

As the Rich Become Rich, the Poor Become *Unhealthy*

Abstract

Public health policies are laws made by the different levels of government. These laws can be used to improve the health of populations by affecting the social determinants of health. There are 14 social determinants of health. One of these is income and income distribution. Low-income families tend to experience poor health because they are unable to purchase healthful foods nor are they able to purchase medications. In order to improve population health, two models known as the materialistic and pluralistic approaches can be implemented. In this presentation, I will argue that the government, as opposed to the individual, is responsible for the health of Canadians. Moreover, the research I conducted was based on peer-reviewed journal articles.

Introduction

Public policies are laws made by the municipal, provincial and federal government (Bowman et al., 2012). When these laws are used to improve the health of populations, they are known as health policies. Therefore, the objective of health policies has been directed towards preventing and reducing the spread of diseases in order to positively influence population health. Additionally, the World Health Organization (WHO) broadens the term health to mean the wellbeing of an individual who is satisfied and at ease with his/her physical, mental and social states (Bircher & Kuruvilla, 2014). This takes into account the social determinants of health (SDH). These are factors that are affected by government laws and able to influence the wellbeing of individuals (Braveman & Gottlieb, 2014).



Canada as a Liberal Welfare State

1. Concerned with Market, not the State
2. Less distribution of economic and social support to the populations through insufficient policy decisions
3. Lack of universal programs and/or benefits for citizens
4. Labour sector in a liberal welfare state is usually weak
5. Disproportional income distribution

The Effects of Income and Income Distribution on Health

There is a Positive relationship between one's socioeconomic status and health condition (Kolahdooz, Nader, Yi, & Sharma, 2015). Individuals with higher income enjoy better health than those with low income. High income persons (earn equal to/more than \$80,000). They are afford nutritious foods & prescription medications which can improve their wellbeing, increase their productivity and lead to income growth (Bird, Lemstra, Rogers, & Moraros, 2015). These individuals are also less likely to develop diseases and, therefore, expected to live longer. Moreover, the opposite is true for low-income individuals, defined as those who earn less than or equal to \$29,000/year (Bird et al., 2015)

Income and Diet

- Nutritious diet is essential
 - Prevention of health-related diseases (obesity, diabetes, etc) (Grant, 2012)
- Healthier foods are costly than the unhealthy alternative
 - In developing countries such as Canada, healthier food is more expensive (Darmon & Drewnowski, 2013)
- Processed foods are also more palatable with the addition of artificial flavours (Darmon & Drewnowski, 2013)
 - Widely available
 - Less expensive
- Consuming large amounts of these can contribute to diseases (Grant, 2012)



Income and Prescription Drugs

- Low income families unable to receive drug-related treatments (Law, Cheng, Dhalla, Heard, & Morgan, 2012)
- Lack of financial support
 - Medications not covered Canada Health Act (Law, et al., 2012)
 - Out-of-pocket expenses
- Cost of medications is a problem (Siddiqui & Rajkumar, 2012)
 - Chronic diseases are more expensive to treat
- Statistics: 1/10 Canadians are unable to purchase, renew or adhere to prescribed medications (Law et al., 2012)



Income Inequality and Social Exclusion

- The gap amongst lower, middle and upper classes affects population health (Grant, 2012)
 - Bigger gap → the more health problems observed
 - Instills feelings of shame, deprivation, and failure within the individual (Elgar, 2010)
 - Possible reason: unattainable socioeconomic success → assigning failure to self (Pabayo, Kawachi & Gilman, 2013)
 - Development of depression
 - Unequal income distribution also reduces social cohesion Pabayo, Kawachi & Gilman, 2013)
 - Trigger conflict amongst society members
 - Compromise interpersonal trust → social exclusion
 - low-income individuals → lack social support system → health problems



Models for Health Policies

Public policymakers need to focus on the social determinants of health when making decisions for developing policies. There are 2 methods that can be used to improve health policies:

1. Pluralistic approach
 - The pluralistic approach is based primarily on gathering data and supporting health policies.
2. Materialistic approach
 - The materialist approach is based on meeting the demands that are of most concern, such as those of the marketplace (Raphael, 2010). Using this approach, health policies can be enacted through social movements by community members.



Conclusion

In conclusion, health policies enacted by the Canadian government strongly affect the health of its citizens. A social determinant such as low-income poses a problem for those who are unable to afford healthy food and prescribed medications. Income inequality also affects one's health by instilling negative feelings that lead to depression. It also disrupts social cohesion through conflicts amongst poor and rich individuals in society.