Health Benefits of Socioeconomic Status Vary by Race and Ethnicity

For Black and Latino adults, higher socioeconomic status had a weaker effect on health regarding diabetes and obesity rates.

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Higher socioeconomic status was not associated with an equal reduction in type 2 diabetes and obesity across racial and ethnic groups in the United States, according to a study published in PLOS One.

"Although improving education or income is associated with lower rates of diabetes and obesity on average, the amount of improvement varies significantly by race," said lead study author Sara Cromer, MD, MS, in an interview with News Medical. "Overall, Black, Hispanic and Asian individuals in the U.S. have decreased protective effects of higher education and income than white individuals."

Chronic metabolic conditions, like obesity and diabetes, disproportionately impact Black people and Latinos in the United States. Latinos were 12% more likely and Black adults were 28% more likely than other adults to have obesity in 2024, according to the Office of Minority Health. In 2024, Black adults were 24% more likely than other adults to have diabetes, and in 2022, they were 78% more likely to die of diabetes. Latinos were 13% more likely to have diabetes in 2024 and 17% more likely to die of diabetes in 2022.

Socioeconomic status describes people based on their education, income and job, and it is widely considered a strong predictor of morbidity and premature mortality. People with a lower socioeconomic status typically have less access to financial, educational, social and health resources, often resulting in poorer health and higher rates of chronic health conditions.

"If we don't have a good understanding of how these factors impact health or if we ignore differences across communities, these calculators may lead to worsening health disparities," said Cromer, in a Harvard press release.

In the study, Harvard Medical School researchers analyzed National Health and Nutritional Examination Survey data on 54,991 adults to determine the relationship between socioeconomic measure (education and income) and prevalence of metabolic diseases (type 2 diabetes and obesity).

Type 2 diabetes and obesity rates were highest among those with lower socioeconomic status and among Black people and Latinos. As socioeconomic status increased, Black and Latino participants did not see similarly robust reductions in diabetes and obesity. For white adults, a higher education level was associated with a 12% reduction in diabetes but only a 4% reduction for Black adults. Higher income was associated with lower rates of obesity in white adults but higher rates of obesity in Black adults.

The most common risk factors for developing type 2 diabetes are being over age 45 and having overweight or obesity, high blood pressure, a sedentary lifestyle, polycystic ovary syndrome and a history of diabetes during pregnancy or family members who have the disease. To learn more, click here #type 2 diabetes.

“Health disparities run deeper than socioeconomic differences alone, and the way we ascertain it matters,” said senior author Chirag Patel, PhD, in a Harvard press release. “These findings establish a new standard for how researchers should measure, analyze and report socioeconomic data to capture true health disparities.”

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