In This Issue

PERIODICALLY, INDIVIDUALS OR GROUPS ASK ME IF the *Milbank Quarterly* is interested in publishing a group of papers from a conference. Although, the *Quarterly* always is interested in publishing high-quality papers grounded in research and pertinent to policy, I usually discourage such persons for two reasons. First, conferences tend to address a wide range of issues, and policy is often not the focus of the papers. Second, conferences frequently elicit papers of uneven quality. All articles published in the *Quarterly* have been reviewed, using double-blinded procedures, and my experience is that many conference papers are not found acceptable using such a process. When Robert P. Huefner and Norman J. Waitzman described to me the papers that were presented at a special conference held at the University of Utah in 1996, however, I thought that they focused more on policy implications than much of the research on social and economic disparities in health. I also considered the quality of the papers to be uniformly higher than most collections of conference papers. Fortunately, we were able to accept most of the articles for publication in this issue, following our standard review process.

Socioeconomic gradients have been remarkably persistent throughout the world. As Huefner and Waitzman discuss in their introduction, disparities exist across the full socioeconomic spectrum. The finding that socioeconomic deprivation leads to poor health is widely accepted. However, epidemiologists and health researchers have been surprised to learn that, even among persons earning comfortable salaries, there are striking differences in health status between persons of different ranks within the job hierarchy. The work of Michael Marmot and his colleagues who conducted the Whitehall study on health differences among civil service employees in the United Kingdom provided dramatic evidence of this phenomenon.

Research conducted during this decade on how to improve health has focused on clinical interventions to modify individual behavior, ranging from eating habits to the use of tobacco products. These efforts have been useful but have not been matched by research designed to understand and evaluate proposals to modify the aspects of social environ-

ments that lead to poorer health (Marmot 1998). The authors and I hope that this issue of the *Milbank Quarterly* will stimulate more research on this topic and encourage policy makers to think about how to reduce social inequalities in health.

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Reference

Marmot, M.G. 1998. Improvement of Social Environment to Improve Health. *Lancet* 351:57-60.