Socioeconomic Status Health Disparities: Empirical Evidence from a Biopsychosocial Perspective

Health and longevity track social stratification, such that low socioeconomic status (SES) confers higher risks of cardiovascular, respiratory, and psychiatric diseases as well as premature mortality. The Socioeconomic Gradient Bow-Tie model (Zilioli et al., 2018), represents a theoretical attempt to capture the complexity of the socioeconomic gradient in health by considering reinforcing and balancing dependencies between a person’s SES, physical and social environments, and biopsychological processes through which environmental inputs are processed. Health outcomes, regarding both surrogate endpoints (e.g., blood pressure, BMI) and clinical endpoints (e.g., physical symptoms, mortality), are the product of this continuous synthesis. Grounded in the SGBT model, my research aims at shedding light on the psychosocial mediators and moderators of the effects of SES on health-related biology (e.g., endocrine and immune functioning) and physical health across the lifespan. I have worked with both healthy samples as well as subjects affected by chronic diseases, such as asthma and cardiovascular disease, and in many of these studies have targeted high-risk populations, including minority race/ethnicity samples from Detroit. In the present talk, I will mainly focus on glucocorticoid mechanisms, as a significant biological intermediary through which SES and SES-related stressors can influence health. Although studies conducted among youth will be presented, most of the studies will focus on middle age and older adults, with a particular focus on African Americans living in Detroit.

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