



# Epidemiology of Inequity from a Syndemic Perspective: A Long Way to Go

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## Editorial

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## Editorial

Epidemiology “is a tool for changing the world, not just for studying the world”. Bill Foege [1]. In March 2020, as COVID-19 cases increased a health crisis, an economic and financial crisis and a climate crisis unfolded in parallel, deteriorating the health/quality of life loop around the world. This situation starkly highlighted a long-standing reality: from the 1980s to the present, health inequity has persisted within many countries [2], resulting in a syndemic pandemic with higher mortality and morbidity rates among the most socially disadvantaged [3].

Health/well-being inequity can be defined as the presence of unacceptable, morally objectionable and preventable systematic differences in health between social groups that have different levels of underlying structural advantages/disadvantages related to political, social and economic rights both within and between societies [4-7]. Inequities can be understood as syndemic, arising from endemic inequalities in intrapersonal, interpersonal, institutional and systemic mechanisms that organise the distribution of power and resources differentially on the basis of race, sex, class, sexual orientation, gender expression and other dimensions of individual and group identity; the second fundamental cause of health/well-being inequity is the unequal allocation of power and resources, manifested in unequal social, economic and environmental conditions, also referred to as social determinants of health [8,9].

The basic criterion for achieving the possibility of equity in health/wellbeing depends on the belief that inequity is caused by humans and, therefore, solved by humans. This implicitly assumes that health academics, policy makers and the organised community must change paradigms by doing more than just thinking and talking about it [10,11].

Epidemiology has a long tradition and accumulated a great deal of experience in assessing specific microenvironments and agents that may affect health. However, epidemiology has been infrequently applied to the assessment of health issues. to the assessment of public health issues at the policy or strategic level. Moreover, epidemiology itself is not equipped to deal with stakeholder dialogue within its scientific discipline [12].

In this field, the involvement of epidemiologists and public health professionals in general remains crucial and should be geared towards formulating healthier policies in all settings; however, these technologists face a number of dilemmas: First, the complexity of the subject matter often requires innovation in methodological and statistical approaches, including the collection or identification of data not normally found in the academic training of epidemiologists; second, they have traditionally avoided explicit connections between their scientific findings from such work and the social justice motivations of communities [13].

The aim of this manuscript has been to generate debate among epidemiologists who still operate under the general assumption that risk factors are subject to individual behaviour and are still characterised by an uncritical stance towards existing social/political structures, ultimately leaving people to adapt to these unnecessary and unjust circumstances. We also wanted to draw the attention of authors and readers from Journal of Quality in Health Care & Economics (JQHE) to reflect on the key concepts and elements that characterise social and political epidemiological approaches as they interact on health inequities from a syndemic perspective [14,15].

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