflict** theorists believe that a functionalist system may be viable only at a certain point in the development of a given society.

However, once social stratification becomes entrenched, it then becomes a means for those with the most power and resources to maintain their dominant position. Because everyone does not have access to the same opportunities (e.g., education, safety), stratification acts to maintain the existing social hierarchy.

Social mobility refers to the ability of an individual to move up or down through the social strata. The opposite of social mobility is **social reproduction**, which is a term for those institutions and behaviors that transmit social inequality from generation to generation. Where social mobility is available, many parents will use their own social or cultural capital to help their children maintain or improve their social standing. **Nepotism** is the practice by higher-status persons of providing privileges to younger or lower-status family members as a way of expanding those family members' wealth and prestige. It is an example of how families use social capital to entrench their own social status.

Social reproduction is transmitted through four interrelated types of capital:

- **Financial capital** is the monetary wealth and goods of an individual.
- **Cultural capital** involves the world outlook and beliefs that are passed from parents to children (e.g., "Education will make you successful.").
- **Human capital** involves the education or skills that an individual acquires in preparation for his or her future (e.g., should you end schooling at high school or sacrifice current time and resources to achieve a college degree?). The cultural capital that a child receives from parents can influence that child's degree of and decisions about human capital.
- **Social capital** describes the network that an individual develops. This network can affect a future career (e.g., going to college, you can meet other college grads who might be able to hire you for a job in the future).

These types of capital are highly interdependent to the point of becoming circular as human capital influences social capital, and social capital can then directly affect an individual's financial capital. Because this capital system is circular, it encourages social reproduction: these types of capital are passed across generations, affecting social mobility (or social status rigidity).

Cultural capital can have the greatest impact on intergenerational social mobility. Even in the context of low financial capital, strong cultural capital transmission that emphasizes human capital values is most likely to contribute to the family's upward mobility. This process can be seen in immigrant families who come to the United States with low financial capital but transmit values (cultural capital) such as obedience to the law and pursuit of education to promote their children's upward mobility.

Unfortunately, there is also downward mobility. Illness, injury, job loss, or a series of poor choices can contribute to downward mobility. The fewer available resources that people have, the less chance they have of overcoming setbacks and other negative experiences. There is some evidence that all individuals within a specific social

stratum have similar opportunities to succeed or fail. However, a single poor choice can have a more pronounced effect on the life trajectory of lower social strata individuals compared to those at higher levels. For example, having a baby at age 15 may result in dropping out of school and lifelong poverty for a woman from a lower social stratum, but a woman with more resources who can afford child care may be able to continue her education and maintain her social position.

Fertility is particularly pertinent in women's economics and social mobility. Earlier age at first childbirth and more children are statistically associated with less upward mobility for women. This is not necessarily true for men. Cross-culturally, according to the World Health Organization, early fertility is a major risk factor to women's ability to move out of poverty. In addition to hampering upward mobility, frequent childbirth becomes a significant health risk for women in poverty due to the physical toll and the increased nutritional demands of pregnancy that women in poverty have difficulty meeting.

POVERTY

Two types of poverty are recognized by the World Health Organization. **Relative poverty** indicates that very basic needs are met, but compared to other members in society the individual has significantly less financial capital, material goods, and access to services (e.g., health care). **Absolute poverty** indicates that the individual has difficulty meeting even the most basic needs of housing, food, and clean water.

Some have argued that there is a "culture of poverty." According to the **culture of poverty theory**, individuals who are in poverty will likely remain in poverty because of an overwhelming "cultural" momentum resulting in less adaptive choices by lower SES individuals. These choices include not pursuing education, engaging in early sexual activity, and engaging in frequent drug use. This theory has now been largely discredited in favor of the **social reproduction theory** and research identifying the more pronounced effect of a single poor life choice among those in a lower SES bracket. Additionally, a greater understanding of how prejudice and discrimination may lead to social exclusion and reduced educational opportunities has further discredited the culture of poverty theory. However, the theory still has some proponents.

HEALTH CARE DISPARITIES

There are well-validated disparities in health care based on social strata. In areas where people have fewer financial resources, there are fewer medical care facilities and fewer mental and physical health care providers. In the United States, individuals from non-white racial backgrounds also tend to have less access to treatment and may have

less effective treatment when they do receive care. This leads to greater morbidity and mortality, along with poorer health-related quality of life. Unfortunately, this is a trend across much of the world where poverty, racial differences, and class may alter the quality and quantity of health care that an individual receives.

In the United States, the Centers for Disease Control and Prevention (CDC) has found that lower SES communities have less access to healthier food choices (e.g., fresh fruit and vegetables). Many inner-city areas have been labeled "grocery wastelands," meaning that grocery stores are lacking and that people purchase food mainly in the small grocery sections in convenience stores, which tend to stock primarily processed foods and have extremely limited fresh fruit and vegetable choices. As a result, healthy food choices are difficult, if not impossible, to obtain. Many of the same neighborhoods that are labeled "grocery wastelands" also have fewer parks and green spaces for exercise, and more environmental health hazards. Each of these factors has contributed to greater health risks in areas where health care resources are already inadequate.

Health care disparities are noted in the United States among poorer individuals and among non-white groups. Future health practitioners need to be aware of these disparities. African-Americans and Latino-Americans are two times more likely to be diagnosed with obesity and obesity-related diseases such as hypertension, cardiovascular disease, and type II diabetes. Many are also underdiagnosed and undertreated for other obesity-related disorders such as obstructive sleep apnea. African-Americans are also much more likely to be diagnosed with HIV/AIDS and have a 10 percent greater risk of cancer compared to individuals of European descent.

Health care disparities mainly arise due to three kinds of barriers to obtaining health care: socioeconomic, environmental, and personal.

Socioeconomic Barriers

Socioeconomic barriers to obtaining health care include those that are financial or racially driven. These may include **financial barriers** to purchasing insurance coverage, seeing a health care provider, receiving wellness counseling, and obtaining prescription medications. In the United States, the Affordable Care Act may have a positive impact in reducing these kinds of barriers.

Beyond financial barriers, **social barriers** may also create health disparities. **Language differences** with physicians for individuals who are not fluent in English may interfere with timely or effective provider-patient communication. Further, even among individuals who are fluent in English, lower education levels can also impact **health care literacy**, which includes the patient's ability to understand how the health care system works (e.g., specialty physicians may not be able to treat other problems). Health care literacy can also interfere with how someone understands health care information (e.g., the danger of having a blood pressure of 200/110 and the need to

treat it even if the patient does not feel sick at that moment). These may negatively impact a patient's ability to follow through with recommendations by providers. Communication of critical information may be improved when the provider and patient are from the same ethnic background. However, with only 4 percent of U.S. physicians from an African-American background and only 5 percent from a Latino background, it is difficult for patients from these ethnic groups to find a provider who matches their background. Further, there is some evidence that even providers from minority backgrounds may hold ethnic stereotypes that influence their treatment recommendations and prescribing practices when treating individuals from the same background.

Environmental Barriers

Environmental barriers to obtaining health care include those that are structurally related to the surroundings of the patient. **Spatial inequality** can be a significant barrier to maintaining good health. This phenomenon is related to the differential in living locations that is due to social stratification. **Residential segregation** is a long-standing sociological phenomenon in Western culture. Historically, homes that were closer to amenities (e.g., water access) were more valuable, while those farther from positive amenities or closer to negative amenities (e.g., butchers, leather tanners) were less valuable. In modern times negative amenities may include power plants, mines, industrial areas, noisy high-traffic areas, and airports. When these differences in value exist, people tend to congregate in areas based on those areas' relative affordability. This is segregation by financial stratification. Spatial inequality can also be due to **racial or ethnic stratification**, in which those who are racially or ethnically stratified to lower levels of society reside in a specific location (by choice or by assignment).

Unfortunately, spatial inequality and living near negative amenities may have negative health consequences. Environmental hazards may include noise pollution, leading to disrupted sleep and poor concentration. There may also be air or water pollution in heavily industrial areas. Spatial inequality may also include older housing that has health risks due to lead paint and asbestos.

Additionally, there are environmental barriers to accessing health care once there is an illness or injury. These barriers include a **scarcity of health care providers** located in inner city and rural areas, resulting in long wait times and few available appointments. There is significant research detailing the lack of both primary care and specialty providers available in certain areas of the country. The scarcity of nearby providers may be exacerbated by environmental **transportation difficulties** that may impede a person traveling to a medical center and limit when that person is able to arrive for appointments. Limited public transportation options and relying on friends or family for transportation may be a barrier to arriving for appointments.

Personal Barriers

Finally, the role of **education levels** and **age** cannot be dismissed when considering health care disparities. Older Americans often share many of the same difficulties seen among minority populations. They may live on a fixed income with few financial resources to seek treatment, they may have limited transportation options if they do not drive, they may have lower health literacy levels, and they may have less access to technology and the Internet to improve their health literacy. Further, research suggests that some individuals may not report serious symptoms, because they believe that it is just a part of getting older. But if left untreated, these symptoms may significantly impact quality of life. A recent study showed that older individuals often underreported pain, which then led to decreased activity levels, diminished social engagement, and depression. However, when pain and depression were actively addressed through medical and psychological treatment, the same individuals were able to resume normal daily functioning and improve their quality of life. Further, individuals with lower education levels may have difficulty with literacy generally, and specifically health literacy, which can negatively impact accessing preventive care and receiving treatment for health concerns.

Other reasons for health care disparities and health care discrimination may include reasons based on individual characteristics that cut across ethnicity or economic status. Significant factors that may negatively impact access to health care and cause people to be discriminated against in treatment include **sexual preference** (e.g., lesbian, gay, bisexual, transgender) and **sexual status** (e.g., being pregnant while unmarried). Additionally, the **stigma associated with a diagnosis** can alter how an individual is approached by health care providers (e.g., HIV+, addiction, schizophrenia) and affect access to treatment and treatment options (beyond those changes required by disease status).

Addressing Health Care Disparities

Health care providers, systems, and payers are attempting to address some of these disparities by creating an expanded and more dynamic definition of health care providers to include psychologists, social workers, nutritionists, physical/occupational therapists, and other allied health providers. Access to interpreters who can reduce language barriers, social workers who can assist with transportation and financial issues, community health workers or parish nurses who can offer wellness education based on the immediate environment of patients, and health psychologists who can address the mental health needs of patients and the psychosocial barriers to medical health are all crucial health professionals who are actively working to reduce health care disparities.

In addition, it is vital to expand training for health professionals to increase their cultural competency regarding the role of family in treatment, traditional healers, and

cultural values. This training is occurring not only at the level of direct-care providers, but also at administrative levels to improve recruitment and retention of providers from a variety of SES and to create a medical system that appreciates and values diversity in its employees.

By developing a responsive health system that addresses socioeconomic, environmental, and personal factors, efforts are being made toward reducing barriers to adequate health care and alleviating health care disparities.

Unit V Minitest

8 Questions **15 Minutes**

This minitest is designed to assess your mastery of the content in Unit 5 of this volume. The questions have been designed to simulate actual MCAT questions in terms of format and degree of difficulty. They are based on the content categories associated with the foundational concept that is the theme of this unit. They are also designed to test the scientific inquiry and reasoning skills that the test makers have identified as essential for success in medical school.

In this test, most of the questions are based on short passages that typically describe a research study or some similar process. There are also some questions that are not based on passages.

Use this test to measure your readiness for the actual MCAT. Try to answer all of the questions within the specified time limit. If you run out of time, you will know that you need to work on improving your pacing.

Complete answer explanations are provided at the end of the minitest. Pay particular attention to the answers for questions you got wrong or skipped. If necessary, go back and review the corresponding chapters or text sections in this unit.

Now turn the page and begin the Unit V Minitest.

Directions: *Choose the best answer to each of the following questions.*
Questions 1–4 are not based on a passage.

1. Going to college directly increases what type of capital?
   A. financial
   B. human
   C. cultural
   D. environmental

2. Which of the following does NOT explain why the culture of poverty theory has been denounced?
   A. Culture of poverty theory uses blame-the-victim techniques that help higher SES individuals reinforce a just world theory viewpoint.
   B. Social reinforcement better explains the maintenance of societal economic stratification.
   C. Individuals from a lower SES do not have the intellectual ability to merit receiving sufficient financial capital to move out of poverty.
   D. Research has shown that individuals from a lower SES make an equal number of bad choices about their life opportunities compared to individuals from a higher SES.

3. Sandra's family is from a lower socioeconomic stratum. Despite encouragement by her parents, she struggled in her inner-city grade school and did not enjoy learning. A new job required her parents to move to a new town that has better schools. In her new school Sandra was able to improve her grades and consider additional educational opportunities beyond high school. She received a scholarship to attend college. Upon graduating she was offered a position that paid $50,000/year. This scenario is an example of:
   A. social mobility
   B. nepotism
   C. social reproduction
   D. social stratification

4. _____ theory indicates that stratification preserves society's ability to reward those who occupy positions most critical to society.
   A. Functionalist
   B. Meritocracy
   C. Social conflict
   D. Nepotism

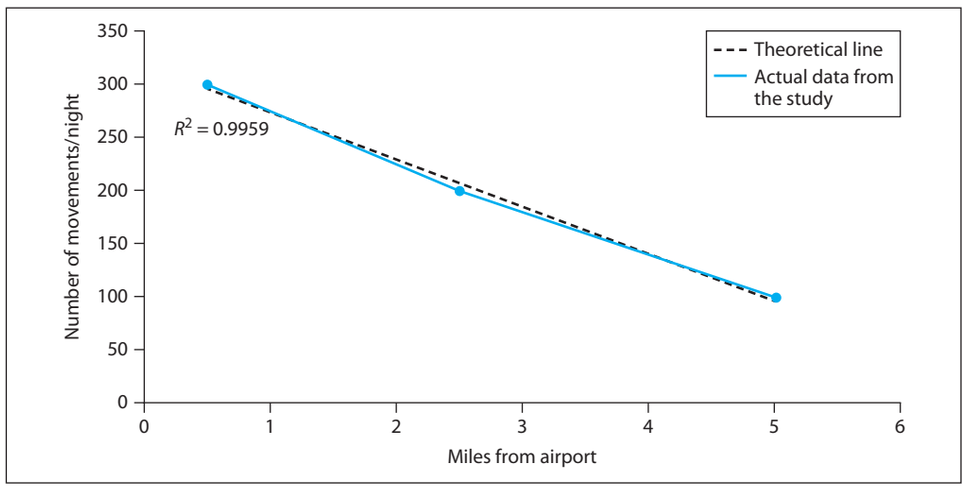
Questions 5–8 are based on the following passage.

Passage I

Greater sleep coherency with fewer awakenings and more consistent sleep is associated with better quality sleep. However, sleep measurements often require complex

EEG sensors that require specific placement and are messy to attach to the head. This makes EEG sleep measurements difficult to perform in a home environment. One distal method to measure sleep coherency is using actigraphy. Lightweight cloth bands (e.g., sweat bands) with sensors in them are placed on the wrists and ankles to measure nighttime movements. More activity can indicate less coherent sleep patterns.

A researcher interested in the effect of noise pollution on those living near the negative amenity of an active airport recruits 100 people to wear actigraphs for one week while they are in bed. The results are shown on the following graph.



Nighttime actigraphy levels by distance from the airport

5. What does this graph show?
   - **A.** Living close to an airport has a significant impact on sleep coherency.
   - **B.** There is an inverse correlation between proximity to the airport and sleep quality.
   - **C.** Sleep and nighttime activity are not correlated.
   - **D.** Living close to an airport is related to increased nighttime movements, which suggest poorer sleep quality.

6. Given your knowledge about neighborhoods near negative amenities, what other conditions might be TRUE?
   - **A.** Individuals who work at the airport probably live near the airport and probably have to get up at night to go into work.
   - **B.** Individuals who live near noisy environments eventually adapt, so the people in this study who live close to the airport and have high nighttime activity levels must be new to the area.
   - **C.** The closer a neighborhood is to negative amenities, the cheaper the home prices and the more likely that the neighborhood qualifies as a lower SES.
   - **D.** Lower SES individuals tend to make poor housing choices and therefore are more likely to experience disrupted sleep.

7. The next logical step to study this phenomenon would MOST likely be:
   - **A.** a laboratory-based study with EEGs in an environment that mimics airport noise
   - **B.** comparing IQ ratings for people who live 0.5 miles, 2.5 miles, and 5 miles away from the airport
   - **C.** asking people how long they have lived in those neighborhoods and why they live near the airport
   - **D.** identifying racial or ethnic characteristics of the neighborhood that may account for night movement

8. Which potential consequence is LEAST likely to affect individuals who live near the airport based on current sociological understanding?
   - **A.** difficulty with concentration; poorer grades
   - **B.** more time off work due to increased colds and flus
   - **C.** more time spent at work to avoid noise pollution, resulting in greater productivity
   - **D.** more car accidents and increased transportation costs

This is the end of the Unit V Minitest.

Unit V Minitest Answers and Explanations

1. **The correct answer is B.** Human capital reflects an individual's effort to gain new skills or learn new knowledge to increase the likelihood of achieving a higher SES. Financial and cultural capital may benefit the individual, but the individual has minimal control over these forms of capital. Environmental capital does not exist.
2. **The correct answer is C.** Intelligence does not differ among SES groups. However, opportunities that allow a person to take advantage of his or her intelligence are rarer among lower SES groups. Individuals who hold a just world theory commonly use blame-the-victim techniques (e.g., claiming that someone is in poverty because he or she deserves it) to explain why they do not experience a negative event (e.g., "I am not in poverty, because I work harder."). Social reinforcement is a better explanation of decreased social mobility among established societies. Lower SES individuals encounter greater environmental health risks, fewer economic opportunities, and fewer educational opportunities, all of which maintain the status quo SES. Research has shown that lower and higher SES individuals do not differ in their ability to make good choices about their opportunities. However, individuals from lower SES have fewer opportunities, and any poor decisions that they make have a greater impact on their SES trajectory.
3. **The correct answer is A.** Sandra moved from lower SES to middle SES due to an improvement of her educational opportunities and an increase in her human capital. She avoided the social reproduction of maintaining her parents' lower SES. Social stratification does exist in this scenario, but the scenario shows movement across social strata, so social mobility is a better answer. Nepotism does not apply, because Sandra's family members were not in a position to provide her with a higher paying position upon graduation.
4. **The correct answer is A.** Functionalist theory supports societal stratification as a way to reward the best qualified individuals and lure them into the positions that are the most critical to the functioning of that society.
5. **The correct answer is D.** The graph can tell you *only* the relationship between distance from the airport and nighttime activity. You have to make the cognitive leap that nighttime movements can be a distal measure of sleep coherency. There is a likely association, but since actigraphy is not the most proximal measure of sleep coherency, you cannot make a definitive statement.
6. **The correct answer is C.** Negative amenities tend to decrease housing costs in the affected area, which means that individuals with lower financial resources can afford to live in that area. It is important to note that individuals will report that they "adapt" to noisy environments, but in reality psychology studies show that they continue to have the same level of physiological activation in response to noise disruption and there is no physiological adaptation.

7. **The correct answer is A.** Since actigraphy is a good measure of movement, but is only a distal measure of sleep coherency, the logical next step would be to make sure that sleep coherency is really affected by airport noise using the more proximal measure of direct EEG measurements of sleep.
8. **The correct answer is C.** All of the other answers are known outcomes from living near negative amenities with high levels of noise pollution, but improved productivity is not. Individuals living near airports are more likely to experience disrupted sleep leading to increased illness (due to inefficient immune systems), poorer grades (due to difficulty concentrating and sleep deprivation), and more car accidents (for the same reason as poorer grades).