research highlights

PUBLIC HEALTH

The health of nations

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MARK KELLY / ALAMY STOCK PHOTO

Global health strategies, such as the World Health Organization initiative to cut mortality due to non-communicable diseases by 25% by 2025 (the '25 × 25' initiative), do not consider socioeconomic status as a modifiable risk factor, despite the fact that it can be modified by policy. Is this justified?

Silvia Stringhini and colleagues pool together and analyse data for more than 1.7 million people from seven high-income countries, using socioeconomic status and the 25 × 25 risk factors (high alcohol intake, physical inactivity, current smoking, hypertension, diabetes, and obesity) to predict mortality. They find that the independent association between socioeconomic status and mortality is as strong as that for the major risk factors already included in the 25 × 25 initiative.

The study provides strong evidence that socioeconomic adversity should be targeted as a modifiable risk factor by global health strategies and policies.

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