The Handbook of Inequality and Socioeconomic Position: Concepts and measures

Mary Shaw, Bruna Galobardes, Debbie Lawlor, John Lynch, Ben Wheeler and George Davey Smith.

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Review by Kai-Lit Phua

Ever since statistics on health have been systematically collected and analysed, the relationship between lower socioeconomic position and poorer health (in terms of morbidity, disability, mortality and shorter life expectancy) has been noted. This ‘social gradient in health’ has been found to be present both cross-nationally and also within individual nations over time. It also continues to persist in nations that exhibit patterns of relatively continuous improvements in health indicators such as the United Kingdom. In the United States where ethnicity has a significant impact on health status, the social gradient in health is also found within groups classified by ethnicity and gender such as ‘white males’, ‘white females’, ‘black males’, ‘black females’, ‘Asian males’, ‘Asian females’ and so on.

In Britain, the Black Report and similar studies documented the persistence of the phenomenon in spite of the establishment of the British National Health Service. More recently, the so-called ‘Whitehall studies’ carried out by Michael Marmot and fellow researchers revealed that the social gradient exists even amongst people who do not live in poverty, i.e., the different grades of civil servants.
Exceptions to the social gradient in health are few. For example, there are higher rates of breast cancer amongst upper class women as compared to lower class women. Therefore this phenomenon cannot be considered a statistical artefact that has arisen because of methodical challenges in measuring inequality, socioeconomic position and health. The Handbook of Inequality and Socioeconomic Position (a volume from the Health and Society Series of the Policy Press) can prove to be a useful tool in debunking those who persist in arguing that it is a statistical artefact. In the Handbook, 32 different measures of socioeconomic position are described and discussed along with their strengths and limitations. These range from commonly used indicators such as education (educational attainment) and income to the Cambridge Social Interaction and Stratification Scale (CAMSIS), Northern Ireland Multiple Deprivation Measure (NIMDM 2005), the Scottish Index of Multiple Deprivation (SIMD 2006) and the Welsh Index of Multiple Deprivation (WIMD 2005). One can be quite certain that no matter which of these 32 measures of socioeconomic position are used, there will be an association between a low socioeconomic position and poor health.

The Handbook also presents 13 measures of inequality. These range from the Gini coefficient (commonly used by economists) to measures such as the Slope Index of Inequality (SII) and the Theil Index. For those who wish to study the relationship between inequality and social welfare (including health) and who argue that reductions in inequality are necessary to reduce health differentials, these measures will come in handy.

This Handbook also contains two parts dealing with ‘Key Concepts’ and ‘Theoretical and Methodological Issues’ respectively. Nevertheless, the major strengths of this book are the other parts dealing with the various ‘Measures of Socioeconomic Position’ and ‘Measures of Inequality’. The authors of this book should be congratulated for gathering these various measures of socioeconomic position and measures of inequality between the covers of a single book. They have done a great service to academicians, researchers, practitioners, journalists and others who are concerned about the negative impact of high degrees of inequality and socioeconomic deprivation on the welfare of people.

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