Work and Life During the COVID-19 Pandemic:

Role of the Socioeconomic Status

by

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Abstract

The pandemic of COVID-19 has shed the light on the well-known social inequalities. The health care sector faces a lot of pressure and problems due to the spread of the virus; economic and financial sectors, production industries, labor market, and social well-being have been having many difficulties. The costs of the pandemic are distributed unequally among different social groups and people of different occupations. In this work, I seek to examine what is the role of socioeconomic status in work and life conditions of an individual in the time of the global pandemic. This analysis helps to understand that policies related to the pandemic should target people with the lower socioeconomic status, as they are the most vulnerable to the consequences of the COVID-19 pandemic.

To test the relationship between the work and life conditions and socioeconomic status of individuals I use the COVID Impact Survey for 2020, which is conducted by NORC at the University of Chicago for the Data Foundation. The survey is designed to see how social life, economic status, health, and perception are changing during the pandemic. Using the data from the survey I develop several logistic models. I find that higher socioeconomic status in terms of higher education degree, larger household income, and residence in the neighborhoods with a higher trust level makes people more likely to have an opportunity to move their work online, avoid public places, and less likely to get unemployed. Additionally, occupation is a very important factor in the work conditions during the pandemic.

Keywords: socioeconomic status, unemployment, work from home, COVID-19

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Chapter 1: Introduction

The year 2020 was full of disturbing actions and events that have impacted many spheres, industries, and sectors in the world. The most serious and dangerous out of all is the spread of the virus COVID-19. The coronavirus is highly infectious and gets easily spread among society. As it is a new virus and there was no vaccine previously developed, the key measures of controlling the spread of the disease among the population have been those related to the individuals' behavior. The virus hits a lot of fields and areas of everyday life, and it is going to show itself in many future consequences that the world will face in the coming months or even years. Countries all over the world have experienced not only the health sector crisis but also the crisis from the supply side and economic issues brought by the decrease in the level of productions, simply by the fact that those productions were stopped in order to decrease the infection rates among the workers.

Talking about the economic and employment downturns of the corona-crisis, the global decrease in the economic growth was around 4 % in 2020, thus being one of the largest economic crises, the specific feature of which is that this is considered a supply-side crisis (Cotofan, De Neve, Golin, Kaats, & Ward, 2021). Most of the retail workplaces, theaters, museums, cafes and restaurants, entertainment places, and cinemas were closed, or the number of visitors has declined significantly; some companies and factories stopped working, fired their employees, or decreased the working hours; the borders of the countries were closed, and certain restrictive measures, such as curfew have been imposed. All these changes have a massive effect on the labor market, small and medium-sized businesses, the financial stability of many individuals and households, and the increase in the unemployment rate (Cotofan et al., 2021). Giving some international statistics, the global working hours have decreased by more than 17% in the second quarter of the year 2020, while the global labor

income decreased by around 8% according to the international labor organization (Cotofan et al., 2021). These lead to a decrease in social well-being, consumption, and overall life satisfaction. However, the consequences of these economic issues are distributed unevenly.

The pandemic has once again shown the existing inequalities in the global society. People face different living and working conditions depending on their wealth and type of occupation. The essential workers, service workers, people employed in retail sectors simply cannot move their work home/online, therefore, they face much higher risks of infection. In addition to the well-known inequalities related to the socioeconomic status of individuals, nowadays new inequalities become more perceptible, for example, the access to the fast internet, the availability of good quality personal computers and smartphones, and other limitations (Reeves & Rothwell, 2020). From the start of the pandemic, concerns about the worsening of inequality have been raised by many scholars, media, and social activists.

The social responsibilities of people are the factors that most of the government and health organizations have been relying on for the past year. At the same time governments of many countries impose restrictive measures related to social life, work, and travel. Without the state control of the pandemic spread, there will be an exponential increase in the number of COVID-19 cases. People, who are more vulnerable to the disease's severe outcomes will be seriously ill and be hospitalized. We have already seen the problems faced by the hospitals and overall health care industry all around the world: the lack of places and equipment, high risks of infection for the medical workers, problems with the medical supplies, and overall lack of knowledge about the treatment of the new virus. To decrease the number of cases, to reduce the pressure on the health care system, and to prevent the increase in the mortality rate governments of many countries have adopted the previously mentioned measures. It appeared to be impossible for some social group to follow them without facing high costs of job/income loss, social isolation, and a dramatic decrease in their well-being. All these measures have put a lot of pressure on the social life of individuals and on the labor market (Cetrulo, Guarascio, & Virgillito, 2020). Workers are already facing increasing unemployment and income losses, and scholars are predicting that this trend is going to be present in the nearest future. However, not all the economic spheres face the same issues; some workers are considered to be more 'privileged' than others, and a big role in this differentiation is played by the socioeconomic status of individuals (Cetrulo et al., 2020). People with higher income, meaning more money, are more likely to switch their work online, to keep social distance, to order food and other necessities online. Additionally, these people stocked up on the necessary medicines, such as vitamins, food, cleaning supplies, and any other things that can be important for their safe and comfortable lives (Reeves & Rothwell, 2020).

One of the risk factors that are different by the social class is the difference in the health conditions that impact how severe the consequences of the coronavirus infection can be for an individual. It has been proved almost at the beginning of the pandemic that people with severe illnesses are more likely than others to face strong symptoms and difficult course of the disease (WHO, 2020). Therefore, the virus is especially dangerous for elderly people. Returning to the differences in the social class, people with the lower socioeconomic status, meaning lower income and wealth, less educated, and living in the poorer conditions have on average worse health, and more chances to have severe diseases such as diabetes, obesity, heart issues, and weaker immune systems (Reeves & Rothwell, 2020). These health issues are the risk factors for the COVID-19. The socioeconomic status of an individual affects the health, work, lifestyle of a person; it influences what we eat, where we live, what job we have, and what kind of health insurance or support we have. Therefore, it has a strong impact on the risks of contracting coronavirus, as it always does with other types of viruses and diseases (Rollston & Galea, 2020).

Working online became one of the massive changes that have happened in the year 2020; most of the work that can be done online was transferred to that area. People started to work from home, using their home devices, home internet, and various other online and digital technologies. These changes were implemented because the virus is transmitted from person to person easily, the crowded places and constant social contact became one of the factors that increase the risks of getting sick. Public transport, overcrowded offices, poor housing conditions, work in the service sector, or any other type that make distancing very difficult or even impossible are the big issues that increase the risks of infection (Rollston & Galea, 2020). However, such a shift to online work can be associated with the privilege of some occupations over the others. People, who cannot shift their work online, face a much higher risk of infection at their workplace. Thus, the most vulnerable social groups are bearing the largest costs of the coronavirus crisis.

In general, the group of people who work from home is very different from those who must or need work on-site. People having blue-collar jobs, such as sales, construction, food service, and many others are required to work on-site, therefore during current times they either lose their job or experience much higher risks of getting infected and spread the virus. Many wealthy people, who work in the administration, legal, finance occupations can switch their work online; therefore, a lot of scholars predict that after the pandemic the difference between the white-collar and blue-collar workers will even worsen. Additionally, the changes in the work conditions and structures can worsen the gender gap, as there is a higher share of female workers in the essential service sectors (Ramamurti, 2020).

The inequality related to gender has been widely discussed with the beginning of the pandemic. There is a larger share of women working in the areas that are under high risk of infections or have high chances of being closed due to lockdown measures; these areas are sales/retail, food services, marker and shops, cleaning service, babysitting, schooling and

kindergartens (Cotofan et al., 2021). Talking about the essential workers, such as medical sector workers, there are a lot of women working as nurses and medical staff, and they are unable to move their work online during the current virus spread. With the closure of many educational centers, schools, and courses, many parents, especially women, needed to leave work to look after their children. This is also one of the important factors of the decrease in the women/mother labor force and once again this shows the existing inequalities between the work and life conditions of female workers and male workers (Cotofan et al., 2021).

It has already been noted many times by global society that high-income and lowincome countries cope with the virus differently, but it does not mean that developed countries do not experience any problems. Many European countries and the USA are still straggling to return to the pre-pandemic life and economic growth, and it seems that it will not happen very soon. However, the main aim of this paper is to look at the individual differences among people, rather than compare different countries. People with lower socioeconomic status, people with lower skills and lower income, tend to have higher chances of losing their job or getting fewer work hours during the current pandemic. The employment rate for lowincome workers has decreased by almost 24% by the end of 2020 in the USA (Cotofan et al., 2021). These people are most vulnerable to the negative consequences of the pandemic and corona crisis; not only they have had overall difficulties in their life before the virus came, but also, they became even more disadvantaged in very difficult times.

Even though, the COVID-19 crisis is first of all associated with the health system, it is important to note that the socioeconomic status of a person is associated with poorer health and life conditions (Anderson, Frank, Naylor, Wodchis, & Feng, 2020). It is important to better understand the inequalities in the consequences of the coronavirus among different population groups in order to design and implement efficient and working policies and pay more attention to the more vulnerable social groups. Therefore, this work aims to investigate the role and the magnitude of the socioeconomic status of a person in their ability to go through the pandemic with less severe consequences.

Research Question: Does higher socioeconomic status have any impact on the work and life of people during the pandemic of COVID-19?

The answer to this question is quite predictable; there is for sure the relationship between the socioeconomic status of an individual and their life and work conditions. However, it is important to test what is the magnitude and nature of this relationship and how noticeable is the difference between people of different social classes.

In order to answer this research question, I ran several logistic regression tests using the open data from the survey that was conducted in the USA in the first half of the year 2020. To capture the differences in the working and employment conditions I chose two dependent variables, which are "working from home" and "being unemployed after the start of the pandemic". To test how socioeconomic status can influence these work outcomes such variables as the level of education, household income, and level of trust to the neighbors were included in the regression model. To look at the differences among individuals with different occupations the relevant variable was found in the survey and included in the model of analysis. The results show that people with higher education and larger household income are less likely to lose their job and have more chances to switch their work online. Talking about occupation, essential workers, and especially health service sector workers are unable to move their work home. However, low-skilled workers have more chances of losing their work.

The set of two other logistic regression models that capture the life conditions show the regression models that analyze the ability of people to avoid public places, and the negative thoughts about the future. Results show us that people with higher education levels and income are more likely to avoid public places. Also, not many people from the survey are

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thinking that their future is 'hopeless', but people with a higher household income are very unlikely to think like that at all.

The thesis is organized as follows: Chapter 2 describes the theoretical basis of this work, describes the idea of socioeconomic status, its impact on the health of an individual, and how it influences the working and employment condition of people; Chapter 3 summarizes the literature on the effect of socioeconomic status on the work and life conditions of people; Chapter 4 describes the data analysis process, it gives the overview of the data that I use in this thesis, shows the results of the logistic models, and includes in itself the discussion part; Chapter 5 is the policy recommendation part; Chapter 6 is the summary and conclusion of this work.

Chapter 2: Theoretical Part

2.1 Socioeconomic Status

The socioeconomic status or class of an individual still plays a big and important role in our modern world. It defines the place of an individual in the society, their belonging to the particular group or network, and status in the work or employment structure. The concept and idea of social class and the hierarchical structure of society exist since ancient times. Socioeconomic status (SES) impacts the person's health, job position, place of residence, networking, quality of work and life, and overall life satisfaction (Holst, Fessler, & Niehoff, 2021). People with different SES differ in their access to information, knowledge, political and organizational experience, and technological improvements (Holst et al., 2021).

The role of social class and status have been widely discussed since the introduction of the two classes system by Karl Marx; he argued that there are two classes: the proletariat and the bourgeoisie. Later on, Max Weber stated that class differentiation is much more complex than that. He introduced the ideas of power and status as the important factors in class stratification (Waters & Waters, 2016). He differentiated between three types of inequalities. Weber was describing the differences in the social inequalities through the wealth, the money that a person owns, and the way they get it, the social power distribution, and the estimation of respect or honor that an individual has in the society (Waters & Waters, 2016). The differences between the access to the resources and their impact on the social and working life of individual is exactly of the interest of this research paper.

2.2 Fundamental cause of disease

Because the COVID-19 is first of all a health and epidemiological issue, it is relevant to look at the health problems that are associated with the virus. Additionally, from the beginning of the virus spread it has already been understood that some social groups are more vulnerable to the virus and have more chances to get sick.

To show what is the role of the socioeconomic status of an individual in times of pandemic, it is important to start from the analysis of the association between health and SES. There is a strong relationship between the health of an individual and their socioeconomic status (Link & Phelan, 1995). The less is the socioeconomic status of a person the lower is the life expectancy, higher mortality rate, higher risks of the various disease and infections, higher rates of infant's mortality; so, people with the lower SES have higher chances of getting sick and having more severe illness conditions. People with the lower SES tend to have a more stressful life; that is related to the development of many various health issues both mental and physical (Link & Phelan, 1995).

Link and Phelan in their work (1995) called the social conditions the "fundamental causes of disease". With the development of medicine, public health institutions, and health initiatives a lot of diseases and risks associated with different infections and viruses have decreased dramatically. The world has experienced a massive improvement in the health of the citizens in the 20th century. However, the benefits of the medical capacities have not been distributed equally among the different social groups. Some people are more secure than others, due to their differences in access to knowledge, money, power, and relevant networks (Link & Phelan, 2010). The medical support became more available on average and many factors of the poor socioeconomic conditions that have been associated with the health issues were addressed and controlled; at some point, certain scholars were claiming that the problem of differences between various socioeconomic groups would be addressed and the issue of the correlation between SES and health outcomes would disappear (Link & Phelan, 1995). As we can observe today, those scholars and scientists were wrong in their conclusions, the SES factor did not disappear from the health discussion basis. However, it has changed; some risks

associated with the lower social status have changed in their meaning and overall understandings, additionally, new risks have emerged that were unknown to the medicine or social sciences previously.

The main feature of the 'fundamental cause of disease' is the accessibility of the resources, such as money, power, knowledge, some interpersonal social relations that can help an individual to avoid the diseases or reduce the risky consequences of it (Link & Phelan, 1995). It is stated many times by different scholars, medical workers, policy-makers, scientists, and many other activists that the people who have better access to these factors, so shortly speaking, who have higher socioeconomic status are going to be less affected by the diseases. The goal of this paper is to show that the coronavirus pandemic has not become an exclusion from this 'rule'.

2.3 Socioeconomic Status and Employment

The socioeconomic status of the working-class is perceived to be different from the white-collar workers who work at higher-paid jobs. Workers' socioeconomic status or class is stated to be correlated with the economic security of an individual (Goldthorpe & McKnight, 2004). There are different risks of job loss across employees with different SES. Not only the risks of unemployment but also the length of this period is being linked with the SES of an individual. People of the lower social class are usually members of the group of the blue-collar job, low-skilled, or routine work; therefore, they have higher risks of losing their job (Goldthorpe & McKnight, 2004). One more feature of the working conditions in routine low-skilled works is that people are hired for a short period, and they cannot be sure of the security of their working position. In contrast, people working white-collar jobs are secured with their contract conditions and certain salary payment (Goldthorpe & McKnight, 2004).

People with lower SES have always experienced certain problems with the security and stability of their work, and nowadays when the whole world is in a global crisis, the situation with unemployment is getting worse and those people of the blue-collar jobs became the most vulnerable social group.

Chapter 3: Literature review

During the last year of 2020 COVID-19 has become one of the most discussed and analyzed topics across different studies, sciences, and research areas. The virus itself is not only a health care sector issue, but also an economic, financial, and social concern. Many international journals, scholars, and researchers have already published works, papers, and articles about the COVID-19 crisis and this topic is being discussed from many different points of view and in various ways. Much more literature is expected to be published since the virus is new, and we still do not observe all the potential consequences that the pandemic will bring to our lives. This paper concentrated on the role of socioeconomic status and the working inequalities in the times of the global pandemic; therefore, the already existing relevant literature is analyzed in this section.

COVID-19 is discussed by the scholars and historians as being one of those pandemics that are spread at the beginning by the more advantage people of the higher social class and then shifted to the less affluent population, so the infection rate is drastically rising among the lower SES people (Khlat & Coeur, 2021). One of the contributing factors of this shift is the imposed lockdowns and restrictions. Certain employers and people are not able to move their work online, or they are essential workers in the time of the pandemic, such as health care and medical workers. Additional problem is that people with lower overall income and education, who are considered to have lower socioeconomic status, also show higher levels of non-compliance to the local restrictions (Khlat & Coeur, 2021).

The first paper to discuss is the work of Clouston, Natale, and Link (2020) on the socioeconomic inequalities and the spread of the COVID-19 in the USA. The theoretical basis of the paper is the fundamental cause theory, which was already discussed in the theoretical part of this work; it is used to examine the role of socioeconomic inequalities in the spread of the virus across the country. The authors concentrate on two questions in their work. First is

whether the virus was brought to the country by people with higher socioeconomic status; this question comes from the fact that such individuals have more opportunities and reasons to travel for work or leisure means. This part is exactly the one that Khlat and Coeur (2021) stated in their work. The second question, which is more important for my thesis work, to answer if social inequality works in favor of the groups and countries with the higher SES (Clouston, Natale, & Link, 2020). The results of the work showed that at the first stages the virus was brought and spread by people with the higher SES. The results of the second analysis showed that people with higher socioeconomic status have lower risks of infection, they can stay at home to protect themselves; while people with the lower social class live and work under more risky conditions and have less protection in the health and financial sectors (Clouston et al., 2020). These results are not very surprising and support the question stated in my work.

One more work on COVID-19 and SES, which is based on the data collected in the USA, specifically in New York, analyzed the hospitalization level and the poverty in the region (Little et al., 2021). To capture the socioeconomic status of the patients, the authors took the data on the neighborhood poverty level. It is well known that people with the higher socioeconomic status tend to live in the 'richer' neighborhood near people with similar status and life and work conditions. The results showed that the mean age of the patients with the COVID-19 was significantly younger for the high poverty group than for the low poverty; additionally, those high poverty patients were twice as likely to be under 40 than the low poverty group (Little et al., 2021). These results can be partly explained by the fact that a big share of young and adult people with lower SES constitute the group of essential workers that cannot shift their work online.

Paper that is written by Adams-Prassl, Boneva, Golin, & Rauh (2020) states about the working conditions during COVID-19; it concludes that workers who can do a larger share of

their work from home/ online, have the lower chances of losing the job. The authors worked with the results of the survey that was conducted in the UK, Germany, and the USA. Their work claims that there is a noticeable difference between workers of different gender and different education level (Adams-Prassl, Boneva, Golin, & Rauh, 2020). The data was collected through the survey method in all 3 countries. The data from the survey showed that in the late March around 11% of the respondents from the USA have lost their job due to COVID-19 and at the beginning of April that number increased to 18% (Adams-Prassl et al., 2020). The results of the survey data collected by the authors also show that the percentage of lost jobs varies a lot across different occupations. The opportunity to shift their work home was one of several important factors. Talking about the individual characteristics of the respondents, people with a university degree have a lower possibility of losing their job (Adams-Prassl et al., 2020). This result is also relevant for the current study, as the impact of the level of education on work conditions during the pandemic is tested and analyzed.

The article of Holst, Fessler, and Niehoff (2020) analyses the workplace effect of the COVID-19, especially the risks of infection at the workplace and the economic costs of the lockdown. The research (2020) emphasizes the importance of the simultaneous analysis of the health and economic risks of the pandemic. For their analysis authors used the data from the workforce survey conducted in Germany that captures the employment and working conditions, risk of infection at the workplace, and overall attitude toward the measures taken by the local government authorities. The results of the logistic regression ran on the collected data showed that both economic and health risks are distributed unequally among different work structures and job occupations (Holst et al., 2021). After the analysis of the survey response and the regression results, the authors discussed that depending on the working position and type of employment workers face different levels of risks of infection and job loss. Lower classes workers, such as production or construction workers, office clerks, and

service workers reported the higher risks of experiencing sufficient income losses and higher chances of getting sick, due to the inability to totally isolate themselves (Holst et al., 2021). The results from such developed countries as Germany have shown that the coronavirus affects different people and social groups differently. Therefore, it is important to note that the level of pre-existing inequalities is going to bring even more problems and both health and economic costs to the societies (Holst et al., 2021). This is a very important factor to consider by policymakers in the developing and less-developed countries and regions.

Very interesting results were received by Oh, Choi, and Song in the article (2021) of analysis of coronavirus and socioeconomic disparities in South Korea. As in the papers that are already discussed in this work authors showed that the lower SES is associated with the higher risks of COVID-19 infection among the studied population. This relationship is strongest among the population group of age more than 60 years old; while young people of age 20-30 do not tend to show the difference of coronavirus cases depending on their social status, additionally, it is important to note that this age group is associated with the higher number of the virus cases (Oh, Choi, & Song, 2021). This can be partly explained by the fact that young people have more direct contact with other people and with individuals of their age, have more gatherings, and have less compliance to the restrictive measures.

These various articles and papers show that the theme of the role of socioeconomic status in the times of the global pandemic is very important and attracts a lot of attention. This topic can be analyzed from different sides and using different models and datasets. Many scholars and authors want to emphasize that differences in the socioeconomic status and inequalities are not only present in our world, but also can worsen due to the overall corona crisis.

Chapter 4: Data Source and Analysis

This work uses the dataset coming from the Covid Impact Survey, which was organized by the National Opinion Research Center at the University of Chicago in 2020. The survey provides estimates for the United States of America and focuses on three main areas of research that are: social and mental health, physical health, and economic and financial security (Wozniak, Willey, Benz, & Hart, 2020). The survey was conducted in the way of an interview with adults aged 18 and older. The questionnaire of the Survey has questions on the individual characteristics of the respondents, such as age, gender, race, and others; however, most of the interest is attributed towards the questions related to the social, mental, and economic well-being of an individual. Questions have response options, from which an individual can choose the one that is more suitable to them. The respondents were offered a certain monetary incentive after the survey completion. The data was collected in three time periods for the different individuals, the results can be found for April, May, and June months. There were two types of collection; they are national and regional surveys. It is open data with free access, which is designed to help the policy-makers and governors to analyze and determine the relevant measures, actions, or restrictions related to the Covid-19 pandemic and its effect on the citizens (Wozniak et.al., 2020). For this paper, I use data collected in the April period slot, because it is the only one that has the occupation variable, which is necessary for the analysis. Overall data have 8790 observations, the number of which varies depending on the analysis and regression that is run.

4.1 Variables description and Summary statistics

In order to look at the effects of the pandemic on the life and work of people, this research concentrates on certain variables the data for which is available in the survey. One of the questions of the Survey states: "which of the following measures, if any, are you taking in

response to the coronavirus?" the measure that is relevant for this paper analysis is "worked from home", in the April data 3575 respondents out of 8790 have indicated that they follow this measure. It is important to look at these results as it is suspected that people who can move their work home are different in terms of socioeconomic status from those who cannot take such kind of measure. One more variable that captures the changes in the working status of an individual is the response to the question "What was your main reason for not working for pay?" the option that is of the interest of this research is: "I was unemployed and looking for work starting after March 1, 2020, when COVID-19 began spreading in the United States". This variable is analyzed in one of the regressions.

To capture the differences in the socioeconomic status among different respondents of this survey and to analyze the effect of SES on work and life during the current pandemic, this research concentrates on the *educational level*, which is usually included in the analysis of the socioeconomic status of an individual, *household income* for 2019, as the survey was conducted at the beginning of 2020, and *neighborhood trust level*, which is the variable of the interest as people with higher socioeconomic status tend to leave in safer and wealthier neighborhoods, thus having some information about the neighbors and certain level of trust. If we return to the literature review part of this work, Little et.al. (2021), use the neighborhood poverty level for their analysis, the survey that I use does not have such a variable therefore the trust level will be used to capture the differences in the neighborhood area. Another variable of interest that is controlled in the regression analysis is *occupation*; as in Adams-Prassl et.al. (2020) research; it is relevant to include this data in order to see if the difference in the occupations leads to the differences in the work outcomes of the pandemic.

Education level is strongly correlated with the socioeconomic status of an individual. People from the high social class households usually have higher chances to obtain high education, which can be very expensive in many regions. Additionally, level of education has been proven to have an indirect impact on the physical and mental health on a person (Khalatbari-Soltani et al., 2020). Lower education can lead to certain behavioral patterns of an individual, which can suppress the immune system that becomes one of the main factors in the fight with many diseases (Khalatbari-Soltani et al., 2020).

Race also plays an important role in the analysis of the socioeconomic position of an individual in the society. Nowadays the problem of systematic discrimination of certain races and ethnic minorities still exists (Khalatbari-Soltani et al., 2020). The statistics of the COVID-19 mortality rate in the USA shows the overrepresentation of African American citizens, this is explained by the scholars through the differences in income, education, health, and overall well-being of different racial groups in the country (Khalatbari-Soltani et al., 2020).

The summary statistics of certain variables give us a better understanding of the survey and the sample of the population that was interviewed. All the question asked in the survey were provided with the response options, even if we look at the *household income*, we can see that there are nine groups from which a respondent can choose; the lowest income is 'less than \$10,000'', while the highest income is 'more than \$150,000''.

If we want to look at the distribution of the education level and household income in the data, we can look at Table 1. It gives us the quite expected information that people with lower education have lower income on average. For example, the income of the category "under \$10,000" is being met less often with the increase in the education category. For people earning more than \$150,000, the education level is not less than Bachelor's degree with just some exceptions.

Table 1

Distribution of household income for 2019 and the highest level of education an individual has completed

	Level of Education							
Household income	No HS diploma	High school	College no degree	Associate degree	Bachelor's degree	Master's degree	PhD degree	Total
Under \$10,000	75.0	119.0	108.0	43.0	44.0	25.0	8.0	422.0
\$10 - 20,000	54.0	173.0	185.0	63.0	97.0	28.0	17.0	617.0
\$20- 30,000	46.0	185.0	239.0	101.0	158.0	57.0	15.0	802.0
\$30 - 40,000	27.0	130.0	216.0	114.0	202.0	66.0	20.0	775.0
\$40 - 50,000	14.0	99.0	202.0	77.0	180.0	77.0	20.0	669.0
\$50 - 75,000	21.0	197.0	343.0	174.0	492.0	258.0	92.0	1,577.0
\$75 - 100,000	24.0	110.0	229.0	116.0	414.0	248.0	83.0	1,226.0
\$100 - 150,000	6.0	68.0	187.0	105.0	492.0	339.0	142.0	1,339.0
\$150,000 or more	6.0	22.0	100.0	55.0	365.0	329.0	257.0	1,134.0
Total	281.0	1,130.0	1,859.0	869.0	2,500.0	1,460.0	672.0	8,790.0

As it was mentioned previously in this research the socioeconomic status, and especially the access to the resources has a strong impact on the health of an individual. The data from the Covid Impact Survey is not an exception. Table 2 (see Appendix) shows us the descriptive statistics of the respondents' perception of their individual health, whether they consider it as 'excellent', 'very good', 'good', 'fair', or 'poor', and the household income. It can be seen from the table that people with the larger household income indicate their health as 'very good' or 'excellent' more than people with very small household income. The data from the Table 3 (see Appendix) gives us the information about the same health categories and the education level; people with higher education degree choose the better health condition answers more often than those with the lower level of the education received.

4.2 Regression results and Discussion

Before looking at the results of the models that analyze the relationship of socioeconomic status and work or life conditions of people, I decided to look at the effect of socioeconomic status on the health of an individual, the OLS regression on the health conditions was run. To prove the fundamental cause theory once again, the variables of the individual socioeconomic status such as: *household income* and *education level* were chosen. The results of the regression can be found in Table 4 (see Appendix). They once again show us that the higher socioeconomic status of an individual such as higher income, higher education degree, and overall well-being has a positive effect on the health of a person. People with a higher degree have a higher possibility of choosing their health condition as being good rather than being poor. Similar results are seen for the income differences.

In order to analyze the work conditions of people during the pandemic of COVID-19 two types of regressions were run. The model of the regression is the logistic type as the dependent variables are dummy variables having two answer options "yes" or "no"; the logistic regression produces the odds ratios, which are quite easy to interpret. The results of such a regression for the categorical variables compare the odds of the event occurrence. The results that are larger than 1 usually say that the dependent variable is more likely to occur or happen under the controlled conditions or specifications.

The results of the first regression where the dependent variable is the dummy variable for the '*work from home*' answer, the outcome variables which are tested to have any impact on that variable are: *education level, household income, level of trust to the neighbors, occupation, gender,* and *race.* The results can be found in Table 5; they show that people with a higher level of education are more likely to shift their work home than people with no high school diplomas. Starting from the household income of \$50,000 to \$75,000 a year, there is a

higher probability of working from home, than for people who have a small household income in the first model without the controls on *occupation*, *gender*, and *race*. High level neighborhood trust appeared to be significant in this analysis showing that people living in the more trustworthy neighborhoods have higher chances of shifting their work home. After adding the dummies of *occupation*, *gender*, and *race*, we can observe different results.

The base in the *occupation* variable in this regression is "Management", looking at the results table below, we can see that several occupations have significant results, and they vary in their interpretations. People working in the sphere of art and design are more likely to work from home than managers, people that specialize in computer and mathematics occupations have the same tendency. Looking at the health sector workers, they are very unlikely to work from home, which is obvious in terms of their work conditions and current virus. *Gender* appeared to be insignificant in this model. While *race* has significant positive results, the base race is White, Black and Hispanic people appeared to be more likely to work from home, which is hard to explain without additional information.

Table 5

The effect of socioeconomic status factors, occupation, race, and gender on the likelihood of

working from home

Variables:		Work from home odds ratio	
High school graduate	1.220	1.143	1.227
College, no degree	(0.253) 1.847***	1.535	(0.493) 1.560
	(0.341)	(0.601)	(0.606)
Associate degree	2.029***	2.036*	2.100*
	(0.390)	(0.839)	(0.866)
Bachelor's degree	4.489***	4.316***	4.431***
	(0.819)	(1.730)	(1.767)

Master's degree	5.765***	6.140***	6.444***
	(1.076)	(2.655)	(2.793)
PhD degree	5.016***	3.459**	3.353**
	(0.987)	(1.828)	(1.759)
\$10,000-20,000	0.906	0.341***	0.349***
	(0.144)	(0.137)	(0.142)
\$20,000-30,000	0.789	0.521*	0.546*
	(0.120)	(0.188)	(0.200)
\$30,000-40,000	1.048	0.564	0.660
	(0.155)	(0.208)	(0.247)
\$40,000-50,000	1.099	0.572	0.617
	(0.166)	(0.216)	(0.237)
\$50,000-75,000	1.490***	0.736	0.827
	(0.201)	(0.255)	(0.293)
\$75,000-100,000	1.702***	0.743	0.854
	(0.236)	(0.269)	(0.315)
\$100,000-150,000	2.235***	0.915	1.101
	(0.308)	(0.334)	(0.408)
more than \$150,000	2.717***	1.002	1.204
	(0.386)	(0.391)	(0.478)
High neighbors trust	1.341***	1.030	1.024
	(0.132)	(0.283)	(0.279)
Some neighbors trust	1.310***	0.919	0.927
	(0.130)	(0.254)	(0.254)
No neighbors trust	0.941	0.781	0.774
	(0.126)	(0.304)	(0.303)
Art/Design/Sport		2.146*	2.303**
		(0.891)	(0.972)
Physical/Social Science		1.537	1.490
		(0.724)	(0.692)
Protective Service		0.425*	0.392**
		(0.194)	(0.182)
Personal care		0.758	0.821
		(0.338)	(0.375)
Computer/Math		2.728***	2.558***
		(0.957)	(0.908)
Sales		0.965	0.998
		(0.287)	(0.299)
Education/Training		1.622*	1.805**
		(0.469)	(0.539)
Office/Admin support		1.408	1.491
~~		(0.401)	(0.441)
Food service		0.400**	0.379**
		(0.173)	(0.167)
Legal occupation		2.100	2.355

		(1.437)	(1.548)	
Farming/Fishery		0.973	1.113	
		(0.728)	(0.885)	
Social Service		2.114*	2.011*	
		(0.881)	(0.854)	
Business/Finance		2.639***	2.696***	
		(0.895)	(0.929)	
Transport service		0.565	0.529	
		(0.234)	(0.225)	
Military occupation		0.807	0.867	
		(0.566)	(0.611)	
Health care support		0.789	0.808	
		(0.275)	(0.282)	
Installation/Repairment		0.639	0.552	
		(0.315)	(0.268)	
Architect. Engineering		1.396	1.265	
		(0.535)	(0.504)	
Construction service		0.868	0.804	
		(0.378)	(0.359)	
Production		0.354**	0.339**	
		(0.150)	(0.143)	
Building		0.755	0.692	
clean/maintenance				
		(0.417)	(0.390)	
Healthcare practitioner		0.362***	0.372***	
		(0.123)	(0.128)	
Gender: Female			0.818	
			(0.120)	
Race: Black			2.163***	
			(0.411)	
Race: Hispanic			1.437**	
			(0.256)	
Constant	0.118***	0.347*	0.267**	
	(0.0266)	(0.197)	(0.153)	
Observations	8,777	1,451	1,451	
Robust seeform in parenthes	ses			
*** p<0.01, ** p<0.05, * p<0.1				

The results of the next regression are presented in Table 6. It is also a logistic regression that regresses the dummy variable of *'being unemployed after the start of the pandemic in the USA'*. Looking at the people who lost their job after the start of the pandemic

in the USA we can see what personal characteristics have an impact on the probability of that unemployment. In the first regression model people with the higher education level are less likely to lose their work; while in the next two models with the *occupation, gender* and *race* control variables the results have changed. The variable of the *household income* is significant in the first regression model and shows that with the increase in the *household income* people are less likely to be unemployed. Looking at the occupations, people working in the food preparation industry, farming/fishery, and people from the installation/ repairment sectors are more likely to lose their work compared to the managers.

Table 6

The effect of socioeconomic status factors, occupation, race, and gender on the likelihood of

Variables:	Unemj	ployed after COVID-19 p odds ratio	andemic start
High school graduate	0.722	3.628	3.657
College no degree	(0.255) 0.473**	(3.799) 4 973	(3.936)
Conege, no degree	(0.171)	(5.040)	(4.838)
Associate degree	0.623	2.240	2.151
De-1-1-2-1	(0.254)	(2.554)	(2.484)
Bachelor's degree	(0.215)	6.696* (7.193)	5.973
Master's degree	0.264***	1.661	1.473
	(0.123)	(2.435)	(2.111)
PhD degree	0.279**	21.30**	12.95**
\$10,000-20,000	0.607	0.971	0.945
	(0.199)	(0.681)	(0.719)
\$20,000-30,000	0.638	0.970	1.012
\$30,000,40,000	(0.200) 0.340***	(0.696)	(0.759)
φ30,000-40,000	(0.130)	(0.353)	(0.402)
\$40,000-50,000	0.168***	0.172	0.186

losing the job after the start of the COVID-19 pandemic

	(0.0856)	(0.203)	(0.224)
\$50,000-75,000	0.267***	0.560	0.646
	(0.0900)	(0.401)	(0.493)
\$75,000-100,000	0.352***	1.022	1.223
	(0.119)	(0.761)	(0.948)
\$100.000-150.000	0.249***	0.743	1.008
+	(0.0963)	(0.586)	(0.839)
more than \$150,000	0.175***	-	-
	(0.0814)		
High neighbors trust	1 374	0 924	1.032
	(0.553)	(0.713)	(0.823)
Some neighbors trust	1 989*	1 314	1 433
Some neighbors trust	(0.790)	(1,006)	(1, 117)
No neighbors trust	1 384	1 705	1 789
ito neignoois trust	(0.701)	(1.715)	(1.832)
Art/Design/Sport	(0.701)	(1.713)	(1.052)
Art/Design/Sport		-	-
Physical/Social Science			
Filysteal/Social Science		-	-
Protoctivo Sorvico		5 206	5 917
Flotective Service		(6.061)	(7,672)
Demonstation		(0.901)	(7.073)
reisonal care		-	-
Computer/Math		2 701	2 820
Computer/Math		5.764	2.830
Salas		(3.097)	(3.939)
Sales		4.41/	5.021
		(5.218)	(0.018)
Education/Training		2.200	2.455
		(2.696)	(3.020)
Office/Admin support		1.300	1.529
		(1.812)	(2.070)
Food service		11.09**	12.07**
T 1 /		(13.47)	(14.79)
Legal occupation		-	-
			10.00*
Farming/Fishery		15.71*	19.99*
~		(24.58)	(32.60)
Social Service		2.649	2.171
		(3.841)	(3.101)
Business/Finance		-	-
Transport service		1.717	1.967
		(2.710)	(3.068)
Military occupation		-	-
Health care support		1.030	1.025

		(1.542)	(1.555)
Installation/Repairment		9.445*	9.989*
		(12.57)	(13.52)
Architecture/Engineering		1.979	2.023
		(2.969)	(2.937)
Construction service		5.951	6.610
		(8.050)	(9.009)
Production		2.926	2.671
		(4.016)	(3.622)
Building clean/maintenance		7.806	8.062
		(10.82)	(11.32)
Healthcare practitioner		-	-
Gender: Female			1.112
			(0.424)
Race: Black			1.530
			(0.925)
Race: Hispanic			1.947
			(0.826)
Constant	0.0518***	0.00304***	0.00159***
	(0.0258)	(0.00486)	(0.00273)
Observations	8,628	1,064	1,064
Robust seeform in			
parentheses			
*** p<0.01, ** p<0.05, *			
p<0.1			

To look at the social conditions of the life of individuals, two more regressions were developed. As the previous two, they are run through the logistic model and present its results in the odds ratios. The first regression in this set shows whether an individual is able to avoid public places. As it became one of the most discussed and applied international measures, and all the lockdowns and isolation requirements come from the fact that it can reduce the infection rate and spread of the virus; it makes sense to check whether the socioeconomic status of a person influences their ability to follow these requirements.

The results from Table 7 presented below show that before adding the *occupation*, *race*, and *gender* controls the *education level* is significant in this regression and shows that with the increase in that people are more likely to be able to avoid public places. *Household*

income is also a relevant variable to analyze in this case; people with higher income have a higher probability to stay secure and to not contact with others in public places a lot. In terms of *neighborhood trust*, model with the additional controls shows that people who do not trust their neighbors, are less likely to lot avoid public places, this can be described by the fact that they are leaving in the poor area, that are densely populated, and their SES does not allow them to decrease social contacts a lot. Talking about *gender* differentiation; women are more likely to avoid public places as the result of this regression.

Table 7

The effect of socioeconomic status factors, race, and gender on the likelihood of having an

	Avoid public places		
Variables:	odds ratio		
High school graduate	1.201	0.854 (0.285)	
College, no degree	1.404**	0.974	
Associate degree	(0.217) 1.626***	(0.323) 1.016	
Bachelor's degree	(0.279) 1.814***	(0.363) 1.095	
Master's degree	(0.287) 2 306***	(0.398) 1 211	
	(0.394)	(0.509)	
PhD degree	(0.451)	2.275 (1.497)	
\$10,000-20,000	1.257 (0.192)	1.382 (0.505)	
\$20,000-30,000	1.361**	1.272	
\$30,000-40,000	1.416**	1.548	
\$40,000-50,000	(0.216) 1.568***	(0.565) 1.443	
\$50,000-75,000	(0.251) 1 348**	(0.544) 1 549	
420,000 72,000	(0.187)	(0.535)	

opportunity to avoid public places

\$75,000-100,000	1.599***	1.843*
	(0.234)	(0.673)
\$100,000-150,000	1.731***	2.902***
	(0.259)	(1.154)
more than \$150,000	1.981***	2.605**
	(0.320)	(1.177)
High neighbor trust	1.107	0.670
	(0.126)	(0.216)
Some neighbor trust	1.111	0.666
	(0.127)	(0.214)
No neighbor trust	0.876	0.486*
	(0.129)	(0.196)
		(0.356)
Gender: Female		1.949***
		(0.303)
Race: Black		0.980
		(0.213)
Race: Hispanic		0.900
		(0.164)
Constant	2.027***	2.662*
	(0.380)	(1.452)
Observations	8,789	1,433
Robust seeform in		
parentheses		
*** p<0.01, **		
p<0.05, * p<0.1		

The last model to discuss here is the persons' thoughts and believes about the future. It is well-known that depressive thoughts and mental health became a big concern after the start of the pandemic. The survey that is used in this research also tries to capture this topic. One of the questions that are asked whether a person "felt hopeless about the future in the past 7 days", for those who have answered that they felt like this at least three days in the last period, the variable *hopeless future* was created.

From Table 8 we can see the results of the logistic regression. The *education level* appeared to be insignificant in this model. The control for the *household income* shows that people almost all categorical groups are not very likely to think about a bad future life,

however, those with higher income are even less likely; this can be explained by the fact that these people are more financially secure and do not expect big negative shifts. Women think about a hopeless future more than men. The variable of *occupation* was not included in this regression as this model tests the life conditions, not the working one, therefore it was considered that personal characteristics of an individual potentially have a larger impact on their thoughts about the future life.

Table 8

The effect of socioeconomic status factors, race, and gender on the likelihood of having negative thoughts about the future

	Negative thoughts about the future		
Variable	odds ratio		
High school graduate	0.831	0.814	
Collago, no dograo	(0.142)	(0.140)	
Conege, no degree	(0.163)	(0.163)	
Associate degree	0.947	0.918	
C C	(0.170)	(0.166)	
Bachelor's degree	0.953	0.940	
	(0.159)	(0.159)	
Masters' degree	0.882	0.868	
	(0.156)	(0.155)	
PhD degree	0.989	0.989	
	(0.193)	(0.196)	
\$10,000-20,000	0.763*	0.736**	
	(0.113)	(0.110)	
\$20,000-30,000	0.662***	0.621***	
	(0.0951)	(0.0905)	
\$30,000-40,000	0.612***	0.575***	
	(0.0897)	(0.0857)	
\$40,000-50,000	0.554***	0.523***	
	(0.0850)	(0.0815)	
\$50,000-75,000	0.454***	0.427***	
	(0.0618)	(0.0595)	
\$75,000-100,000	0.436***	0.404***	
	(0.0623)	(0.0591)	

\$100,000-150,000	0.381***	0.351***
	(0.0555)	(0.0521)
more than \$150,000	0.322***	0.296***
	(0.0499)	(0.0468)
Gender: Female		1 306***
Gender. I emale		(0.0799)
Race: Black		0.553***
		(0.0657)
Race: Hispanic		0.986
		(0.0999)
Constant	0.407***	0.412***
	(0.0674)	(0.0733)
Observations	8,740	8,735
Robust seeform in		
parentheses		
*** p<0.01, **		
p<0.05, * p<0.1		

The results that we can see in the regression models of this study show us that the socioeconomic status of a person including their income, education level, and occupation indeed plays a significant role in the social and working conditions of individuals during current times of the pandemic spread. People with higher socioeconomic status are more secure and less vulnerable to certain pandemic consequences, such as losing their job or having a higher infection risk.

People with higher education levels are less likely to lose their work and have higher chances of having an opportunity to shift their work online. This can be explained by the fact that individuals with higher education usually have larger incomes and work in high-skilled high-paid jobs. Due to the overall lockdowns, a lot of places were closed, and people whose occupations did not let them switch to work online have faced big employment issues. Employees of the administration, education, or legal sectors have much fewer chances to become unemployed, while people from the service or construction sectors face much more difficulties.

It is important to note that health care sector workers, especially doctors, are considered to be a part of the high social class group. They earn a good income, have a high education degree, are very high-skilled workers, and are usually considered as very respectful members of society. However, the pandemic is first of all the health sector issue, therefore, they have a very high infection rate risks and bear a lot of costs. Even though health sector workers are not going to lose their job in the current conditions, they are facing a lot of other issues, including problems with their physical and mental health.

Chapter 5: Policy recommendations

The policy recommendations that can be developed and applied regarding this issue of the pandemic and socioeconomic inequalities can be divided into two major categories. Policies can be of short-term and long-term perspectives. The short-term ones will be used in the period of the pandemic, while the long-term policies should be implied in order to bring the changes and improvements that can work in the future.

To help workers to cope with the current pandemic issues, it is essential to provide the employees with safety measures at work. Those people who cannot switch their work online and continue to be essential workers should face lower risks of infection at their workplace. Workers should have a more accessible way to be tested for the virus and have protection from work loss during their sickness period.

Additionally, local authorities with the cooperation of local companies and smallmedium business should provide more equal opportunities for individuals, whose work can be shifted online. A lot of people do not have this opportunity due to the lack of relevant devices or stable internet connection at their home place. Therefore, more funding and investment can be directed towards the support of these workers.

Talking about the long-run policies, it is important to create and sustain a more robust public health care sector. The inequalities in the health sector can be reduced by applying the health service interventions that will be directed towards individuals irrespective of their social status or own resources. The public health sector is going through many difficulties in many countries. This issue is especially visible in developing countries, where the public health sector is lacking enough financial support. For many people the regular medical checks are unaffordable, and as we have seen before in this work the chronic and severe health issues lead to worse virus outcomes. The policies should first of all target the most vulnerable social groups.

Chapter 6: Conclusion

The pandemic of coronavirus has brought a lot of changes and issues in the lives of people all over the world. It has affected different sectors of global life; not only the health care sector is under massive pressure, but also the economic, financial, social, and labor sectors need to cope with the different emerging problems.

After the lockdowns and other different restrictive measures were established in many countries in order to support the health care industry and to reduce the rate of the infection spread, not all the social groups, and individuals, in general, were able to follow the restrictive measures without facing high economic or social costs. The closure of many workplaces such as the retail sector, cafés and restaurants, theaters and museums, different entertainment places, construction objects, and even certain production plants have increased the unemployment rate and increase financial difficulties among the most vulnerable population.

The differences in the socioeconomic status of individuals play their role in the risk of infection, the severity of virus symptoms, economic consequences, and employment status of a person during the times of the COVID-19 pandemic. To prove it and analyze this relationship, I built logistic models of regression taking the data from the survey conducted in the United States of America. The data captures the work and life conditions of individuals of different education levels, household incomes, occupations, races, and gender. The results show that the socioeconomic status of individuals impacts not only their health but also their life and work status during the pandemic.

According to the results of the four regression models used in this thesis, people with a higher level of education and higher income are more likely to be able to switch their work home and are unlikely to lose their job. While many low-skilled workers with just basic education face a higher unemployment rate during the COVID-19 time period. Workers of the retail sector, service sector, construction, and cleaning spheres are more likely to get

unemployed not only because their work cannot be done online, but also because many places of work have been closed for a long time because of the national lockdowns.

In conclusion, it is important to note that the topic of socioeconomic status and the pandemic has a lot of potential for future research. This paper used a very specific dataset that does not cover all the determinants of the socioeconomic status. Future research can be done in the areas of the role of social ties and communications and the vulnerability towards the pandemic and coronavirus crisis. Additionally, even though most of the countries and regions have detailed recordings of the number of cases and mortality rate, there are not enough datasets or surveys that will capture individual characteristics of the patients and the recordings of their virus symptoms and health outcomes.

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Appendix

Table 2

	Health condition					
Household income	Excellent	Very good	Good	Fair	Poor	Total
Under \$10,000	59.0	119.0	139.0	82.0	22.0	422.0
\$10,000 -20,000	81.0	169.0	205.0	121.0	40.0	617.0
\$20,000- 30,000	103.0	275.0	275.0	112.0	37.0	802.0
\$30,000 -40,000	107.0	312.0	244.0	94.0	17.0	775.0
\$40,000 -50,000	126.0	274.0	188.0	66.0	14.0	669.0
\$50,000 -75,000	267.0	685.0	490.0	117.0	17.0	1,577.0
\$75,000 -100,000	262.0	539.0	316.0	96.0	13.0	1,226.0
\$100,000 -150,000	324.0	658.0	286.0	65.0	4.0	1,339.0
\$150,000 or more	350.0	567.0	191.0	22.0	3.0	1,134.0
Total	1,747.0	3,686.0	2,389.0	789.0	170.0	8,790.0

Distribution of the Household income for 2019 and individual health conditions

Table 3

Distribution of the highest level of education an individual has completed and individual

health conditions

	Health condition					
Level of education:	Excellent	Very good	Good	Fair	Poor	Total
No HS diploma	53.0	69.0	96.0	51.0	12.0	281.0
High school diploma	147.0	401.0	377.0	170.0	34.0	1,130.0
College, no degree	238.0	684.0	617.0	253.0	65.0	1,859.0
Associate degree	121.0	349.0	286.0	88.0	24.0	869.0
Bachelor's degree	563.0	1,206.0	574.0	134.0	20.0	2,500.0
Master's degree	400.0	674.0	319.0	58.0	8.0	1,460.0
PhD degree	220.0	297.0	116.0	31.0	7.0	672.0
Total	1,747.0	3,686.0	2,389.0	789.0	170.0	8,790.0

Table 4

	Health condition				
VARIABLES	poor	very good	fair		
High school	-0.139	0.407***	-0.0567		
graduate					
	(0.347)	(0.154)	(0.180)		
College/no degree	0.241	0.381**	-0.0331		
	(0.329)	(0.150)	(0.176)		
Associate degree	0.0935	0.499***	-0.320		
	(0.369)	(0.158)	(0.198)		
Bachelor's degree	-0.822**	0.740***	-0.813***		
	(0.390)	(0.150)	(0.188)		
Master's degree	-0.967**	0.610***	-0.990***		
-	(0.489)	(0.155)	(0.217)		
PhD degree	-0.134	0.493***	-0.669***		
C	(0.513)	(0.166)	(0.253)		
\$10,000-20,000	0.244	-0.0894	0.0453		
	(0.277)	(0.141)	(0.161)		
\$20,000-30,000	-0.0837	0.205	-0.319*		
Ţ - , ,	(0.284)	(0.132)	(0.163)		
\$30,000-40,000	-0.811**	0.427***	-0.413**		
	(0.338)	(0.132)	(0.169)		
\$40.000-50,000	-0.838**	0.445***	-0.624***		
·····	(0.357)	(0.136)	(0.183)		
\$50.000-75.000	-1.416***	0.516***	-0.845***		
φ υ 0,000 , υ ,ου ο	(0.343)	(0.122)	(0.161)		
\$75,000-100,000	-1.370***	0.524***	-0.740***		
φ/2,000 100,000	(0.377)	(0.126)	(0.169)		
\$100,000-150,000	-2.559***	0 704***	-1.142***		
φ100,000 120,000	(0.562)	(0.126)	(0.187)		
more than \$150,000	-2 642***	0.737***	-2 010***		
	(0.659)	(0.130)	(0.258)		
Constant	-2 840***	-1 330***	-1 239***		
Constant	(0.336)	(0.165)	(0.180)		
	(0.550)	(0.105)	(0.100)		
Observations	8,746	8,786	8,789		
Robust standard errors in parentheses					
*** p<0.01, ** p<0.05, * p<0.1					

Effect of socioeconomic status factors on the individual perception of the health conditions