

# 8: Effects of Social Inequality:

## (1) Illness and Stigmatization



# Announcements

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No class on  
November 13 ---  
“November pause”

Test #2 on  
November 20 – see  
Blackboard for  
information about  
time, rooms

# How does inequality harm people?

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Have discussed income (class) inequality, gender inequality, ethnic and racial inequality, age inequality, sexual inequality, and international inequality.

- Question: How does inequality translate into sickness, crime, and conflict?
- Answer: Inequality **disempowers, disconnects, disinforms, and devalues** people.

# What inequality does....

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- **Disempowers** – by depriving people of income, influence, and authority
  - **Disconnects** – by reducing social connectedness and depriving people of social contacts (or social capital)
  - **Disinforms** – by depriving people of useful information about opportunities
  - **Devalues** – by depriving people of self-esteem and self-worth
- These effects also lead to desperation, risk-taking
  - Income inequality mediates these processes (and is well-measured), so we focus on income inequality

# Recent study at U of T finds that...

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- Patients from different income groups are hospitalized for different reasons
- And different hospitals serve different income groups, in different ways

# The researchers studied ALL hospital admissions in Toronto

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- ❑ examined data on ALL patients admitted between 2008 and 2010 to 20 hospitals in the Toronto Central Local Health Integration Network



# Finding: Poor people get the most funding-starved care

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- “Very low-income people (bottom quintile < \$35,000 per year) are using the parts of the health care system that are in greatest crisis,” said Dr. **Rick Glazier**, a professor with the department of family & community medicine at the University of Toronto’s Faculty of Medicine.

# Poorer people over-use emergency services, wait longer for suitable care

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- Wealthier patients (top quintile > \$101,000 average) are more likely to receive same-day surgery than low-income patients
- Poorer patients are more likely to ...
  - be hospitalized for mental health issues
  - visit emergency departments for non-urgent issues, and
  - remain in acute care hospital beds while waiting to be transferred to more appropriate care in the community, such as nursing homes.

# Poor patients are warehoused

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- Patients waiting for an “alternate level of care” occupy an acute hospital bed but do not require the resources or services provided
- These “waiting patients” are more likely to have low incomes than high incomes

# Class determinants of healthcare

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- Glazier says the statistics point to class-based strains on the health system
- “Wealthy groups enjoy health supports that those with lower incomes lack” Glazier said, [including]
  - access to primary health care by MDs
  - the ability to pay for healthy foods and medicines
  - ability to live in a healthy place where you can receive home care if you need it”

# Social inequality = healthcare inequality

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Canada's public health-care system (Medicare):

- an umbrella term for 13 separate but linked health insurance plans
- are administered separately in each province and territory
- Gives Canada something close to equal, universal healthcare coverage
- **However, the coverage is not perfect**

# Coverage issues

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THE LONG, OFTEN DELIBERATE WAITING TIMES ARE NOT ACCEPTABLE

Medicare does *not* cover

- costs of prescription medicines
- most dental care
- most vision care
- non-physician health services (e.g., psychologists, physiotherapists)
- long-term home care services

# Current concerns

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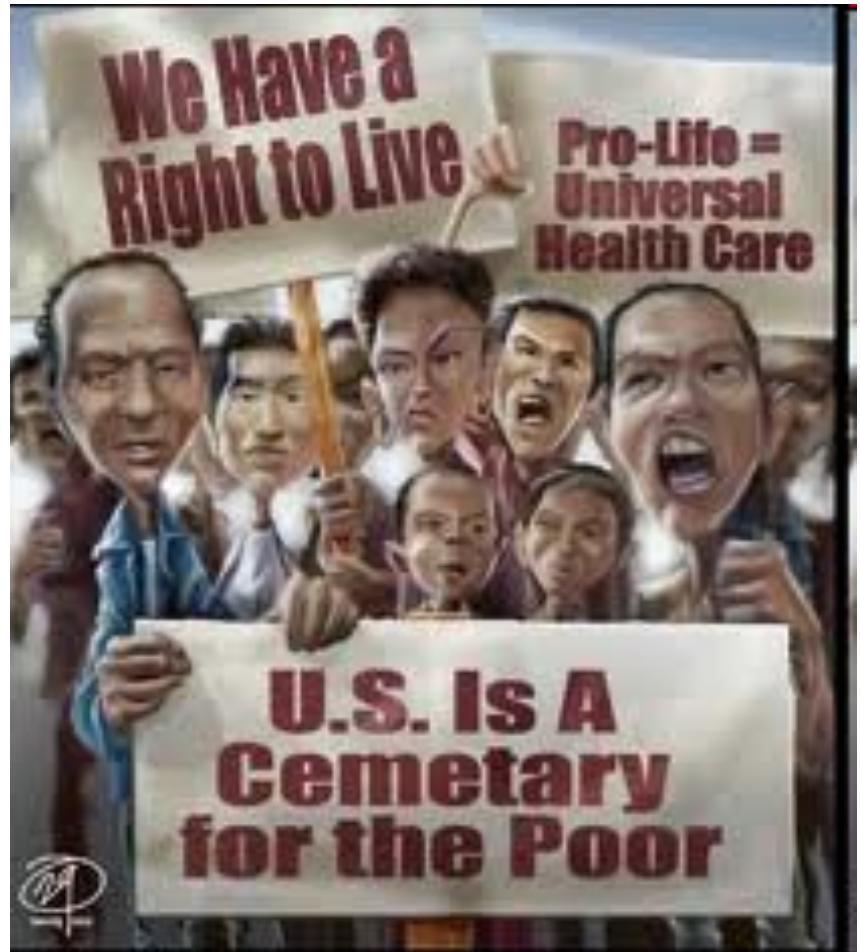
- Fast-growing cost of medicines
  - currently, only drugs taken during in-hospital treatment are covered by Medicare
- removal of ‘non-essential’ services from Medicare coverage (adult eye exams, chiropractic care, etc.)
- greater strain on Medicare owing to aging of the population, greater longevity of chronically ill people
- Insufficient attention to preventive care strategies



# Research on inequality illustrates the population health perspective

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- A *population health perspective* focuses on how social variables influence the physical and psychological well-being of large groups of people
- Health is viewed as a *societal* problem, not a *personal* problem (though experienced personally)



# Differences in vulnerability

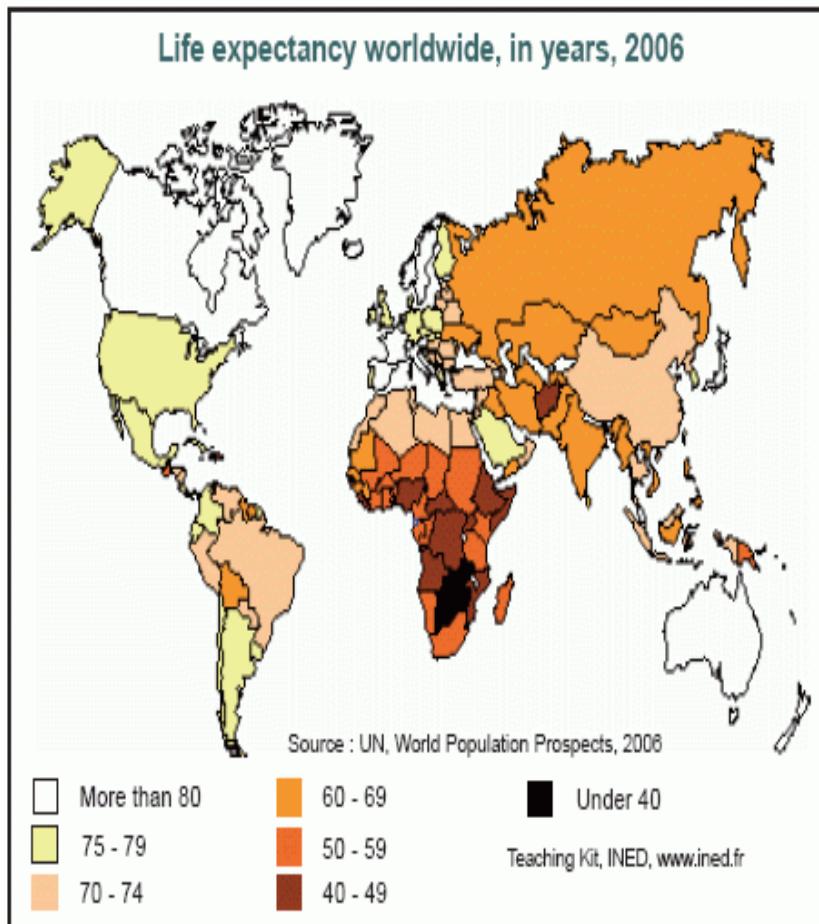
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- Some groups are more vulnerable to health problems (including infectious diseases, obesity, and injuries) than other groups
- these different levels of risk are usually a result of economic and social inequalities
- We know this through our ability to measure precisely the effects of illness and disease



# Life Expectancy: a good general measure of population health

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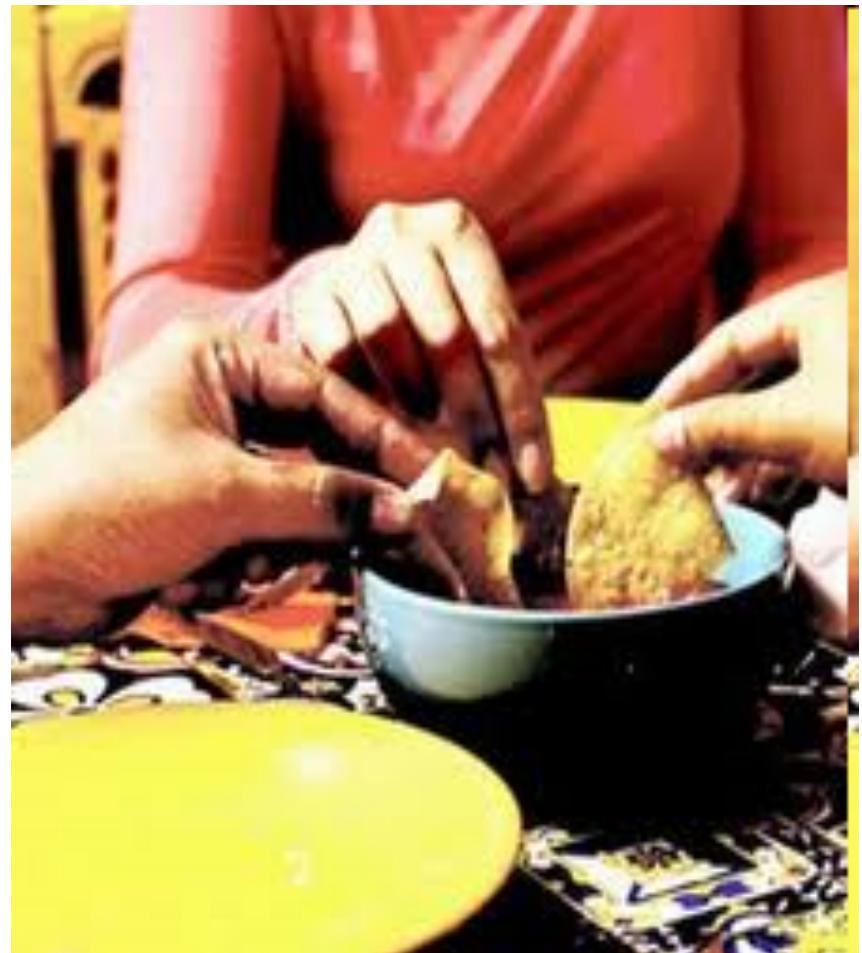


- the average number of years remaining to a person at a particular age, given current age-specific mortality rates
- varies geographically and demographically
- *global life expectancy* has increased dramatically in the past century
- However, significant *disparities* in life expectancies persist between equal and unequal nations
  - More unequal nations have lower life expectancies

# Why the unequal health risks?

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- To some degree, these observed differences in health reflect health-related *lifestyle* differences:
  - alcohol consumption
  - smoking
  - diet
  - exercise
- the importance of these lifestyle behaviours is well documented
- But there is more to the story of inequality!



# The role of class inequality

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- The most famous proof of an **inequality effect** is found in the Whitehall Studies
- Lifestyle differences were ruled out as causes
- Whitehall studies found higher mortality rates from all causes for men of lower employment grades
  - especially for deaths from coronary heart disease (CHD)

# Class = job control = stress = coronary illness = earlier death

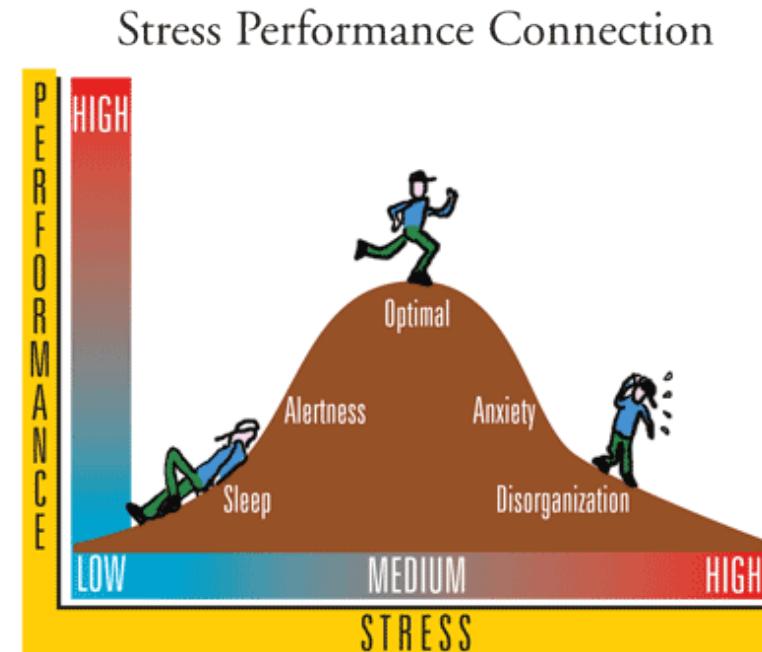
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People in low status jobs have less control over their work than people in higher status jobs = more stress = more heart attacks

- This was confirmed in Scandinavian research by Robert Karasek and Tores Theorell in 1990

US and Canadian researchers re-confirmed this finding in 2010:

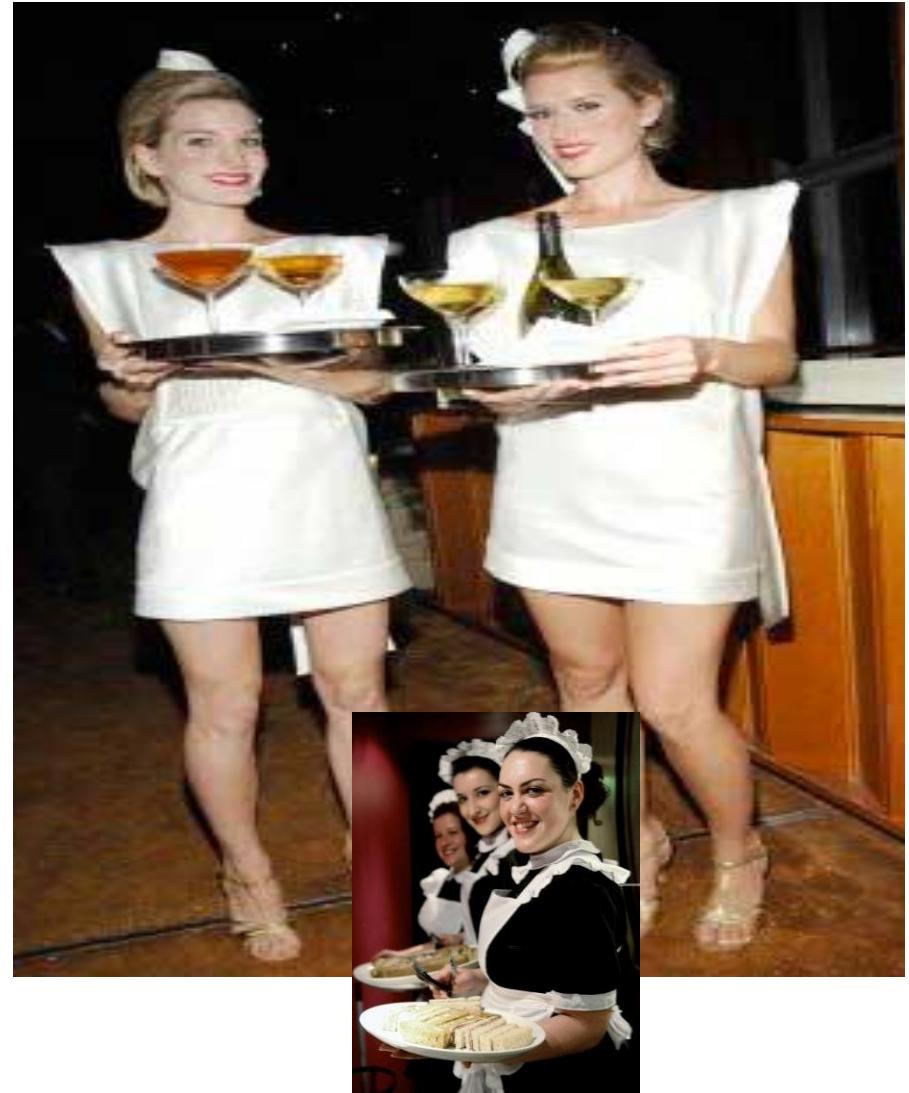
- Women with highest job strain are most likely to suffer heart attacks



# Other working conditions are also important

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- Some jobs are just more dangerous than others
  - industrial and environmental pollution
  - accidents at work
  - physical risk of attack (e.g., journalists, taxi drivers, prostitutes)
  - However, being a waitress is also dangerous to your health

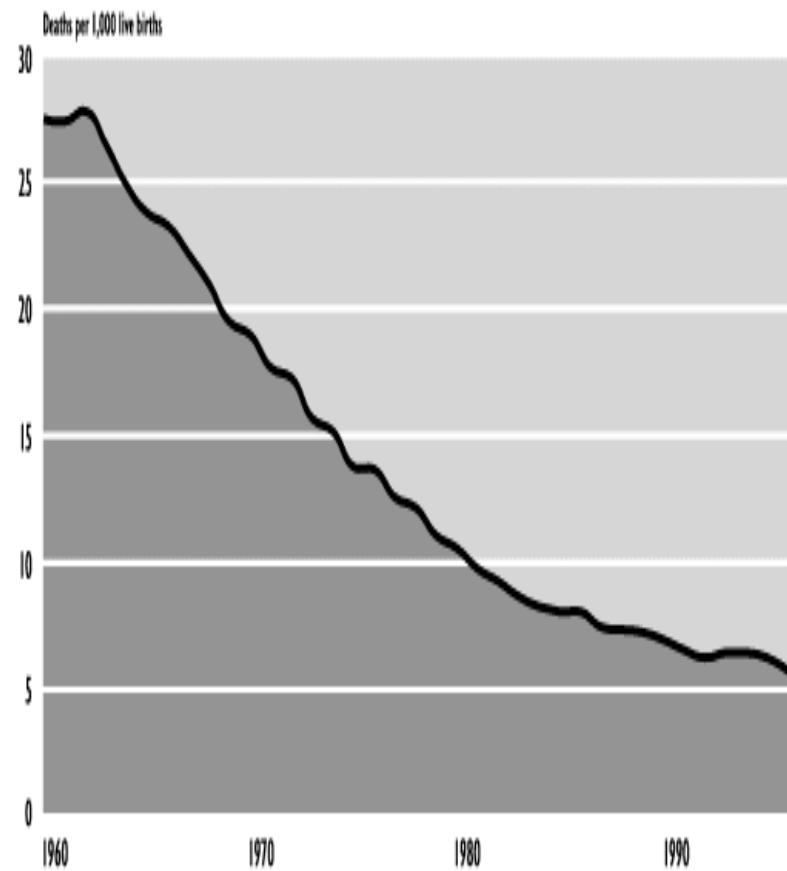


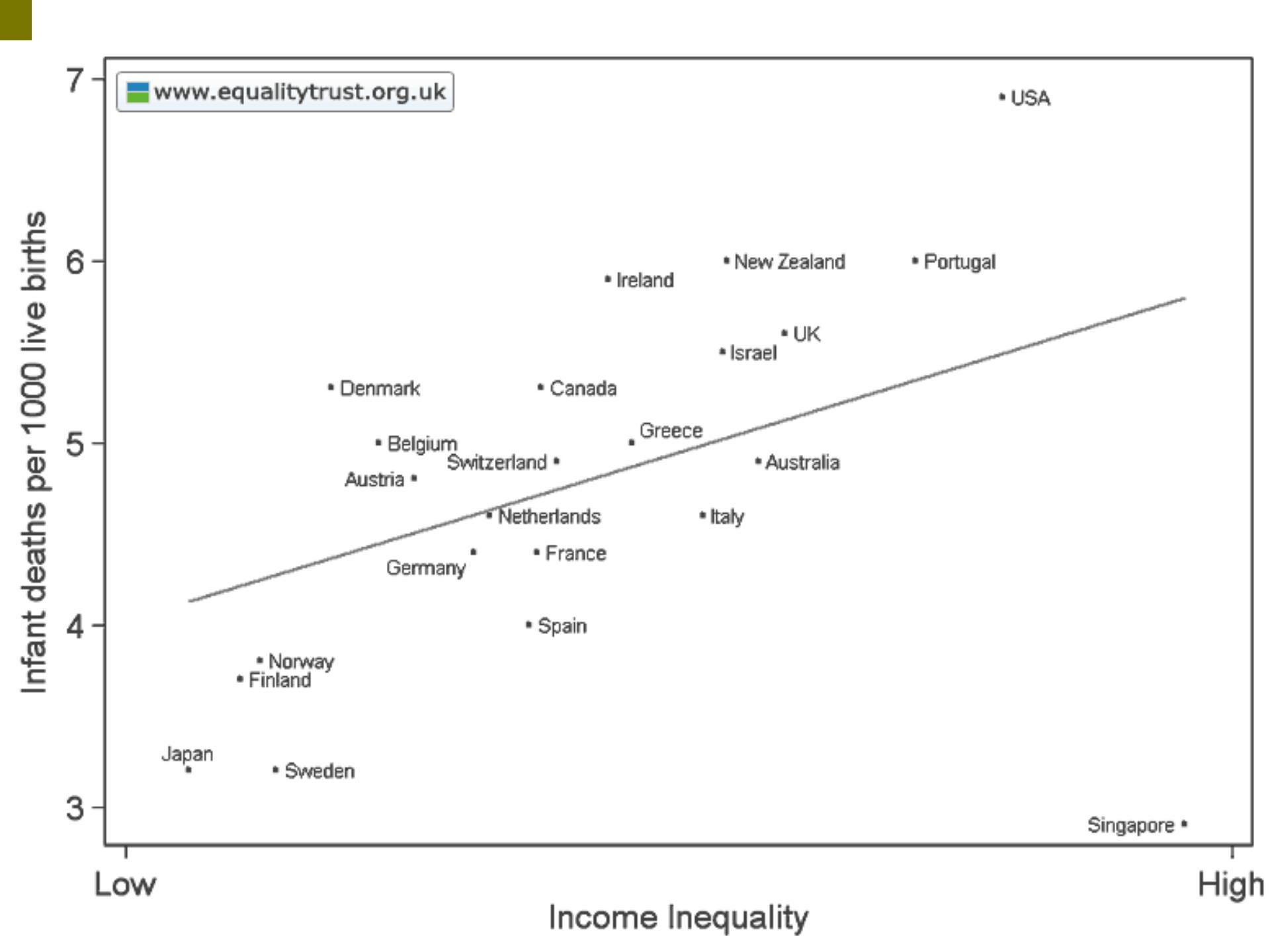
# Or consider

## Infant and Child mortality rates

- two statistical indicators of population health that focus on society's most vulnerable members:
  - the number of deaths of children under one year of age per 1000 live births
  - the under-five mortality rate
- In the graph on the next page, note the slope and the outliers – other kinds of inequality may intrude (e.g., race inequality)

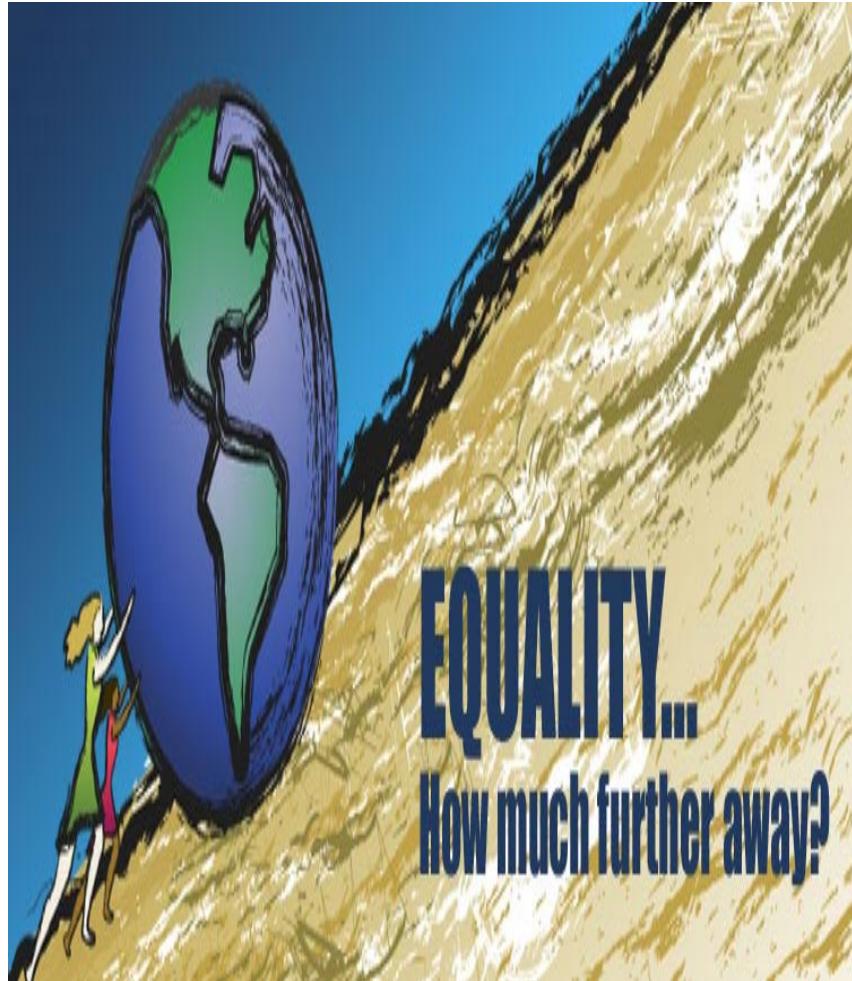
Figure 1 Infant Mortality Rates, Canada, 1960-1996





More than 170 studies of income inequality have shown that...

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Life expectancy, infant mortality, low birth weight and self-rated health are generally worse in more unequal societies.

- Inequality makes social relations more stressful by increasing competition for status and survival
- Chronic stress affects the cardiovascular and immune systems, leading to more rapid aging, risk of infection, physiological degeneration

# Economic inequality varies from one country to another, using GINI

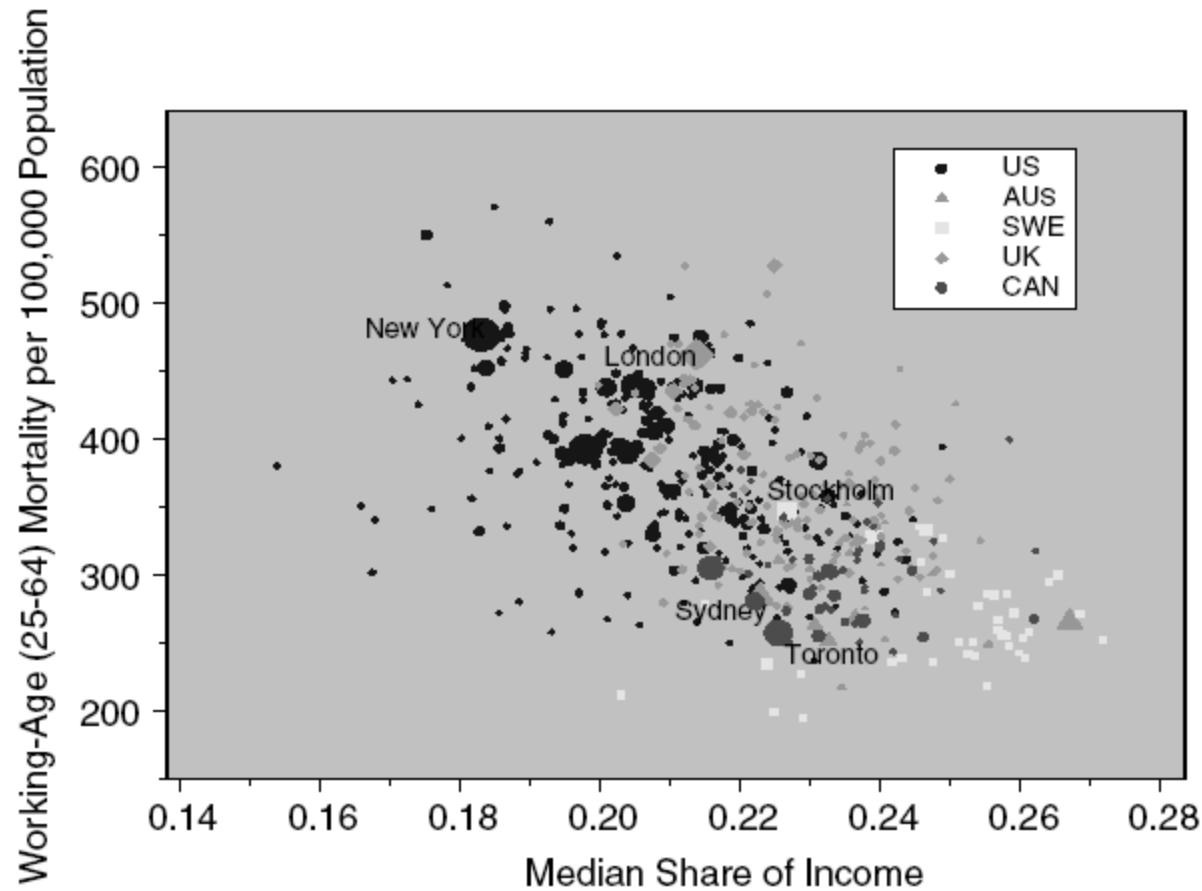
- Denmark, Finland, and Sweden (Gini = .234) have consistently been the Gini leaders
- The U.S. (Gini = .381) and Italy (Gini = .352) have been consistent poor performers
- After improving in the mid-1990s, Canada's grade once again dropped to a "C" in the last decade (with a Gini of .317).

	REPORT CARD			
	Income Inequality			
	mid-1970s	mid-1980s	mid-1990s	mid-2000s
Australia	D	D	C	B
Austria	n.a.	B	A	A
Belgium	n.a.	C	C	B
Canada	D	C	B	C
Denmark	n.a.	A	A	A
Finland	A	A	A	A
France	n.a.	C	B	B
Germany	n.a.	B	B	B
Ireland	n.a.	D	D	C
Italy	n.a.	D	D	D
Japan	C	D	C	C
Netherlands	B	B	B	B
Norway	n.a.	B	B	B
Sweden	A	A	A	A
Switzerland	n.a.	n.a.	C	B
U.K.	C	D	D	C
U.S.	D	D	D	D

Source: The Conference Board of Canada.

# Differences in income inequality = differences in mortality risk around the world

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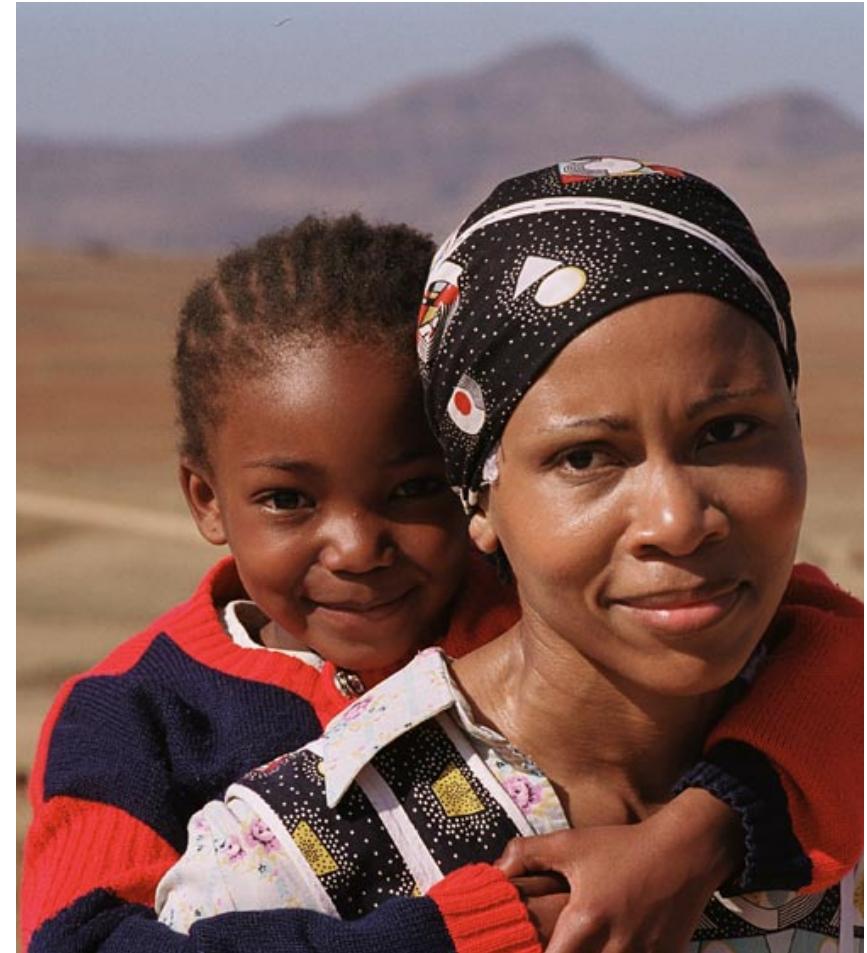


Source: Ross et al. 2002.

# The WHO report, CLOSING THE GAP (2008) concludes that .....

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- *Social inequality* affects the way people live, their consequent chance of illness, and their risk of premature death.
- A girl born today can expect to live for more than 80 years if she is born in some countries – but less than 45 years if she is born in others.
- Within countries, there are also dramatic differences in health that are closely linked with degrees of *social disadvantage*.



# Consider a child well-being measure devised by UNICEF using 6 scales

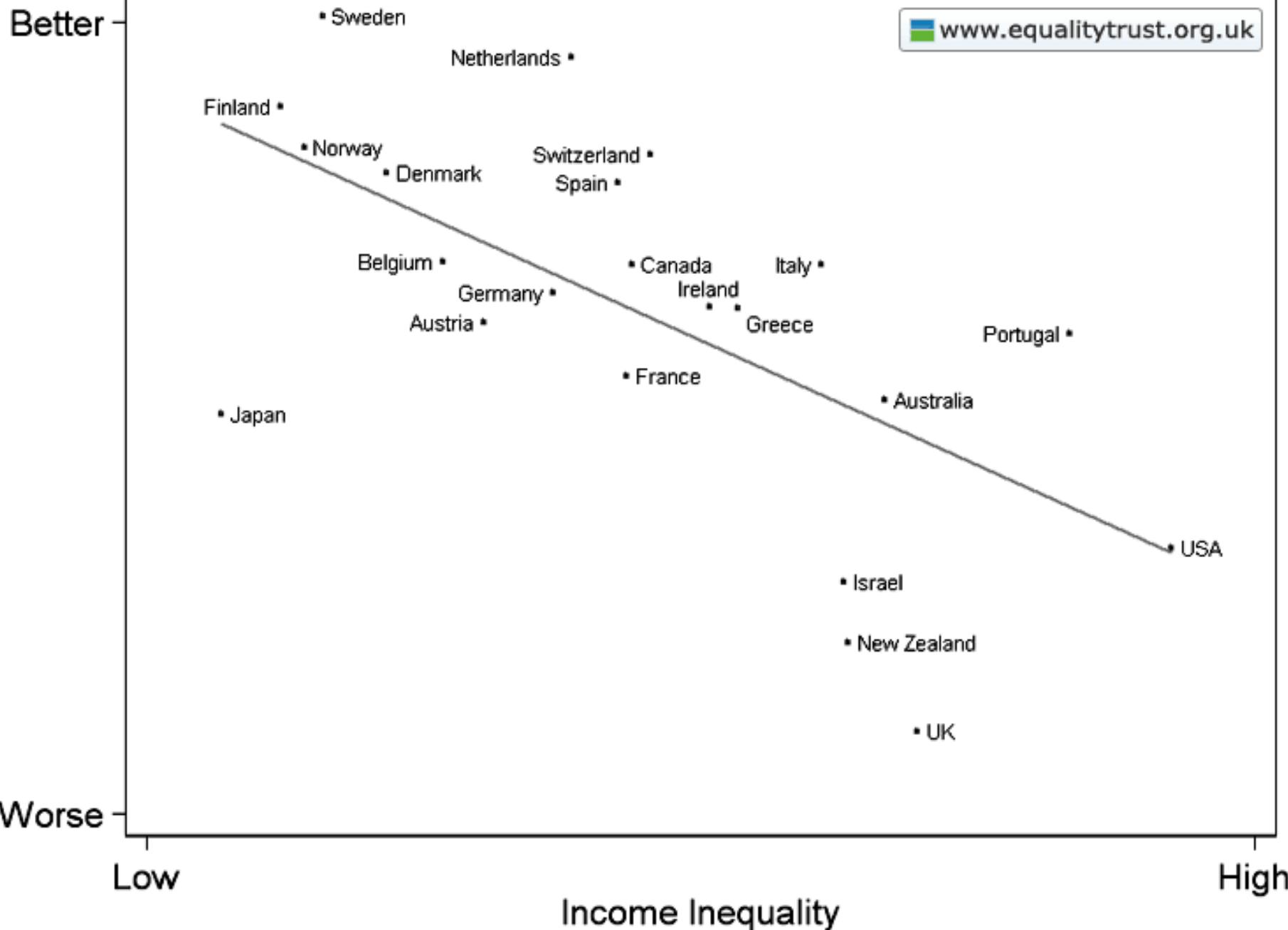
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Six different aspects of child well-being:

1. **Material well-being** included living in a home with few books, or where no adult was employed.
2. **Health and safety** included immunization rates and deaths from accidents.
3. **Educational well-being** included scores on performance tests and the proportion of children going into further education.
4. **Peer and family relationships** included whether or not children viewed their peers as kind, and the numbers of children living in single parent and step-parent families.
5. **Behaviours and risks** included smoking and drinking, how many children had sex by age 15, etc.
6. **Subjective well-being** included self-rated health and other measures of how children felt about themselves.

UNICEF index of child well-being



# How related to inequality?

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The Unicef index of child well-being was not related to **average** living standards in different countries.

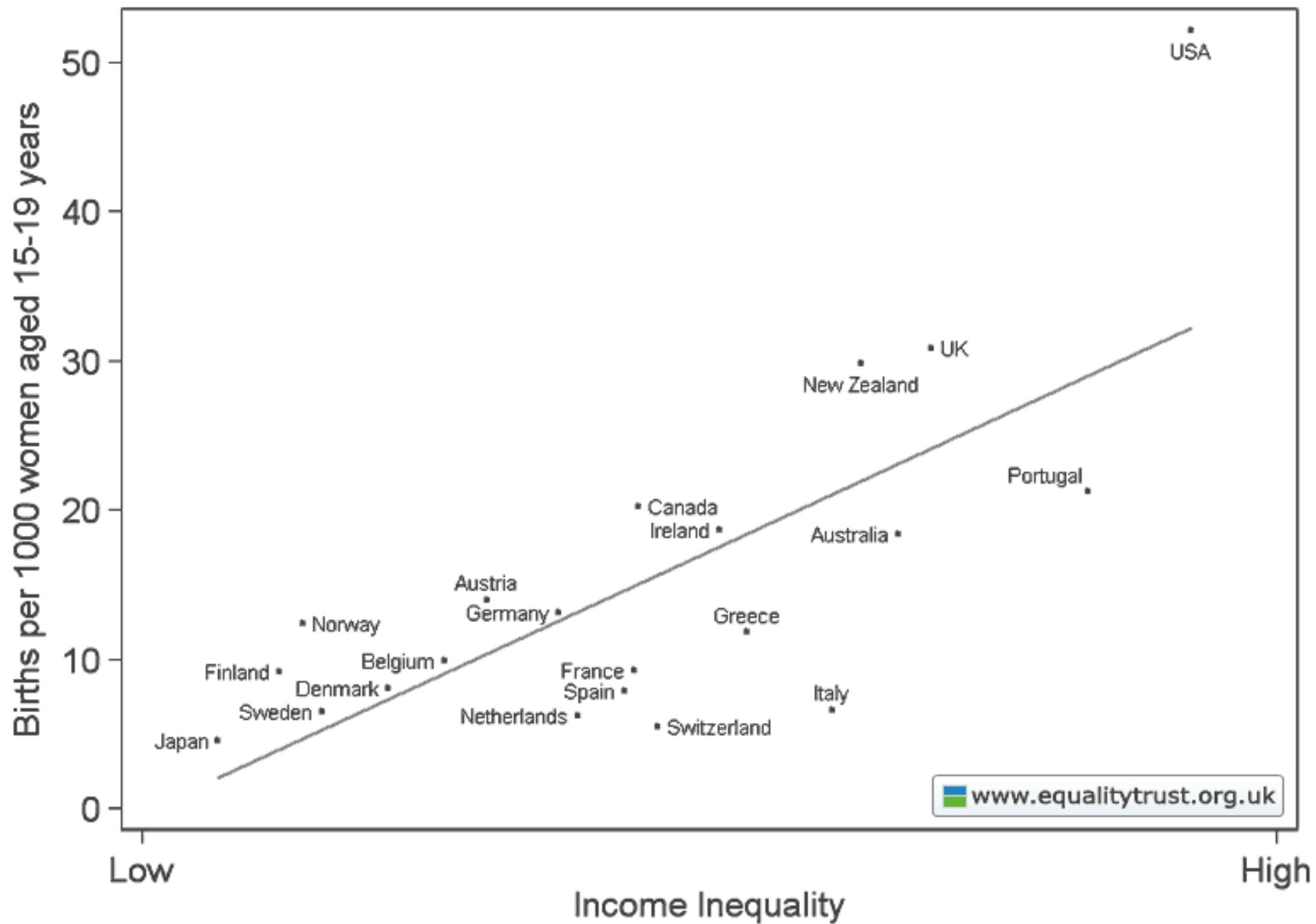
- However, there were however strong relationships between child well-being and both income **inequality** and the proportion of children living on less than half the average income in each country.
- Researchers found the same patterns when looking at different aspects of child well-being in different states of the USA.
- Improvements in child wellbeing in rich societies will depend on reductions in **inequality**, not merely further economic growth and poverty reduction

# Also affecting children: Inequality and teen births

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- Babies born to teenage mothers are more likely to:
  - have low birth weight,
  - be born prematurely, to be at higher risk of dying in infancy and,
  - to be at greater risk of educational failure, juvenile crime and becoming teenage parents themselves
- In the USA the teenage birth rate is 52.1 per 1000 women aged 15-19 (compared to Canada = 27.9, Japan = 4.6)



# An intergenerational cycle of poverty

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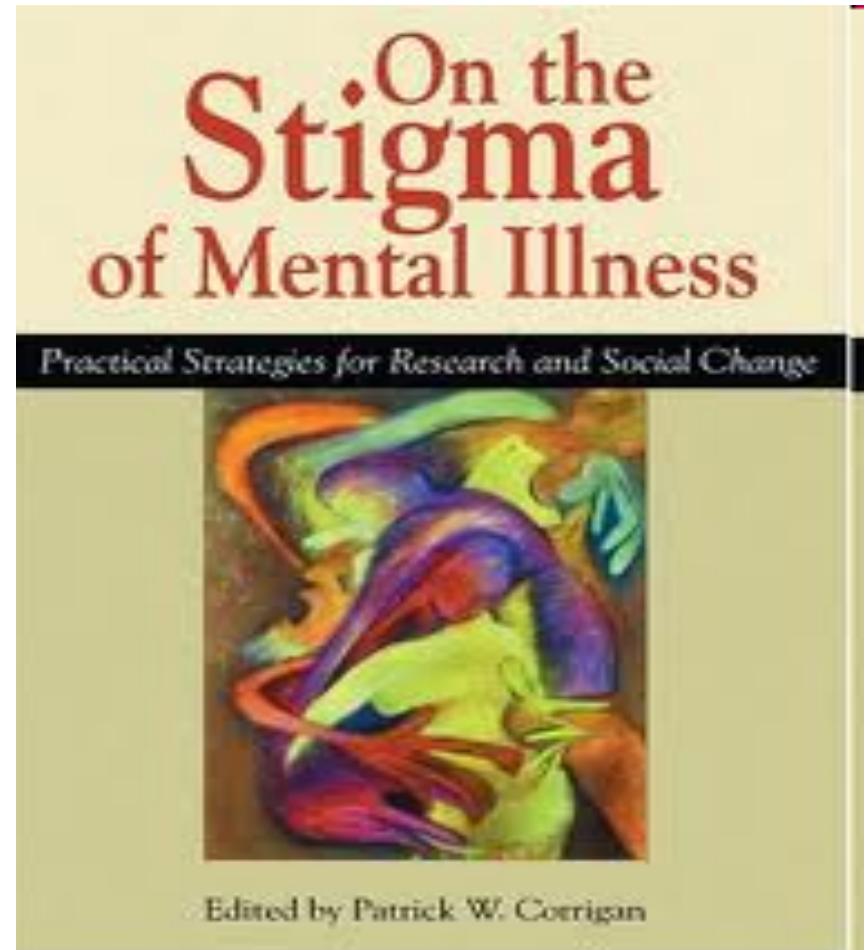
- Teenage births are related to income inequality internationally
- Girls who give birth as teenagers are more likely to be poor and uneducated
- Teenage pregnancy maintains an intergenerational cycle of deprivation and social exclusion

# Secondary inequalities:

## Harmful health-related *stigma*

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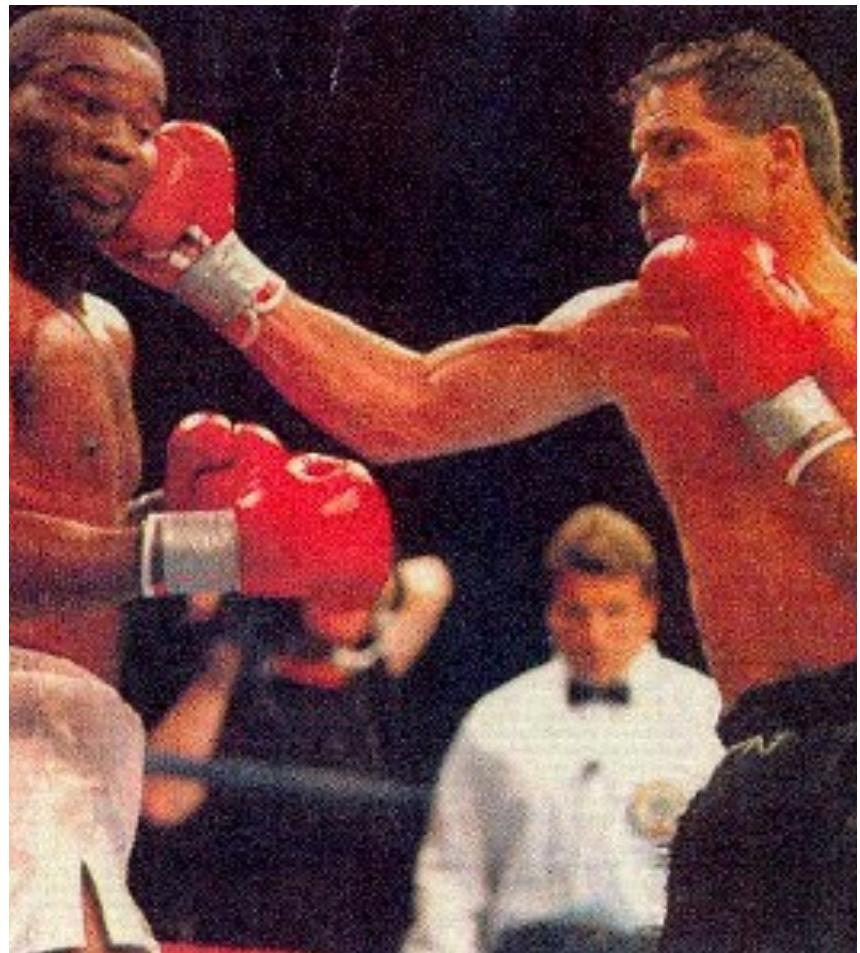
- stigma -- in classical Greece it referred to a brand (or mark) placed on members of outcast groups
- The term entered sociology mainly through the work of Erving Goffman (*Stigma*, 1960)
- The stigmatized person is devalued, shunned, and excluded
- The person may also be blamed for his/her own misfortune (narratives of blame)



# Social inequality delivers a 1-2 punch

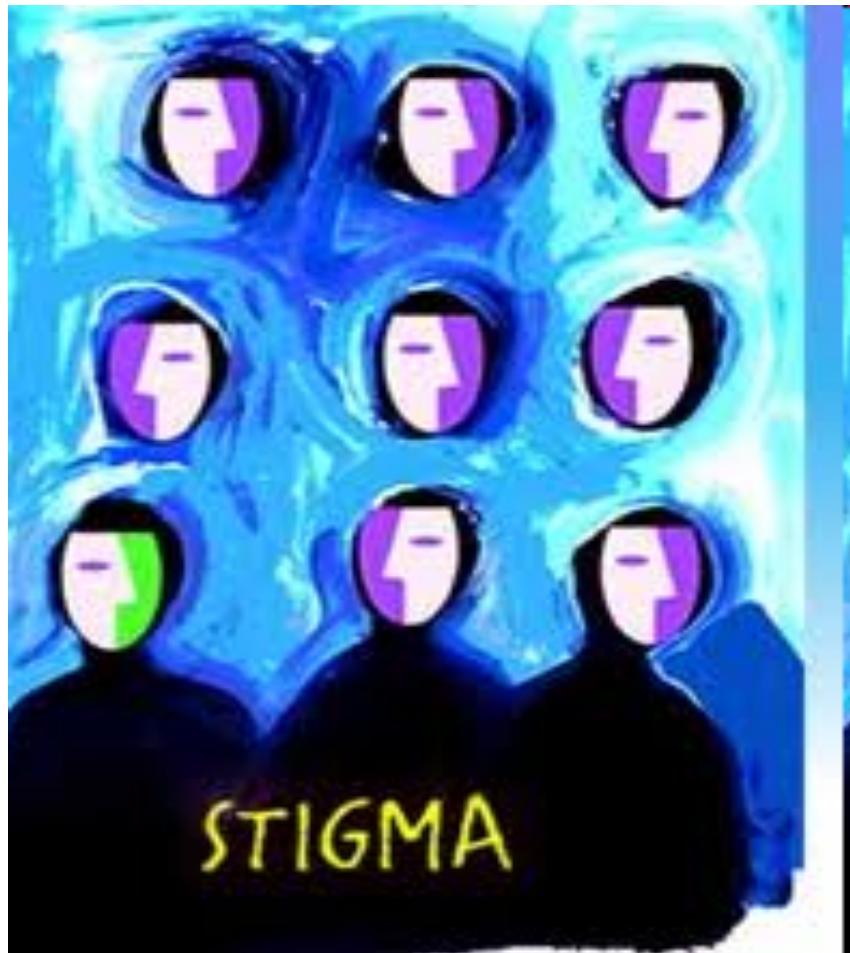
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- Social disadvantage increases the risk of certain kinds of illness or poor health
- Illnesses associated with low social position confer a stigma on “disreputable” or blameworthy people
- Thus, vulnerable people are both more unhealthy and more often blamed for their poor health



# Stigma and narratives of blame

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- *Narratives of blame* invent social or moral qualities to explain why advantaged people are advantaged and disadvantaged people are disadvantaged.
- Consider how they might be related to diseases
  - e.g., HIV/AIDs as symptom of promiscuity
  - e.g., obesity as symptom of moral laxity
  - e.g., mental illness as a symptom of bad upbringing

# Consider the example of HIV/AIDS

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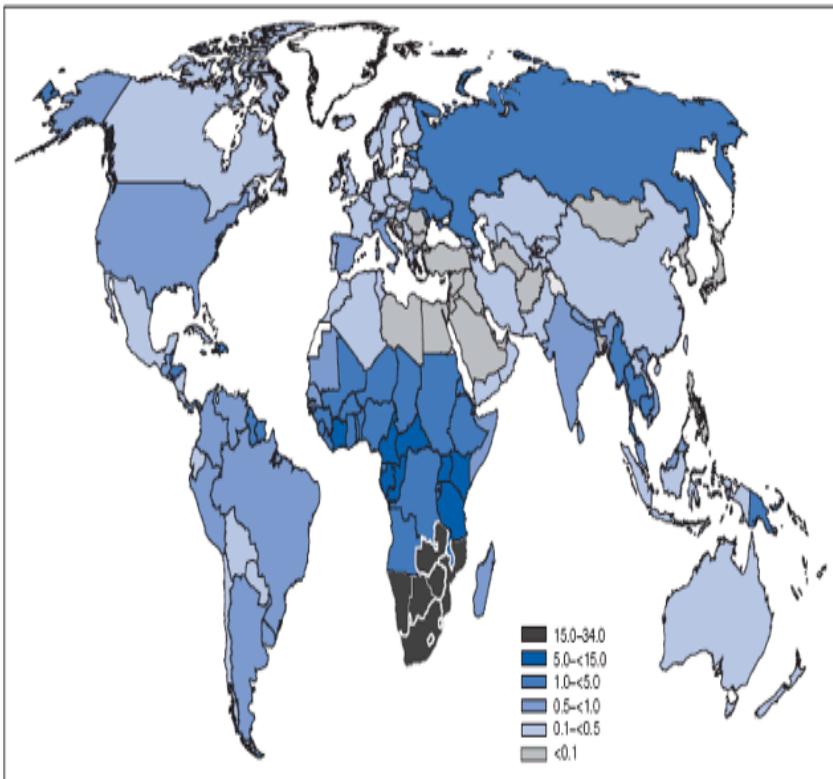
When it first appeared in the 1980s, HIV/AIDS was often labeled and dismissed as an affliction limited to three socially marginalized populations:

- ❑ homosexuals
- ❑ injection drug users
- ❑ Haitians



# HIV/AIDS today...

FIGURE. Estimated percentage of adult population<sup>†</sup> living with human immunodeficiency virus (HIV) infection, by country – worldwide, 2005<sup>‡</sup>



SOURCE: Joint United Nations Programme on HIV/AIDS (UNAIDS), 2006 report on the global AIDS epidemic. Geneva, Switzerland: UNAIDS, 2006. Available at [http://www.unaids.org/en/hiv\\_data/2006globalreport/default.asp](http://www.unaids.org/en/hiv_data/2006globalreport/default.asp).

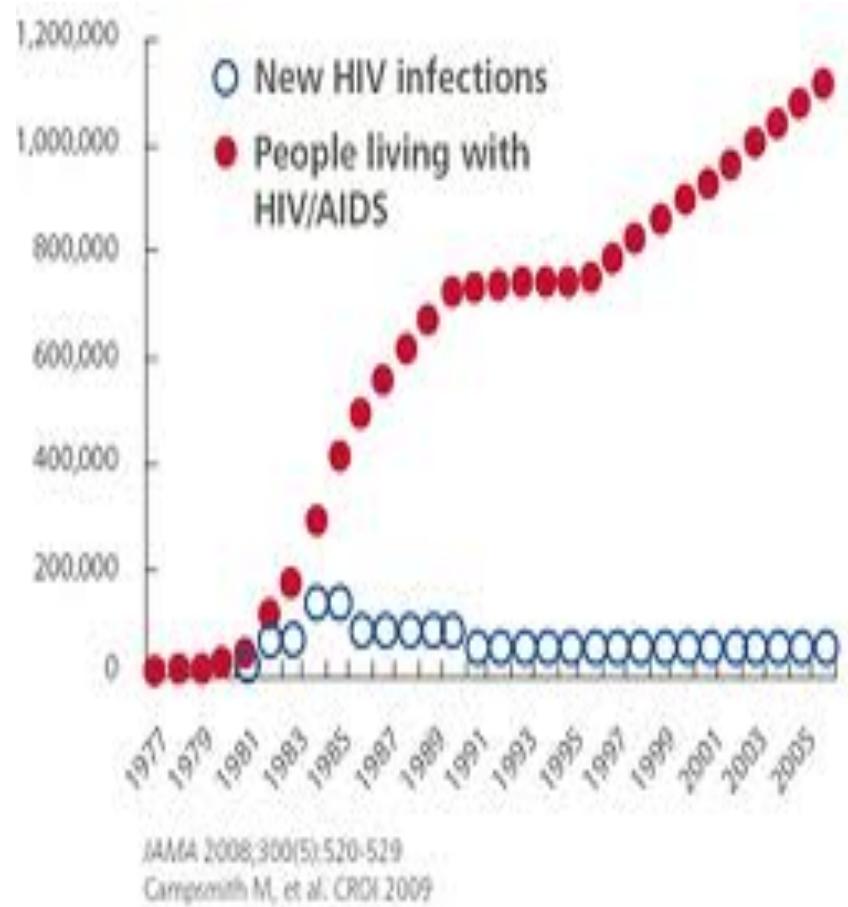
<sup>†</sup>Aged 15-49 years.

<sup>‡</sup>The worldwide estimate of the number of persons living with HIV is 38.6 million.

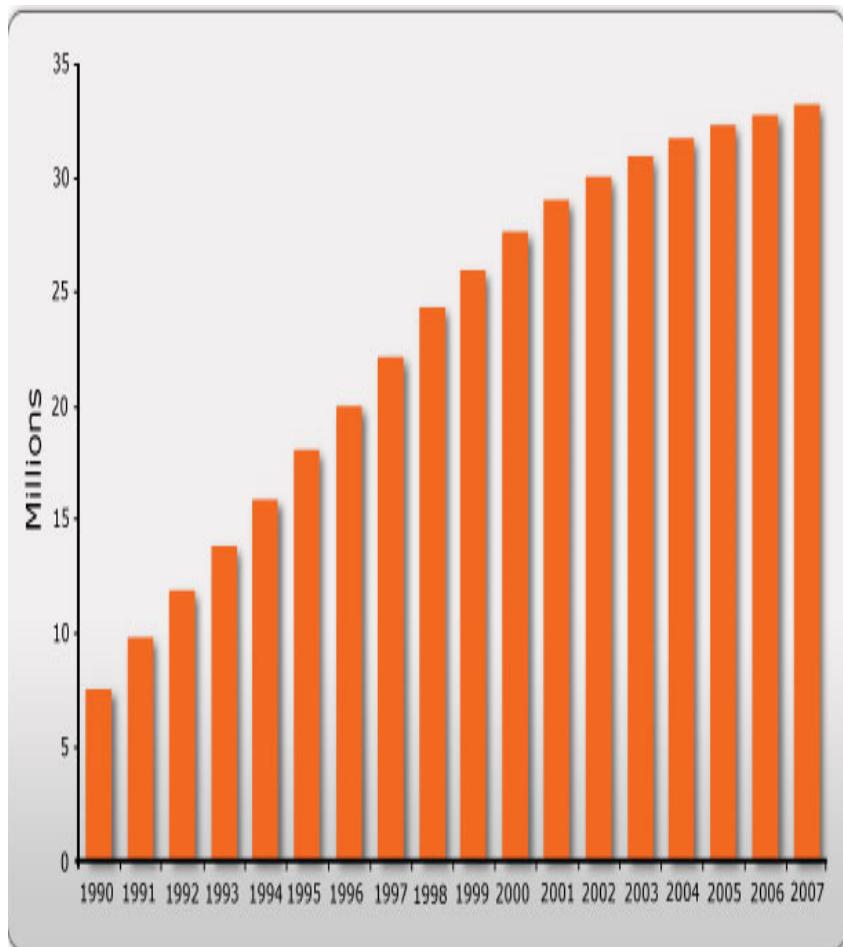
- Africa is home to only ~10% of the world's population, but ~2/3 of all those afflicted with HIV
- intense public health efforts to change sexual behaviour have started to show results:
  - higher rates of condom use
  - having fewer casual sexual partners
  - Medical and pharmaceutical interventions

# In Canada

- The scale of the AIDS problem in Canada is small compared to developing countries
- HIV/AIDS survivors in Canada continue to be stigmatized, though possibly less than in the past
- Increasingly, HIV/AIDS is viewed as a medical problem, not a moral one



# In Asia and Eastern Europe, HIV is becoming a bigger (though hidden) problem



- ▣ injection drug use is emerging as the primary cause of HIV infection
- ▣ poverty, low education, unemployment, and poor access to health care worsen the problem
  - These frustrate efforts to deliver public health interventions
  - secrecy and moral posturing against harm reduction further complicate care delivery

# Other stigmatizing conditions related to health and health-care

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- *Appearance issues*, including obesity
- *Mental illnesses*, including anxiety and depression
- *Addictions*, including alcoholism and drug addiction



# Consider Obesity

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- Worldwide, ~700 million people are overweight and 300 million more are clinically obese
- Causes include...
  - nutrient-poor diets high in fats and sugars
  - sedentary lifestyles with little physical activity or exercise

# Causes of obesity are complex and often related to poor lifestyle

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- weight-related problems are the result of a complex network of factors
- Obesity is more common among poorer, more rural populations in North America
- Reflects disadvantage, poor lifestyle – though not always poverty



# Why obesity is harmful

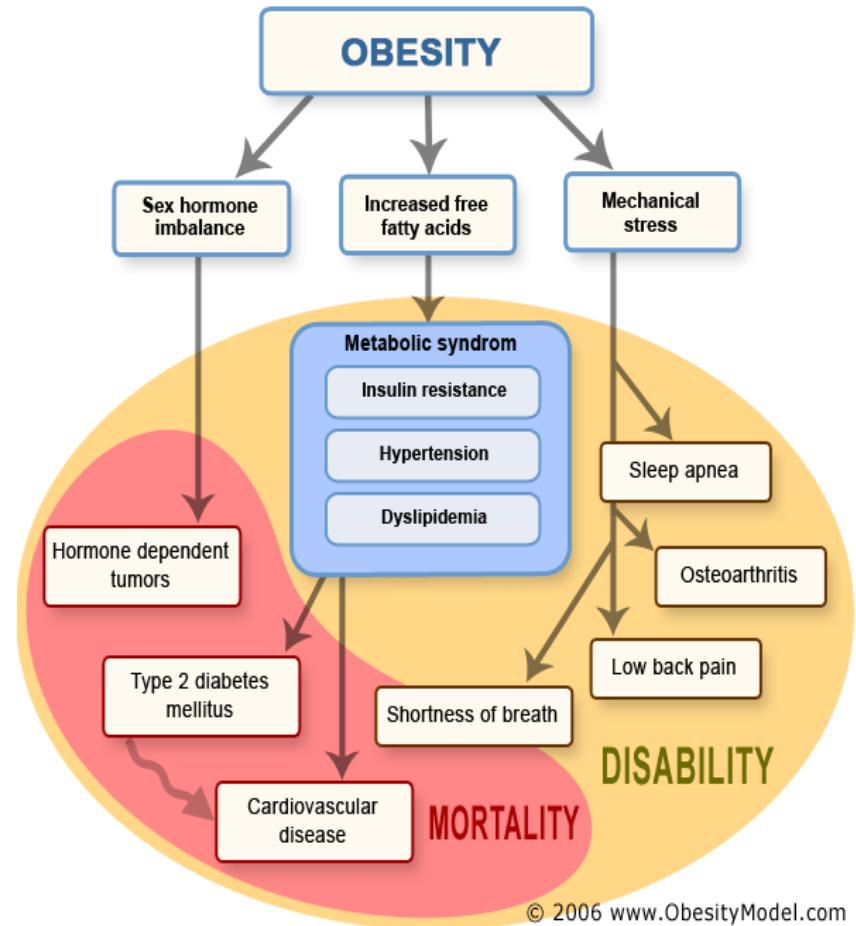
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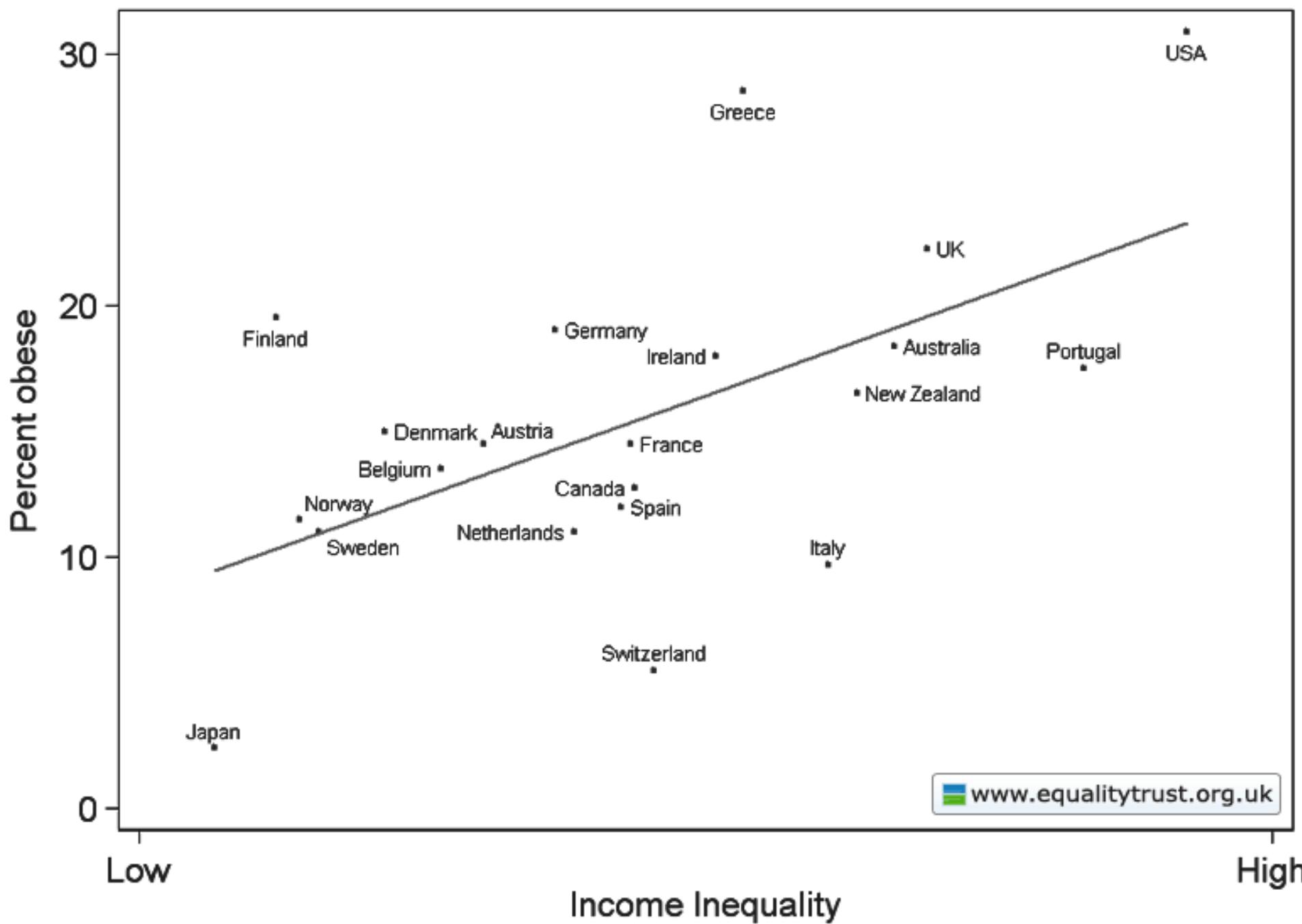


- obesity is linked to many chronic physical health outcomes
  - Type II Diabetes
  - Arteriosclerosis
  - hypertension
  - stroke,
  - kidney failure
  - osteoarthritis
  - some forms of cancer
- Obesity also has lifelong psychosocial costs (e.g., self-esteem issues, social exclusion, depression)

# The social costs of obesity

- The direct and indirect cost of obesity in Canada has been estimated to total \$4.3 billion per year.
- Thus, obesity and overweight are social problems threatening to reach epidemic levels worldwide
- Related to inequality, but note the outliers





# Inequality and obesity

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- obesity among men and women is related to **income inequality** in rich countries.
- obesity in adults is also related to **inequality** in the 50 US states
- the percentage of children who are overweight is related to **inequality** both internationally and in the USA.
- However, the mechanism is linking these is unclear



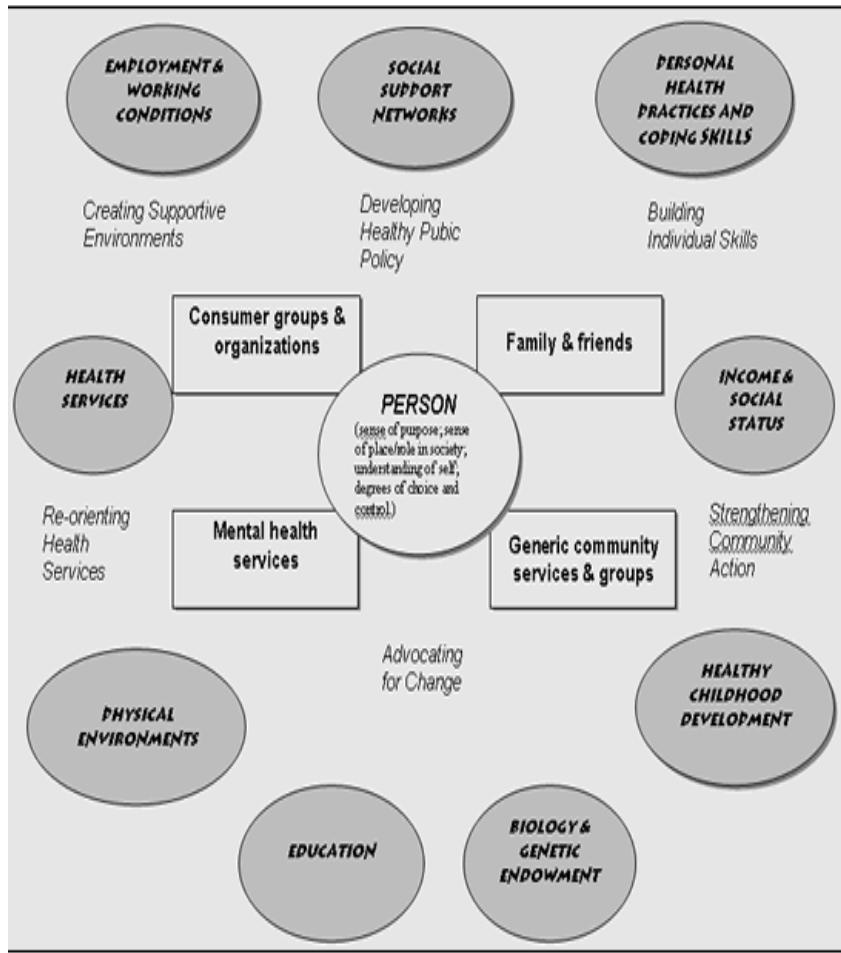
# Inequality and mental disorders

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- Mental Disorder – a condition characterized by:
  - alterations in thinking, mood or behaviour
  - associated with significant distress and impaired functioning
  - over an extended period of time
- Mental disorders and illnesses interrupt the normal functioning of families, groups and other social institutions.



# Common and costly afflictions

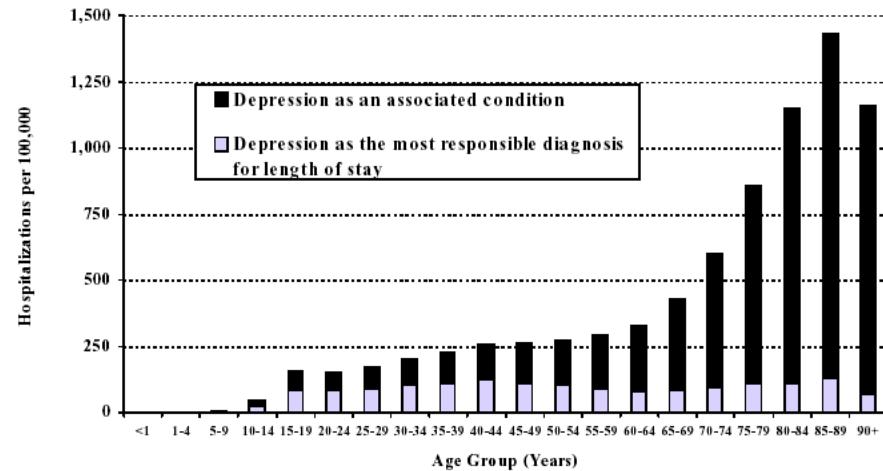


- in Canada, one in five people will experience a mental illness at some point in their lives
- direct and indirect economic costs of mental health problems in Canada are estimated to total \$14.4 billion
- unipolar depressive disorders are the largest category of non-fatal disabling conditions
  - the third leading cause of lost years of productivity

# Mood Disorders

- The most common mental illnesses
- Reduce people's sense of control, leading to feelings of distress
- Mood disorders include
  - major (or clinical) depression
  - bipolar disorder (i.e., alternating episodes of mania and depression)
  - dysthymia (being mildly depressed all the time)

Figure 2-3 Hospitalizations for major depressive disorder in general hospitals per 100,000 by contribution to length of stay and age group, Canada, 1999/2000



Source: Centre for Chronic Disease Prevention and Control, Health Canada using data from Hospital Morbidity File, Canadian Institute for Health Information

# Anxiety disorders

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- Include
  - phobias
  - panic attacks
  - obsessive-compulsive disorders
- Interfere with the normal daily activities
- Like mood disorders, they are more prevalent in females than males

**Mood and anxiety disorders are usually periodic**

- Many people move in and out of mental illness over their lifetime
- That's one reason there are few communities or subcultures of mentally ill people

# Suicide: an old sociological concern

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- ❑ First studied by Durkheim in 1890s
- ❑ Though an individual act, suicide is socially structured
- ❑ Family and community disruption increases the risk of suicidal behaviours
- ❑ Suicides often preceded by suicidal thoughts and followed by re-attempts



# History of Mental Illness



Early explanations attributed mental illness to demons or acts of the devil

- Mentally ill people were locked away in horrible asylums and forgotten

Alternative  
Image

# The beginnings of change in treatment of mental illness

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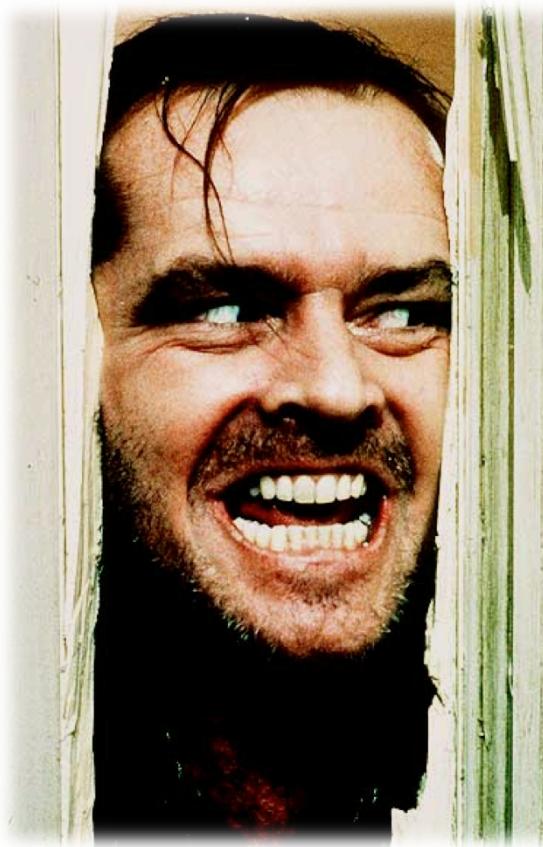
- During the 1940's and 1950's, medication was developed to help mentally ill people cope with their illness
- Scientists adopted narrower, more precise definitions of mental illness
- Familiarity with mental illness increases acceptance
- However, many people still fear and exclude the mentally ill



# The harmful role of the media

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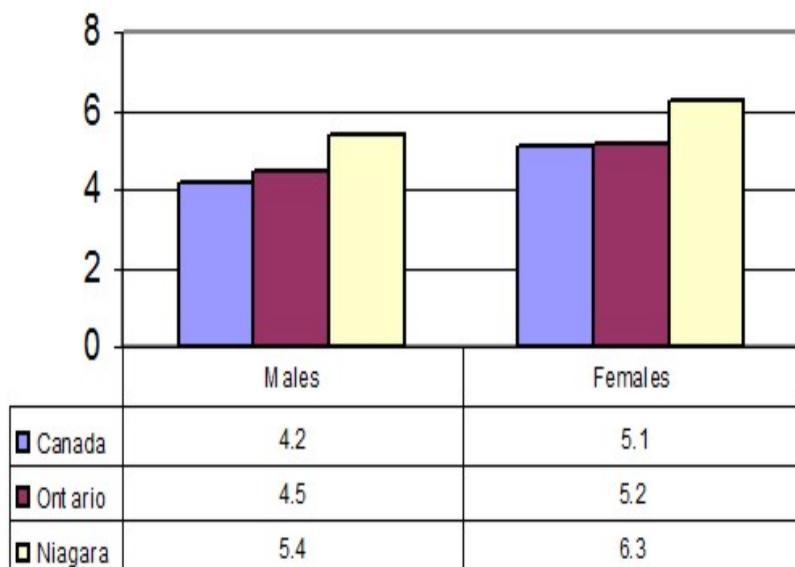
- Mentally ill people are usually portrayed as psycho killers in the media
- A non-critical way to explain wrong-doing in society
  - i.e., focus on personal blame, bad genes
- Most people are reluctant to explain misbehavior as resulting from sin or class inequality



# Social causes of mental illness

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Percent of the Population that Self-Rated their Mental Health as Fair or Poor 2005,  
Canada, Ontario and Niagara Regional Health Unit 2005



- overall rates of most mental illnesses are higher among women than men
- mental health is poorer among disadvantaged ethnic and cultural groups, especially Aboriginal populations
- Therefore, social inequality plays a big part
- But again, watch for the outliers



# Inequality and mental illness

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- World Health Organization mental health surveys provide comparative data
- They show that different societies have very different levels of mental illness
- In some countries only 5 or 10% of the adult population has suffered from any mental illness in the past year, but in the USA more than 25% have
- mental illness is much more common in more unequal countries

# Stresses related to inequality play a role

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- Stresses associated with poverty, unemployment, discrimination, family fragmentation, and absence of social supports increase risks of mental illness
- They promote frustration and despair and
  - erode coping abilities
- Thus, contribute to the onset of mental health problems

# The role of stigma in mental illness

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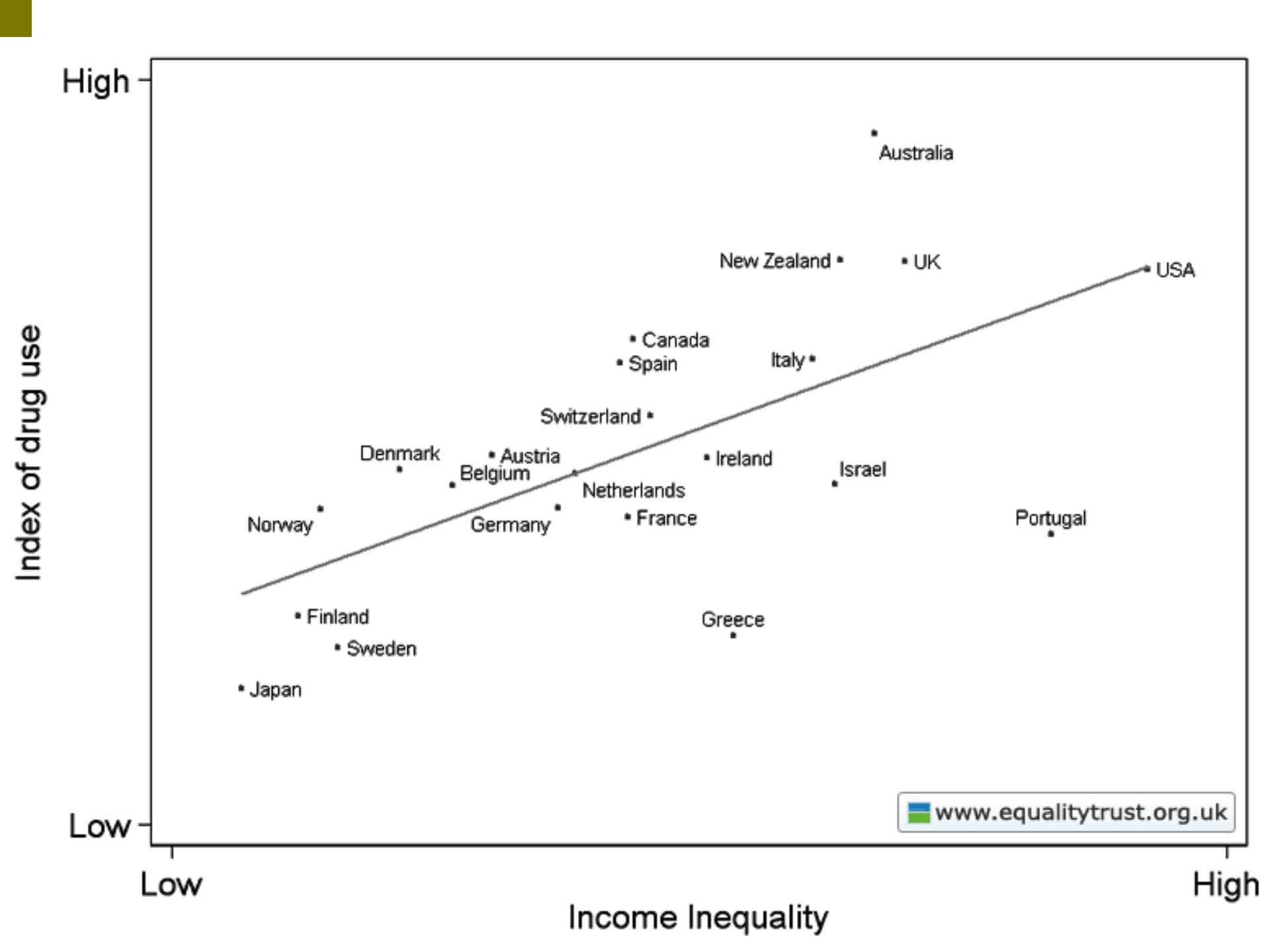


- The stigma attached to mental health problems hinders diagnosis and treatment
- many Canadians (especially men) who suffer from mental illness do not seek treatment from health professionals, and often resort to 'self-medication'
- overcoming discrimination against the mentally ill remains one of the most important goals of mental health advocacy

# Substance Abuse: another widespread mental health problem

- Some substances alter people's mental state
  - E.g., alcohol, marijuana, cocaine, and heroin
- Often, a form of self-medication for anxiety or depression
- ingestion can result in crime and serious health effects
- Again, note the outliers





# Inequality and drug addiction

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- The World Drug Report 2007, compiled by the United Nations Office on Drugs & Crime, contains data on the use of opiates, cocaine, cannabis, ecstasy and amphetamines.
- Researchers found drug abuse to be more common in more unequal countries.
- Also, among the 50 states of the USA drug addiction and deaths from drug overdoses are predicted by inequality