EDITORIAL

Seeing the Forest and the Trees: New Visions in Social Epidemiology

Lisa F. Berkman

From the Department of Society, Human Development, and Health, Harvard School of Public Health, Boston, MA.

Received for publication May 28, 2004; accepted for publication May 28, 2004.

Social epidemiology, disguised in other forms and known by other names, has been with us for decades, if not centuries. However, the upcoming issue of Epidemiologic Reviews, the Journal’s sister publication, is devoted to a fresh examination of this area, reflecting the enormous advances that have been made in this field over the last several decades. The contributors to the issue build historically on the body of work that has been produced since the 19th century focused on the health consequences of the political economy and rapid social change (1–4). They add to the work of demographers who described the social forces that shaped mortality, fertility, and population profiles. They advance the work of epidemiologists and social scientists who, early in the 20th century, helped us understand how social and economic conditions influenced the emergence and decline of specific diseases from pellagra and tuberculosis to heart disease (5–8).

So, what will you see that is new in this upcoming issue? What have epidemiologists contributed to our understanding of the ways in which society influences population health? In the broadest sense, social epidemiologists are able to see both the forest and the trees. At the macro level, the authors frame the social determinants of population health. At the level of the “trees,” they start to identify during which periods of human development these conditions become “embodied” to influence biology and the ways in which they interact with other risks to shape the course of disease. They emphasize a number of recent theoretical and methodological issues that advance epidemiology as a whole. Discussions of multilevel analysis (9), integration of group and individual-level exposures (10), human development and life-course approaches (11), and identification of mediating pathways (12) dominate the volume. Increasing use of causal modeling, counterfactuals, and a fuller use of experimental and quasi-experimental study designs are discussed (13). These topics are central to the entire field of epidemiology, not just to social epidemiology. The authors address the major health issues of our time—new infectious diseases such as human immunodeficiency virus/acquired immunodeficiency syndrome (14), health in developing countries (15), the growing epidemic of diabetes mellitus (16), mental disorders (17), substance abuse (18), and human growth and development (19). Again, the relevance for all epidemiologists is striking.

Social epidemiologists are developing new frameworks with which to examine the etiology of disease, patterns of population health, and modes of intervention. They are able to integrate “upstream” social dynamics and ecologic exposures with “downstream” biologic responses and interactions into their modeling of disease causation. The “black box” approach typical of earlier epidemiologic investigations (20, 21) is being transformed. Social and environmental contexts in which behaviors and risks are shaped are becoming clearer. These approaches hold promise for all of us as we search for ways to understand and ultimately to improve population health. I trust that you will find the upcoming issue of Epidemiologic Reviews on social epidemiology (to be published along with this July 1, 2004, issue of the Journal) helpful to you as you frame your ideas about research and training.
REFERENCES