The United States is among the wealthiest nations in the world, but it is far from the healthiest. For many years, Americans have been dying at younger ages than people in almost all other high-income countries. This health disadvantage prevails even though the U.S. spends far more per person on health care than any other nation. To gain a better understanding of this problem, the NIH asked the National Research Council and the IOM to investigate potential reasons for the U.S. health disadvantage and to assess its larger implications.

No single factor can fully explain the U.S. health disadvantage. It likely has multiple causes and involves some combination of inadequate health care, unhealthy behaviors, adverse economic conditions, and other factors.
involves some combination of inadequate health care, unhealthy behaviors, adverse economic and social conditions, and environmental factors, as well as public policies and social values that shape those conditions. Without action to reverse current trends, the health of Americans will probably continue to fall behind that of people in other high-income countries. The tragedy is not that the U.S. is losing a contest with other countries, but that Americans are dying and suffering from illness and injury at rates that are demonstrably unnecessary.

Source: Institute of Medicine

The Biology of Disadvantage: Socioeconomic Status and Health

How does socioeconomic status "get into the body" to affect health? A decade ago, when the MacArthur Foundation Research Network on Socioeconomic Status and Health began to answer this question, few studies directly tested the pathways and mechanisms that contribute to the gradient relationship between socioeconomic status and health. The scientific research presented here captures where the field stands after 10 years of intense research by the MacArthur Network and others into the mechanisms of health disparities. In addition, it illustrates the power of a multidisciplinary approach to complex social issues. Finally, it presents potential applications of the accumulated knowledge for social interventions and raises pragmatic issues that are important to consider when science is translated into policy and intervention.

Source: Annals of the New York Academy of Sciences

BOOK

Biological Consequences of Socioeconomic Inequalities

Social scientists have repeatedly uncovered a disturbing feature of economic inequality: people with larger incomes and better education tend to lead longer, healthier lives. This pattern holds across all ages and for virtually all measures of health, apparently indicating a biological dimension of inequality. But scholars have only begun to understand the complex mechanisms that drive this disparity. How exactly do financial well-being and human physiology interact? The Biological Consequences of Socioeconomic Inequalities incorporates insights from the social and biological sciences to quantify the biology of disadvantage and to assess how poverty gets under the skin to impact health.

Drawing from unusually rich datasets of biomarkers, brain scans, and socioeconomic measures, Biological Consequences of Socioeconomic Inequalities illustrates exciting new paths to understanding social inequalities in health. Barbara Wolfe, William N. Evans and Nancy Adler
begin the volume with a critical evaluation of the literature on income and health, providing a lucid review of the difficulties of establishing clear causal pathways between the two variables. In their chapter, Arun S. Karlamangla, Tara L. Gruenewald, and Teresa E. Seeman outline the potential of biomarkers—such as cholesterol, heart pressure, and C-reactive protein—to assess and indicate the factors underlying health. Edith Chen, Hannah M. C. Schreier, and Meanne Chan reveal the empirical power of biomarkers by examining asthma, a condition steeply correlated with socioeconomic status. Their analysis shows how stress at the individual, family, and neighborhood levels can increase the incidence of asthma. The volume then turns to cognitive neuroscience, using biomarkers in a new way to examine the impact of poverty on brain development. Jamie Hanson, Nicole Hair, Amitabh Chandra, Ed Moss, Jay Bhattacharya, Seth D. Pollack, and Barbara Wolfe use a longitudinal Magnetic Resonance Imaging (MRI) study of children between the ages of four and eighteen to study the link between poverty and limited cognition among children. Michelle C. Carlson, Christopher L. Seplaki, and Teresa E. Seeman also focus on brain development to examine the role of socioeconomic status in cognitive decline among older adults.

Source: Wiley Online Library

RESOURCES

Health Intelligence

Health Intelligence as an integrated set of data, methods and processes, tools and individuals working together in order to turn health data into actionable health information and converting health information into evidence and knowledge to support decision and policy making in public health.

Data visualization for easy dissemination

Tableau Software offers a full range of business intelligence and visualization tools that enable anyone to see, understand and share their data. Solutions range from free visualization software for bloggers and journalists, to a full featured business intelligence suite for organizations. As long as you have a desire to find and share answers with your data, Tableau can help.

The Social Determinants of Health: Community ToolBox
JOIN THE NETWORK. STAY CONNECTED.

Click each of the following icons to discover which social network platforms are already available for the Mid-South TCC. Then... like, create and join the worldwide conversation.

Confirm that you like this.

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