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Introduction

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Past empirical studies consistently and convincingly show that health and illness are unevenly distributed across geographic regions, populations, and social groups. People with low social positions in society, as measured on different dimensions, such as income, education, employment status, occupations, and wealth, are more likely to suffer from a number of chronic and infectious diseases, such as heart problems, diabetes, cancer, depression, HIV/AIDS, and respiratory infections. These health problems can lead to disabilities that affect the performance of work, social, community, and family roles. Debilitating health problems can also limit people's capacity to receive high levels of education, train for new technologies, access appropriate preventive and treatment care, and achieve a sense of financial security, all of which can reduce opportunities for social mobility. While the past three decades have laid a theoretical and methodological foundation for research on social stratification, social inequality, and health, the challenge has been to develop and implement research to have substantive improvements in the health of communities. We still, for example, need to better understand the social processes that undergird social stratification, social gradients, and social mobility and to understand how they contribute to health.

This special issue of the *American Behavioral Scientist* begins to address some new directions for research on social stratification, inequality, and health. On February 24–25, 2011, the National Institutes of Health helped sponsor a small meeting of social scientists to engage in a discussion to (a) highlight recent new developments in the social and biological sciences that may enhance social stratification theory, (c) identify how inequality may transmit across generations, (d) discuss new methods for studying social stratification and health, and (e) identify directions for the next generation of stratification and health studies. After the conference, some of the participants were invited to write a paper about the topics drawn from the conference recommendations. The papers compose the contents for this special issue.

The lead article of the special issue places health within a global context. Much of the comparisons across countries have focused on aggregated population health outcomes, and Beckfield and Olasfsdottir bring new analyses of cross-national data to examine whether social inequality and health outcomes are similar or different across countries. Pavalko and Caputo note that because so many studies of social inequalities and health use cross-sectional data, the capacity to understand changes in social circumstances in relation to changes in health are difficult to gauge. They show how a life course perspective adds depth to our understanding of how inequality and health are shaped over time. Matthews and Yang observe that while the study of place and health has increased significantly over the past decade, some of the conceptualizations and measurements of space and place have become limited and unimaginative. They discuss a novel framework based on the concept of spatial polygamy to demonstrate a pressing need for new data on human spatial behavior and contextual exposures across time and space. Walsemann, Gee, and Ro begin with the observation that education is often cited as having the most consistent and stable association with health. They then review past research on education and health to offer some exciting research possibilities for the future. Burgard and Lin note that while it is often cited as a key feature of socioeconomic status and stratification, jobs and work are often missing from the research on health status. They offer keen insights about how to address past deficiencies in the research literature and provide some suggestions for advancing research on work and health.

Burton, Lichter, Baker, and Eason bring to light that many empirical studies on health focus on urban populations and, accordingly, do not provide a full appreciation of the inequalities experienced in rural settings. They describe the changes in poverty and racial resentment that have dramatic consequences for health in rural areas. Williams and Mohammed note that racism provides a potential explanation for the association between race and health but that there is not often a clear understanding of the specific factors that explain that association. They review the available scientific evidence documenting the pathways linking racism to health and offer ideas for the next generation of studies in this area. Gonzales, Suárez-Orozco, and Dedios-Sanguinetti argue that evidence about undocumented immigrants have received much media and political attention, but scientific attention about their health is less evident. These researchers provide insights about the stress and health consequences among undocumented immigrants who migrated to the United States as children.

Two concluding articles of this special issue present ideas about the translation of empirical findings about social stratification, inequality, and health into potential interventions. Williams and Mohammed provide a specific example about how interventions at multiple levels can reduce the deleterious effects of racism. Trickett and Beehler conclude this special issue with an excellent overview about multilevel interventions that can reduce the impact of inequality on health.

We trust this special issue will lead to engaged and fruitful discussions about how we can build on past research on stratification, social inequality, and health. The intent is to develop better theories, enhance methodological and statistical tools, and establish interventions that can eventually eliminate the social inequalities and their unhealthy consequences confronting our communities across the nation.

Biographies

David T. Takeuchi is a Professor and Dorothy Book Scholar in the Graduate School of Social Work at Boston College on. His research focuses on investigating the social, structural, and cultural contexts that are associated with different health outcomes, especially among racial and ethnic minorities. He also examines the use of health services in different ethnic communities.

Bruce G. Link is a Research Scientist at New York State Psychiatric Institute, Professor of Epidemiology and Sociomedical Sciences and the Co-director of the Center for the Study of Social Inequalities and Health at the Mailman School of Public Health. His interests are centered on topics in psychiatric and social epidemiology, including the connections between socioeconomic status and health, homelessness, violence, stigma, and discrimination.

Salma Shariff-Marco is a Research Scientist at the Cancer Prevention Institute of California, a Consulting Assistant Professor in the Department of Health Research & Policy at Stanford University School of Medicine, and an Associate Member of the Stanford Cancer Institute. Prior to this, Dr. Shariff-Marco was at the National Cancer Institute in the Division of Cancer Control and Population Sciences (DCCPS).

Michael L. Spittel is a Health Scientist Administrator in the Office of Behavioral and Social Sciences at the National Institutes of Health. Prior to this, Dr. Spittel was a Program Officer at the Demographic and Behavior Sciences Branch (DBSB) at the Eunice Kennedy Shriver National Institute of Child Health and Human Development. In addition he served as the Program Officer/Scientist for the National Longitudinal Study of Adolescent Health (Add Health), Data Sharing for Demographic Research (DSDR), Community Child Health Network (CCHN), and co-managed DBSB's training program (T32).

Shobha Srinivasan, PhD, is a sociologist and the Health Disparities Research Coordinator in the Office of the Director, Division of Cancer Control and Population Sciences, National Cancer Institute (NCI). She is currently the NCI project director for the National Institutes of Health Centers for Population Health and Health Disparities.