Challenging Inequality: Professor Fernando De Maio Explores the Statistics Behind Health Disparities

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According to the World Health Organization’s (WHO) commission on the social determinants of health, “reducing health inequalities is ... an ethical imperative. Social injustice is killing people on a grand scale.” Fernando De Maio, associate professor of sociology, explores this concept by examining avoidable health inequalities in the global sphere. Using sociological methods to analyze empirical data, he hopes statistics can be used to bring about policy change.

What would you say are the most important socioeconomic factors that affect health inequalities?

In both rich and poor countries, we find social inequities in health. There is much evidence that these inequities are growing over time, even in countries with universal access to health care. These inequities are fundamentally shaped by the social determinants of health, including income inequality, racism and discrimination.

Why do you focus on macro-level social factors as opposed to micro-level factors? How do you see these issues influence patterns of health?

Public health experts and sociologists often talk about the upstream factors that influence health, which are grounded within social structures and policies. It isn’t that micro-level
The income inequality hypothesis plays a key role in your research. Can you explain this concept?

The income inequality hypothesis grew out of the work started by (British social epidemiologist) Richard Wilkinson in “Unhealthy Societies,” and it asserts that our health is affected not just by our own income, but also by how income is distributed where we live. The idea is that exposure to high levels of inequality is harmful to bodily systems—a relatively simple idea, but one that the literature hasn’t been able to generate a consensus on, even after more than 200 articles.

How does the hypothesis fit into your own work?

My work on the hypothesis has been focused on extending it by examining countries in the global south like Argentina, where income inequality is generally higher than in advanced industrialized countries. Previously, much of the literature has used income inequality as an independent variable without really digging into the political economy that generates inequality in the first place. I believe that we cannot understand income inequality without engaging with economics, and, from this perspective, health research needs to be truly interdisciplinary. I’m part of a large community of scholars who are examining the underlying structural forces that generate inequality in the first place—including political and economic arrangements.

Although your work focuses on Argentina and the global south, can your findings be applied to the United States?

Much of my work is about showing that social determinants of health are in fact global. We can’t understand health inequalities in Argentina without engaging with global economics and politics, and the same lessons apply to the United States. We can’t understand the health of U.S. communities without engaging with questions of migration, economic inequality, racism and discrimination. These factors are global—they cannot be understood by looking at just one nation. Some of my recent work has examined physical inactivity, obesity and diabetes in Argentina. All three are very important problems in the United States, and they are growing in importance in countries like Argentina. We’re using social surveys to examine not just how the overall prevalence of these conditions is increasing, but also how the social gradients underpinning those indicators are becoming steeper, or more unequal.

Why are the underlying social implications of health inequities so important to your work?

Many people will tell you that obesity and diabetes are problems in this country, but not many will frame the issue as one of inequality, acknowledging that the burdens of these diseases are distributed by socioeconomic status. This is a reflection of how commonly health is seen as a personal responsibility. Taking the social patterning of disease seriously requires moving beyond personal responsibility. It requires us to acknowledge the deep social divisions that exist in our society.

What is your view of discussions about health and care outcomes in the United States?

Equity in health is a neglected topic in the United States. For example, consider how little of the debate surrounding the Affordable Care Act was actually focused on socioeconomic inequities in health outcomes. The most heated debates have been based on the role of the federal government and the constitutionality of the individual mandate. Both issues revolve around expanding access to health insurance, which is a very important policy objective, but it isn’t the same as a policy geared toward improving health outcomes or reducing health inequities.

Pathways connecting inequality to health

Four pathways are thought to link income inequality to population health. Pathway I, psychosocial effects, suggests that exposure to high levels of inequality have direct effects through the body’s stress systems. Pathway II, social cohesion, asserts that inequality adversely affects community ties, generating social isolation and insecurity. Pathway III, the neo-material explanation, points to deteriorating public infrastructure in areas with high inequality, such as public schools, hospitals, and other services. Finally, pathway IV, statistical artefact, argues that the health effect of income inequality may be a statistical mirage, that is, inequality statistics are influenced by poverty rates, and it is the presence of high levels of poverty (rather than inequality) that influences health. These pathways are examined in Fernando De Maio’s 2010 book, “Health & Social Theory.”
Is the Affordable Care Act expected to reduce the black-white inequality in breast cancer mortality? Or infant mortality? Is it expected to diminish inequalities in obesity and diabetes over the income spectrum? These questions have been largely marginalized in the U.S. health care debate, but if we value equity in health, questions like these have to be at the center of the discussion. Statistical analysis can help us achieve this.

What specific analyses are being conducted?

There is a growing field of literature on measuring human rights, with more and more work in medical sociology and related fields attempting to measure the health effects of inequality and discrimination. Empirical studies in this area have documented that inequality—be it measured through income, racism, discrimination or other means—is pathogenic. It adversely affects a range of bodily systems, leading to hypertension, depression, diabetes and other illnesses. These are all examples of statistical analysis, often using very complex regression models, that have clear social-justice messages.

In your 2010 book, “Health & Social Theory,” you examine how health can be shaped not only by access to medical treatments, but also by power and inequality. How would you explain this idea to those who have worked so hard to increase access to health care over the years?

Access to medical treatment is critically important, but in itself isn’t enough to reduce inequities in health. For example, we know how to treat diarrheal infections (a cheap salt water solution) and we know how to avoid it (safe water and food supplies), yet it still kills 2 million people every year and remains one of the leading causes of death for children 5 years old and younger. You realize then that medical treatment isn’t necessarily the answer to the problem of global health inequity.

Several of your articles reference how your findings can have important policy implications. Have you seen any changes due to your findings?

That is the real challenge—not just to produce yet another study, but also somehow to influence public policy. I believe the social determinants literature is just beginning to make that transition. The World Health Organization (WHO) completed a major commission on the social determinants of health, emphasizing how much is already known about the importance of factors like income inequality and racism. Yet, balancing this with more health-system-centric thinking is difficult. Too often, discussions of health are reduced to debates over health care, and these terms are not interchangeable. A focus on health needs to involve much more than the health care system. It needs to engage with housing policy, working conditions, tobacco advertising and migration policy, as well as the more macroeconomic issues relating to income inequality in our cities. Partly thanks to WHO’s commission, there is a great deal of momentum in this debate, and, at least at a global level, the case for health equity is strengthening.

What do you envision your future research will entail?

I really love what I do and plan to continue engaging with questions of health inequities. I’ve just completed a new book, “Global Health Inequities,” where I bring together a number of different strands of health research, including chronic noncommunicable diseases, neglected tropical diseases and access to medicine. All three fields are full of controversies and tensions, and need a committed community of scholars who seek to make equity a central concern. I hope the book contributes to the momentum in global health toward equity-based analysis.

With all the work you do in the field, how does it translate into the classroom?

The integration of research and teaching is fundamental to the scholar-teacher model at DePaul. Over the years, I’ve worked to bring my research into the classroom in a number of ways. I use the idea of radical statistics to inspire my undergraduate statistics students, many of whom come to class with math anxiety. Recognizing that statistics can be used in progressive and critical ways really helps these students to engage with the material.

What lessons do you hope students take away from your classes?

I hope it shows students that research matters—that we can use research to generate new knowledge and question existing assumptions. I hope it demonstrates to students that as scholars we have a remarkably privileged position. We can identify issues that matter to us, that interest us, and we can apply the tools of our trade to examine those issues, generate awareness and, perhaps, in small ways, contribute to making the world a better place.

The Mothers of the Plaza de Mayo, an association of Argentine mothers whose children were “disappeared” between 1976 and 1983, took up the cause of income inequality with this 2007 protest in front of the Casa Rosada presidential palace in Buenos Aires.