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Wealth, equity and health care: a critique of a "population health" perspective on the determinants of health

Blake Poland ... members of the Critical Social Science Group

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Abstract

In this paper we examine the recent ascendancy of a "population health" perspective on the "determinants of health" in health policy circles as conceptualized by health economists and social epidemiologists such as Evans and Stoddart [[Evans and Stoddart \(1990\)](#) Producing health, consuming health care. *Social Science & Medicine* **31**(12), 1347–1363]. Their view, that the financing of health care systems may actually be deleterious for the health status of populations by drawing attention away from the (economic) determinants of health, has arguably become the "core" of the discourse of "population health". While applauding the efforts of these and other members of the Canadian Institute for Advanced Research for "pushing the envelope", we nevertheless have misgivings about their conceptualization of both the "problem" and its "solutions", as well as about the implications of their

perspective for policy. From our critique, we build an alternative point of view based on a political economy perspective. We point out that Evans and Stoddart's evidence is open to alternative interpretations”and, in fact, that their conclusions regarding the importance of wealth creation do not directly reflect the evidence presented, and are indicative of an oversimplified link between wealth and health. Their view also lacks an explicit substantive theory of society and of social change, and provides convenient cover for those who wish to dismantle the welfare state in the name of deficit reduction. Our alternative to the “provider dominance” theory of Evans and Stoddart and colleagues stresses that the factors or forces producing health status, which Evans and Stoddart describe, are contained within a larger whole (advanced industrial capitalism) which gives the parts their character and shapes their interrelationships. We contend that this alternative view better explains both how we arrived at a situation in which health care systems are as costly or extensive as they are, and suggests different policy avenues to those enunciated by Evans, Stoddart and their confreres.



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Keywords

inequities in health; population health; health care

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