The materials below originally appeared an eletter to the American Journal of Public Health/

Changing social inequalities in SIDS. *Am J Public Health* Dec. 11, 2005 (responding to Pickett KE, Luo Y, Lauderdale DB. Widening social inequalities in risk for sudden infant death syndrome. *Am J Public Health* 2005;95:97-81): http://www.ajph.org/cgi/eletters/95/11/1976

The link no longer works, however, and apparently there is no longer a comment associated with the letter.

Changing Social Inequalities in SIDS

11 December 2005

James P. Scanlan, Attorney
None,
None

Send letter to journal:
Re: Changing Social Inequalities in SIDS

Email James P. Scanlan, et al.

In the their article identifying widening social inequalities in sudden infant death syndrome (SIDS) following implementation of the "Back to Sleep" campaign, Pickett et al. express the view that an inexpensive public health intervention like that campaign would be expected to reduce health inequalities since there would be few barriers to universal uptake of the campaign's recommendations.1 That view reflects a failure to appreciate the tendency for beneficial interventions, even very inexpensive ones, almost invariably to increase demographic disparities in mortality rates. That tendency stems from the fact that disadvantaged groups comprise a larger proportion of each segment of the overall population that is increasingly less able to benefit from an intervention. Progress is invariably a matter of restricting adverse outcomes to the point where only those most susceptible to those outcomes continue to experience them–until, in an ideal world, the adverse outcome disappears entirely. But every step short of the total elimination of the adverse outcomes tends to increase the disparity in the rates at which two groups experience the outcome.

The tendency is readily observable in income data. Blacks are 2.3 times as likely as whites to fall below the poverty line. But they are 2.6 times as likely to fall below 75 percent of the poverty line and 2.7 times as likely to fall below 50 percent of the poverty line. A program that enabled everyone above 75 percent of the poverty line to escape poverty would be especially beneficial to blacks, as would a program that enabled everyone above 50 percent of the poverty line to do so. But each program would result in an increase in the ratio of the black poverty rate to the white poverty rate.2

The same holds for programs that reduce mortality or any other adverse outcome as to which disadvantaged groups are disproportionately susceptible. The more success a program achieves in reducing the outcome, the more such outcome will be concentrated among the very most susceptible groups, and the greater will be demographic disparities in experiencing the outcome. That does not mean that a program has been unsuccessful, or even that disadvantaged groups did not disproportionately benefit from it. For, while such groups may comprise a disproportionate part of the population continuing to suffer from the outcome, they also comprise a disproportionate part of the population

that the program enables to escape the outcome.2,3,4

References

1. Pickett KE, Luo Y, Lauderdale DB. Widening social inequalities in risk for sudden infant death syndrome. *Am J Public Health* 2005;95:97-81.

2. Scanlan JP. Can we really measure health disparities? Chance. 2006 (in press).

3. Scanlan JP. Divining difference. Chance. 1994;7:38-39,48.

4. Scanlan JP. Race and mortality. Society. 2000;37:19-35.