**Objective.** To determine whether the association between SES and disability vary by age in African Americans.

**Methods.** Logistic regression models were conducted to estimate the association between SES and disability by age group in 395 African Americans participating in the Carolina African American Twin Study of Aging. Disability was defined as difficulty in performing at least one of seven basic activities of daily living. Education and family income were used as measures of SES. Age was categorized as individuals aged <49 years and aged ≥50 years.

**Results.** After adjusting for demographic and health-related characteristics among older adults, a higher odds of disability was associated with no post-secondary education (OR = 3.09, 95% CI: 1.24–7.71), and with low-income (OR = 2.74, 95% CI: 1.17–6.43) compared to more educated or affluent people, respectively. No association between SES and disability was observed in young adults. When considering the combined effect of no post-secondary education and low-income on disability, older adults with no post-secondary education had a greater odds of being disabled (OR = 2.63, 95% CI: 1.03–6.73) relative to those with a post-secondary education controlling for covariates.

**Conclusions.** The findings demonstrate the advantage of disentangling the confounding of race and SES as an initial step to understanding the relationship among age, SES and disability in African Americans. (Ethn Dis. 2013;23(1):12–17)

**Key Words:** Education, Income, SES, Disability, African Americans, Health Disparities

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**INTRODUCTION**

Socioeconomic disparities in functional status are well-established such that members of low socioeconomic status (SES) groups consistently exhibit poorer physical functioning than members of higher SES groups.\(^1\)\(^2\)\(^8\) Moreover, this association has been consistently demonstrated across different populations and with different measures of SES.\(^9\)\(^–\)\(^11\) Nevertheless, how specific measures of SES (eg, education and income) are related to physical function is not well understood. This is, in part, because many studies examining the relationship between SES and functional health have measured the multidimensional construct of SES as a single measure.\(^10\)\(^,\)\(^12\)\(^,\)\(^13\) Yet different SES measures could influence functional status at various stages of the life course and operate through different mechanisms.\(^10\)\(^,\)\(^12\)\(^,\)\(^14\)\(^,\)\(^15\) Thus, it is important for scientists to understand how different SES measures affect functional status over the life course for targeting interventions\(^4\)\(^,\)\(^8\) and establishing appropriate health policies.\(^10\)\(^,\)\(^12\)

Efforts to enhance the understanding of the relationship between SES and function continue to be hampered by insufficient knowledge of the mechanisms through which SES impacts physical function. Limitations to elucidating these mechanisms include the confounding of race and SES,\(^16\)\(^,\)\(^17\) use of a single measure of SES,\(^12\)\(^,\)\(^10\)\(^,\)\(^16\)\(^,\)\(^18\) and a narrow age range of study participants.\(^3\)\(^,\)\(^8\)\(^,\)\(^19\)\(^–\)\(^23\) A strong correlation exists between race and SES and each is strongly associated with functional status. Disentangling the individual effects of these two factors can be difficult because racial minorities are likely to be members of the lowest SES groups. Although this issue is normally addressed by using multivariate modeling, this may be inadequate due to the small cell sizes in some of the race/SES groups.\(^24\)\(^,\)\(^25\) Two approaches that investigators have employed include: 1) limiting the confounding between race and SES by examining race differences in socioeconomically integrated populations,\(^24\) and 2) by examining SES differences within a particular race/ethnic group such as African Americans.\(^25\)

Despite evidence that SES differences in function exist across the life course, much of the research has focused on older adults.\(^3\)\(^,\)\(^20\)\(^,\)\(^26\)\(^–\)\(^31\) Focusing on the upper end of the age spectrum limits our understanding since it is evident that disparities in functional status emerge well before late life. Data from a cohort aged 51–61 years living in the St. Louis area indicate that Blacks have a higher prevalence of sub-clinical disability relative to a national sample of similarly aged Whites.\(^21\) Furthermore, the prevalence of disability increases at different rates for African Americans compared to Whites such that at most ages, the prevalence of disability observed among African Americans occurred at least 10 years later in Whites.\(^32\) Yet, little is known regarding the effect of age on the relationship between SES and disability in African Americans\(^33\) because African Americans are less likely to survive or be healthy enough to participate in an older cohort.\(^34\)\(^–\)\(^37\) Understanding how SES relates to disability in African Americans and evaluating the role of age may help us understand the mechanisms that link SES to disability in middle-to-old age in...