Abstract

A growing body of research confirms the existence of a powerful connection between socioeconomic status and health. This research has implications for both clinical practice and public policy and deserves to be more widely understood by physicians. Absolute poverty, which implies a lack of resources deemed necessary for survival, is self-evidently associated with poor health, particularly in less developed countries. Over the past two decades, economic decline or stagnation has reduced the incomes of 1.6 billion people. Strong evidence now indicates that relative poverty, which is defined in relation to the average resources available in a society, is also a major determinant of health in industrialized countries. For example, persons in U.S. states with income distributions that are more equitable have longer life expectancies than persons in less egalitarian states.

There are numerous possible approaches to improving the health of poor populations. The most essential task is to ensure the satisfaction of basic human needs: shelter, clean air, safe drinking water, and adequate nutrition. Other approaches include reducing barriers to the adoption of healthier modes of living and improving access to appropriate and effective health and social services. Physicians as clinicians, educators, research scientists, and advocates for policy change can contribute to all of these approaches. Physicians and other health professionals should understand poverty and its effects on health and should endeavor to influence policymakers nationally and internationally to reduce the burden of ill health that is a consequence of poverty.

We can make a difference using existing knowledge ready to be applied. We need to enhance our investment in mental health substantially and we need to do it now. What kinds of investment? Investment of nancial and human resources. Indeed, mental health can be dened as a state of well-being enabling individuals to realize their abilities, cope with the normal stresses of life, work productively and fruitful-ly, and make a contribution to their communities. Specic investments to prevent and cure major depression can and should be made in both developed and developing countries. In the United States 5–6 million work-ers between the ages of 16 and 54 years either lose, fail to seek, or cannot nd employment as a consequence of mental illness. Children born from poverty often are underweight which makes them vulnerable to sickness if not born with a sickness. They also often suffer from stunted growth and lead poisoning. Poor children are also 1.3 times as likely to have learning disabilities and development delays. Capitalism is not the solution to poverty and even as capitalism can create jobs, there is no assurance that all these jobs will provide an income greater than the minimum wage. However, even as capitalism is not the absolute solution, the poverty problem should be solved using a capitalist approach and not with a socialist approach. Even in good economic times, the US does not have enough jobs to support its populace and there is a need for subsidies, social services and collecting adequate taxes.