



Socioeconomic disadvantage and lung health: accumulating evidence to support health policy

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Understanding the associations between socioeconomic position and lung health provides the scaffold of evidence from which to develop better policies and interventions to reduce the disparities in social determinants, exposures and ultimately outcomes <https://bit.ly/390kbJx>

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It is becoming increasingly clear that the social determinants of health are associated with lung health [1, 2]. The lungs are extremely sensitive to the lived experience of individuals, particularly to environmental influences, including pollution, poverty, and occupational and smoking exposures. Understanding the factors that are associated with a reduction in lung function may provide novel insights into the impact of social determinants on overall health. Social determinants of health are closely related to socioeconomic position and systemic inequalities, both within and between countries, which have further been exacerbated by the coronavirus disease 2019 pandemic [3]. Although associations between socioeconomic disparities and lung health have been reported for many years [2, 4–7], the impact has been contextualised by the pandemic and resulted in a call for more research and evidence-based policies [3, 8]. Therefore, it is very timely that ROCHA *et al.* [9] report on the association of socioeconomic disadvantage and lung function in a large cohort of European adults. In their study of more than 70000 people followed in six cohort studies, they demonstrate how social circumstances during childhood and early adulthood, independent of smoking, result in reduced lung function throughout adulthood [10]. This study further supports the idea that risk factors for chronic lung disease originate in childhood [11], and that policies aimed at reducing inequalities during childhood could have positive effects across the life course.