Socio-economic status (SES) is a term used to represent both the social and economic traits of a person or community. Examples of factors that contribute to SES are:

- age
- sex
- education
- income
- family size
- ethnicity or race
- urban or rural setting

Research has demonstrated that SES has a significant impact on health care utilization (HCU). Specifically,

1. SES has an indirect impact on the need or health status of a community and
2. SES factors have an important influence on aspects related to an individual's health care, such as:
   - recognition and response to symptoms,
   - knowledge of disease,
   - motivation to get well, and

Much of the information for SES is collected through large national or provincial health surveys. The collection and analysis of all SES factors is impractical from both a financial and statistical viewpoint (Mustard & Frohlich, 1995). As a result, many researchers collect only the factors they feel will have the greatest impact on HCU.

- Persons of lower SES experience a greater degree of disease and have higher death rates.
  - Despite this fact, research has shown that clinic and hospital use are not reflective of the higher disease and death rates -- especially among infants and children. This can result in a disproportionate amount of health care use by elderly persons with low SES (Anderson, 1973; Berki & Kobashigawa, 1978).
Of the various SES factors used in health research, sex, age, family size, education, and family income consistently show a marked impact on HCU. For example, many studies reveal that:

- HCU increases with age
- **family size** has a negative effect on HCU, and

The influence of **education** is not as straight forward as that of other SES factors. Research consistently reports that education is associated with increased HCU (most notably with preventive clinic visits). However, education is also negatively associated with acute conditions. This leads researchers to believe that education remains a benefit, because it counteracts the increasing effects it has on HCU in the long run (Berki & Kobashigawa, 1976; Hulka & Wheat, 1985; Joung, van der Meer, & Mackenbach, 1995).

Results from studies of **income** and its effects on HCU are also complex. Many feel that income’s main effect is indirect through the increase of a person’s or community’s health status. Many other factors are associated with a person's income that it is difficult to isolate it as a single factor in HCU studies. For example, effects of unemployment and divorced marital status -- factors that are highly correlated with low income -- usually result in increased HCU. This is why many authors explicitly discourage drawing inferences about HCU based on relationships with individual SES components (Mustard & Frohlich, 1995).

In a multicultural country such as Canada, **ethnicity and race** are other SES factors that may have influence on HCU. Research has shown that most ethnic groups have equal access to health care with higher GP visits and lower emergency room visits (Wen, Goel, & Williams, 1996). Unfortunately this topic has not been studied often in a Canadian setting.