



Researching income and income distribution as determinants of health in Canada: gaps between theoretical knowledge, research practice, and policy implementation

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Abstract

The research identified gaps in Canadian knowledge and research activity concerning the roles that income and its distribution play in Canadians' population health. 241 Canadian research studies on income and health were considered along eight taxonomies: conceptualization of income or its proxies; theoretical underpinnings; income distribution measures; health measures; who/what was studied, pathways mediating between income and health; complexity of these pathways; research design; and presence of policy implications. The study identified the following areas of weakness: (a) poor conceptualization of income and the means by which it influences health; (b) lack of longitudinal studies of the impact of income-related issues upon health across the life-span; (c) lack of linked data bases that allow complex analyses of how income and related issues contribute to health and well-being, and (d) little inter-disciplinary work in identifying pathways mediating the income and health relationship. Advances in health policy to address the health effects of income and its distribution requires a research infrastructure that draws upon recent theoretical developments in the area and is able to access data sources to test these advanced conceptualizations.

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1. Introduction

Tremendous strides are being made in understanding how the organization of societies influences the health of their members. Foremost among these char-

acteristics is how a nation, region, or municipality chooses to distribute income and wealth among its members. In many European nations, income adequacy is a basic component of national and regional health policy [1]. In other Western industrialized nations such as the USA, Australia, and Canada, such concerns are of lower priority [2,3]. Recognising the importance of income adequacy and income distribution as health de-

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terminants, health researchers in Canada frequently include these factors in their research. But how do researchers conceptualize income as influencing health? Is income simply an indicator by which individuals can be made targets of health promotion interventions, because poor people tend to have poorer health status and health habits? Or is income and its distribution an issue to which governments concerned with creating health policy should direct their attention, because there is something inherently health-determining in absolute and relative material deprivation [4]?

Canada has been a leader in conceptualizing societal determinants of health such as income and its distribution [5]. Concepts developed by the Canadian Institute for Advanced Research, Health Canada, and the Canadian Public Health Association – as three examples – have influenced policy developments around the world [6]. But there is increasing evidence that Canada is failing to apply its own population health concepts in health research [7]. There is also concern Canada has fallen well behind other nations in applying research findings related to income and its distribution towards policy development [8]. The result is a deteriorating public policy environment that increasingly focuses on “lifestyle” and biomedical approaches to understanding and promoting health [9].

These issues were recognized by the Institute of Population and Public Health (IPPH), a major funding agency for health research in Canada. In response to an IPPH call for analyses of how Canadian researchers were responding to emerging health research and health policy needs, we carried out an environmental scan and analysis of how income is considered in health research. We compared these findings to exemplary studies on income and health from two nations identified as having advanced policy agendas concerning income and health: UK and Finland [10]. Our findings present a surprising view – considering Canada’s reputation as a leader in population health and health promotion concepts – of the current state of Canadian research infrastructure, conceptualization, and policy application of research findings.

Our findings and analysis have implications for others. For nations with less-developed health research infrastructures, our results identify what is needed to carry out research that identifies the role factors such as income, class, and socioeconomic position play in determining health. For those with more-developed re-

search infrastructures, findings illustrate that research concepts and applications can easily deteriorate into a focus on limited lifestyle and biomedical issues. Our conceptualization of differences in models of health determinants, and the role of income within them, can assist others in designing or interpreting the results of their own local health research activities.

2. Background to the study

This research was part of an IPPH initiative to identify gaps in knowledge of “contextual factors” that influence population health. The initiatives funded included housing, social assistance and workplace environments in addition to income. Our focus on income was especially timely in light of three developments: (1) the increasing international focus on the health effects of income and its distribution [11] (2) the growing inequality among Canadians of income and wealth [12], and (3) evidence that in many Canadian jurisdictions, public health is retreating into increasing reliance upon lifestyle and biomedical approaches to understanding and promoting health [9].

While income is a key determinant of health in many health research agendas, it is frequently simply seen as one of many individual-level risk-factors for disease [13]. Such approaches rarely produce policy implications concerned with the distribution of social and economic resources, but are usually concerned with urging – or coercing – individuals to effect healthy lifestyle changes [14]. Considering the increasing evidence that many behavioural risk-factors account for little variance in health outcomes, and findings that behavioural change programs may be especially difficult to implement with at-risk populations, the application of more complex conceptualizations could be expected [15,16]. These approaches would consider the differential exposures associated with income differences as well as how these effects result from societal distribution of resources among the population [17–19]. There would be focus on structural aspects of society that include social class, hierarchy, and the organization of immediate horizontal structures of society, as well as more distant vertical structures that influence income and resource distribution within a society. This would be important to consider as these structures affect the distribution of general and disease-specific health outcomes amongst

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