Paula Braveman (Braveman, 2007) and Richard Wilkinson (Wilkinson, 2007) deserve thanks and admiration for taking up the challenges posed by my commentary on “pathways of influence on equity in health” (Starfield, 2007).

Braveman makes two excellent points. First, it is important to focus on position in the social hierarchy rather than on the separate categories of people distinguished by characteristics such as race, ethnicity, or gender. Such a re-focus would facilitate unity among the currently disparate groups that compete for attention, thereby creating a more effective advocacy. Second, it is important to move ahead with interventions that are based on current knowledge at the same time as existing knowledge is refined and expanded. The very process of intervention, with evaluation of impact, can provide enlightenment about the processes engendering inequity in health.

Wilkinson’s commentary reiterates and expands upon his well-known focus on income inequality as the source of health and other social inequalities (e.g. Wilkinson, 2005). Although his defense of income redistribution can hardly be rejected by anyone interested in social justice, it does not follow that the distribution of health in populations will improve. Social programs are important. Inequities in health will continue to exist because money does not necessarily buy equal access to all of society’s resources, whether the mechanism is psychological or material. Graphic plots of the relationship between country Gross Domestic Product and various health indicators show the well-established positive relationship between country wealth and various aspects of health; what is more interesting is the variability at any given level of country wealth. The same is true of income inequalities; not every country (or any political jurisdiction) with the same level of income inequality suffers the same degree of inequitable distribution of health. Universal social policies that work against the adverse effects of social stratification will accomplish more than targeting programs that may reinforce it (Jones, Burstrom, Marttila, Canvin, & Whitehead, 2006) but not all countries are oriented towards social justice as a societal goal. While social equality is the ultimate goal, socially disadvantaged populations should be helped to benefit from effective interventions designed to improve health.

The trick is not more interventions; it is better interventions—better because their design takes into account what is already known about interactions and different pathways to health, as described in my initial commentary and as shown in the diagram of influences on health in the commentary (Starfield, 2007). We have much to learn from countries that have committed themselves to distributing the fruits of societal advance to everyone, even when social and economic inequality exists.

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References


