Numerous studies have documented and attempted to explain group differences in health. Although the documented differences are numerous, there are some overarching themes in the explanations identified by researchers. These include differences in socioeconomic status, social roles, and the characteristics of individuals’ daily activities. These in turn impact individuals’ knowledge about health care, access to the health care system, and psychosocial resources.

The evidence of group differences in health is significant. Xueqin Ma (2000), Geronimus (1999), and Baezconde-Garbanati et al. (1999) document racial and ethnic gaps in health and access to health care in the United States. Furthermore, Schapira et al. (1995) provide evidence that African American men are offered different kinds of treatment for prostate cancer than are white men. Gender differences in mental (Rosenfield 1980; Avison and McAlpine 1992) and physical health (Ross and Bird 1994) have also been well documented. Bartol and Bergen (1992) performed a focused analysis on the stressors experienced by male and female police officers, while Baskin et al. (1998) explore explanations for why men and women are not equally likely to be placed in mental health facilities. Finally, several researchers have examined age differences in the mental health of individuals across the life course (Ross and Drentea 1998; Mirowsky and Ross 1992).

Of all the explanations for these social group differences, the most prominent is socioeconomic status. Several studies find that differences in socioeconomic status help to explain group differences in mental health (Aneshensel et al. 1991; Mirowsky and Ross 1992; Meach and Shanahan 2000). Low socioeconomic status leads to poor nutrition (Baezconde-Garbanati 1999), unhealthy living environments (Geronimus 1999), lack of information about basic preventive health care (Baezconde-Garbanati 1999) and is a source of chronic strain (Aneshensel 1992; Geronomus 1999).

Differences in social roles also help to explain social group difference in health. Mirowsky and Ross (1992) find that employment and marriage across the life course explain some of the age differences in depression. Aneshensel also finds that being married decreases mental health problems (Aneshensel et
Ross and Bird (1994) find that women’s greater likelihood to be unemployed and to work part-time (instead of full-time) explain some of the sex difference in physical health.

However simply being employed or married is not the only factor related to social roles. The characteristics of individuals daily activities also factor into measured group differences. Ross and Drentea (1998) find that it is the characteristics of one’s daily activities - whether they are autonomous, fulfilling, and socially integrated - that explain differences in mental health among the retired versus the employed. Avison and McAlpine (1992) argue that overly controlling parents do not allow adolescents to engage in daily activities and problem-solving which develops healthy social-psychological resources.

Stereotypes and other societal expectations also factor into these group differences, both by contributing to the previously mentioned factors and independently. Baskin et al. (1989) found that women and men were more likely to be assigned to mental health treatment when they engaged in activities which violated basic expectations for their gender. Bartol and Bergen (1992) find that female officers experience greater work-related stress than males in part because they are exposed to a hostile, male-dominated environment.

Several of these and other intermediary factors lead to differential access to health care. Low socioeconomic status decreases access to health care (Baezconce-Garbanati 1999; Xueqin Ma 2000). Furthermore, individuals at the lower end of the socioeconomic spectrum are less likely to have jobs that offer benefits like health insurance (Baezconce-Garbanati 1999). Lack of knowledge about the health care system and health care in general may lead individuals to fail to visit doctors as necessary (Xueqin Ma 2000) and fail to follow through with screening tests (Baezconce-Garbanati 1999). Schapira et al. (1995) further argue that African Americans’ relationships with their doctors may lead to different recommendations for treatment.

In short, while many group differences in health exist, there are several common themes across the literature which suggest that social factors are important contributors to these patterns.