



14 The Politics of Population Health

Learning Objectives

In this chapter, you will learn to

- Recognize the strong bonds linking population health, public policy, and politics;
- Appreciate how globalization and neo-liberal ideology can harm a population's health;
- See how apparently unrelated activities—such as demands for corporate accountability, strengthened human and civil rights, and better environmental stewardship—have implications for population health.

Chapter Overview

The chapter begins with a review of the textbook and the level of analysis that influence the different models of health. The biomedical model and the contextual approach to health both have limitations. Neoliberal politics can have a negative impact on health. The author considers how neoliberalism shapes global and local social inequalities and, consequently, influences health of individuals.

Rising social inequalities have negative impact on population health and countries with liberal welfare states are less healthy than those that promote social solidarity among their citizens. Changing public policy is a crucial task if we truly are committed to improving the health of our population. The author finishes this chapter with summarizing some positive actions that were introduced by the Trudeau's Liberal government and can improve health of Canadians in the future.

Key Terms and Concepts

Coordinated market economies economies in such countries as Germany and the Netherlands, that have more highly regulated wages and benefits, more standardized working conditions, shorter working hours, guaranteed paid-leave provisions and pensions, and more generous unemployment insurance and job-training benefits (p. 333)

Ideology a system of beliefs and values that justifies a particular outlook and approach to social and political issues (p. 326)

Liberal market economies refers to countries with limited-government involvement in economic development, labour markets, and relationships between employers and their employees, such as the US, Canada, and the United Kingdom (p. 333)

Neo-liberalism an ideology that emerged in the 1970s and 1980s that holds that governments should minimize tax and regulatory burden on individuals and corporations and reduces public services in favour of free market (p. 328)

Solidarity principle when people see themselves as linked to others with their welfare tied to the health and welfare of the other members of their communities (p. 328)

Study Questions

Scroll down for answers.

1. Summarize biomedical, behavioural, and population approaches to the study of obesity.
2. Summarize the characteristics of a liberal welfare state, such as one we have in Canada.
3. Describe the effects of neoliberalism on Canadians.
4. Describe the effects of oil manipulation on food production and distribution.

Critical Thinking Questions

Scroll down for answers.

1. Explain how a multi-level approach can help our understanding of health and disease in society.
2. Explain the differences in the approaches to health promotion stemming from the views of Sir Michael Marmot and those of the Robert Wood Johnson Foundation.
3. Explain the links between biomedical model of health and market economy.

Annotated Multimedia Resources

1. Is Neoliberalism Destroying the World?
<https://www.cbc.ca/radio/ideas/is-neoliberalism-destroying-the-world-1.4839399> (53:59 min)
This CBC podcast from Ideas explores the origins of neoliberal ideologies and discusses the potential negative impacts of neoliberal policies.

2. The Global Power Shift
https://www.ted.com/talks/paddy_ashdown_the_global_power_shift?referrer=playlist-the_global_power_shift (17:46 min)
 This TedX Talk by Paddy Ashton, a former member of the British Parliament, considers the changes in global politics and suggests that there are three major global shifts in world's distribution of power.
3. Three Minute Theory: What Is Neoliberalism?
<https://www.youtube.com/watch?v=dzLv3rfnOVw> (3:31 min)
 This short video explains the premises of neoliberalism and provides a short overview of historical roots of neoliberalism and its vision of economic relations.
4. Justin Trudeau's Housing Strategy for Canada
<https://www.youtube.com/watch?v=FFjP3fHaEXc> (3:44 min)
 This CBC news segment reviews the Trudeau's government housing strategy for Canada that was introduced in 2017.
5. Noam Chomsky: Neoliberalism Is Destroying Our Democracy
<https://www.youtube.com/watch?v=tBzSLu3MZ6I> (07:01 min)
 In this interview a social thinker Noam Chomsky describes the impact of neoliberal policies on democratic states.
6. Globalization and Public Health - Three perspectives
<https://www.youtube.com/watch?v=cBOe1YBQZwU> (3:42 min)
 This short video summarizes the views of the Yale School of Public Health Dean Paul Cleary, Director of the Global Health Concentration Rafael Perez-Escamilla, and a former International President of Médecins Sans Frontières Unni Karunakara on public health needs of the global world.
7. The Biggest Challenges Facing Global Healthcare
<https://www.youtube.com/watch?v=6Q4Ivj47jLw> (4:40 min)
 This short video summarizes the key challenges for the global health care services that are faced by world's population.
8. Don Berwick Talks Politics and Health Care
https://www.youtube.com/watch?v=5_-cGyplkIE (3:04 min)
 In this video, Professor Emeritus and Senior Fellow of the Institute for Healthcare Improvement Don Berwick explains the link between politics and health.

Answers to Study Questions

1. Biomedical approach would focus on genetic predisposition and on gene therapy. Behavioural approach would emphasize the inactivity and excessive consumption of high energy foods and would aim to change diet and exercise. The population approach would examine the industrial food production and would consider community-based food policies and government regulation of food industry. (p. 325)
2. The liberal regime world of which Canada is a part is characterized by (1) faith in free markets, (2) suspicion of governments, and (3) low taxes and a low level of public services. (p. 328)
3. Sharp reductions in personal and corporate taxes and the shift from progressive to regressive income and consumption taxes have exacerbated the trend toward increasing inequality in the liberal regime world. The ease with which money may be moved around the world, a new feature arising not only from technology but also from deregulation of financial transactions, has led to the rich stashing an estimated \$20–30 trillion in offshore tax havens in order to avoid taxes altogether. Alongside this, wages for lower- and middle-income people have either stagnated since 1980 or actually declined, whereas employment and unearned income for high-income people have risen astronomically. The downward pressure on the health and well-being of middle- and lower-income earners in the liberal regime world is thus enormous. (p. 329)
4. Corporate manipulation of oil prices in the lead-up to the 2012 food crisis had three effects on food: (1) the costs of producing and transporting foods rose due to rising fuel costs; (2) fertilizers, which are mostly made from petroleum products, became more costly; and (3) worries about oil prices and the security of supply led the US government to subsidize biofuel production (p. 332)

Answers to Critical Thinking Questions

1. Good or bad health arises from the interaction among determinants that operate on more than one level. Individual, household, social network, place, community, and class variables interact, collectively determining individual well-being. A multi-level approach has policy and political implications. If determinants of human health cannot be reduced to individual-level variables, such as personal attributes and choices, pursuing health as a goal requires collective (i.e., political) action. Hence, public health thinking that has been informed by multi-level analysis, and is associated with demands for fundamental social reform. (p. 325)
2. Marmot suggested that while RWJF commission has considered socio-economic inequalities, the RWJF's position constantly goes back to a biomedical and behavioural model. Marmot and Bell speculate that the authors chose to go with the status quo because they sought political approval from conservative US policy-makers. Marmot's key message is that population-level health differences arise from social inequalities, not from the fault of individuals. Thus, reducing health inequalities is a matter of social justice. His evidence shows that the distribution of the bases for good health—education, employment, income, housing, and personal safety—are far more significant factors in determining a population's health than health care services and conventional public health activities. Because health determinants such as income and employment opportunities are maldistributed in the UK, existing social conditions create an unfair pattern of advantage and disadvantage, Marmot concludes that the UK, an unfair society, is a sick society precisely because of its unjustified social and economic inequalities. (p. 326)
3. Biomedical thinking is heavily conditioned by the marketplace in health care. Doctors, pharmacists, drug companies, and manufacturers of diagnostic and treatment equipment—health care

providers generally—are purveyors of services and goods in a free market economy. Apart from a few marginalized professionals such as those who work in public health, health care is about marketing services and goods to individuals. Medical research in support of health care is conducted at the molecular and cellular level at the lab bench or at the individual level in clinical work with a view to marketing cures. Billions of dollars are at stake with the sale of compounds that purport to modify risk factors and, more dubiously, health outcomes. Over 10 per cent of the overall economy and 1 in 10 jobs in advanced, capitalist countries like Canada, the United States, the United Kingdom, and Australia (all liberal regimes) are committed to the production and sale of health care services and goods to individuals. Plainly that level of activity and the concentrations of wealth and power associated with it affect deeply our political, social, and economic institutions. They also profoundly affect how we think about our health. This is especially evident in the United States, where the health care market is less regulated than in Canada, the UK, and Australia and the preponderance of health care financing, as well as its provision, remain in private hands (pp. 326–327).