



# Schulich School of Medicine & Dentistry

*Shaping the Future of Health Care*

## **“Welfare moms and welfare bums”**

**Revisiting poverty as a social determinant of health**


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# Workshop Objectives

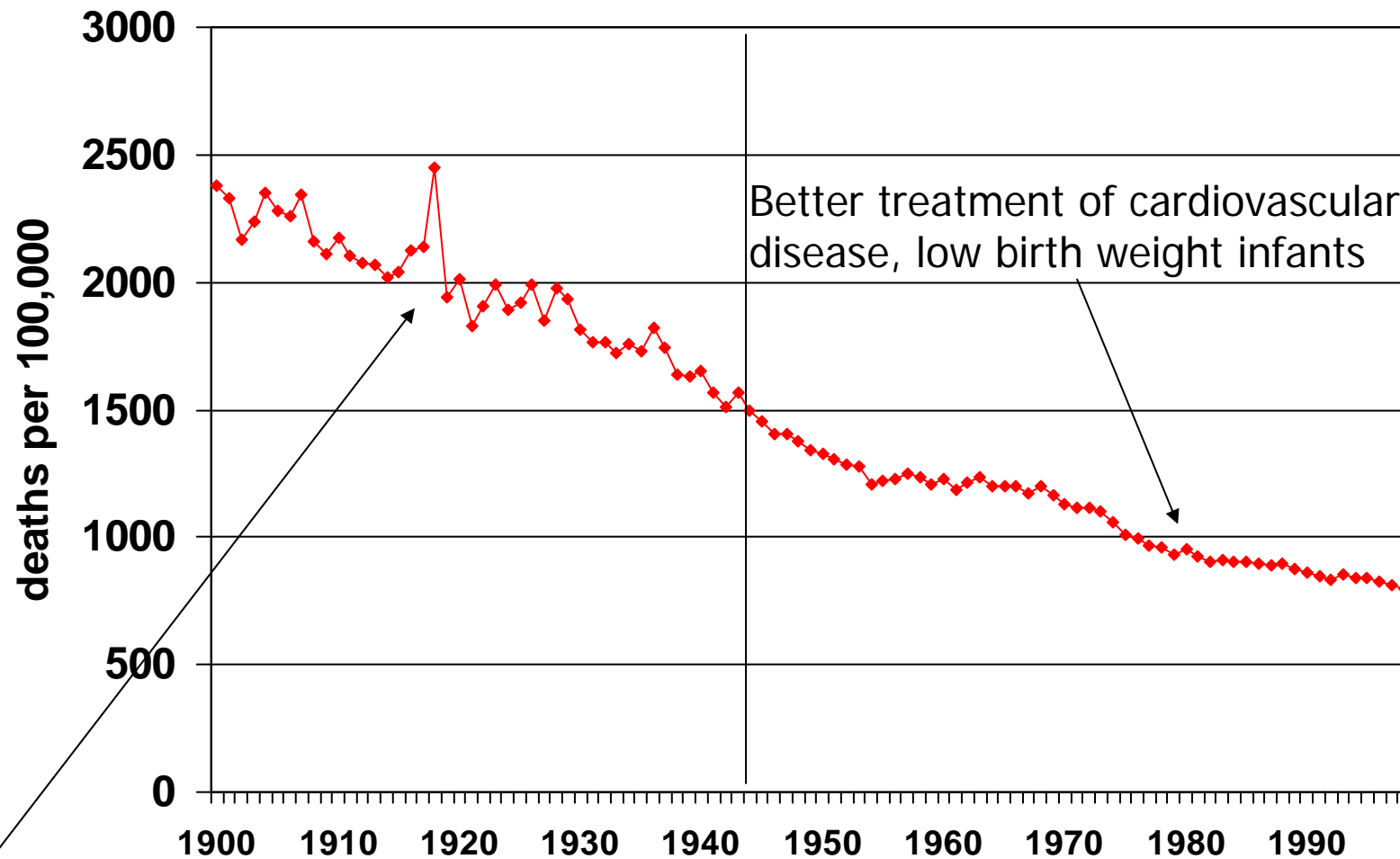
- **What are social determinants of health?**
- **How do social determinants affect the health of individuals and families ?– examples from your practice experience**
- **Canadian study of women living in poverty**
- **What is the role of the family physician?**



*“The art of medicine consists  
of amusing the patient while  
Nature cures the disease”*

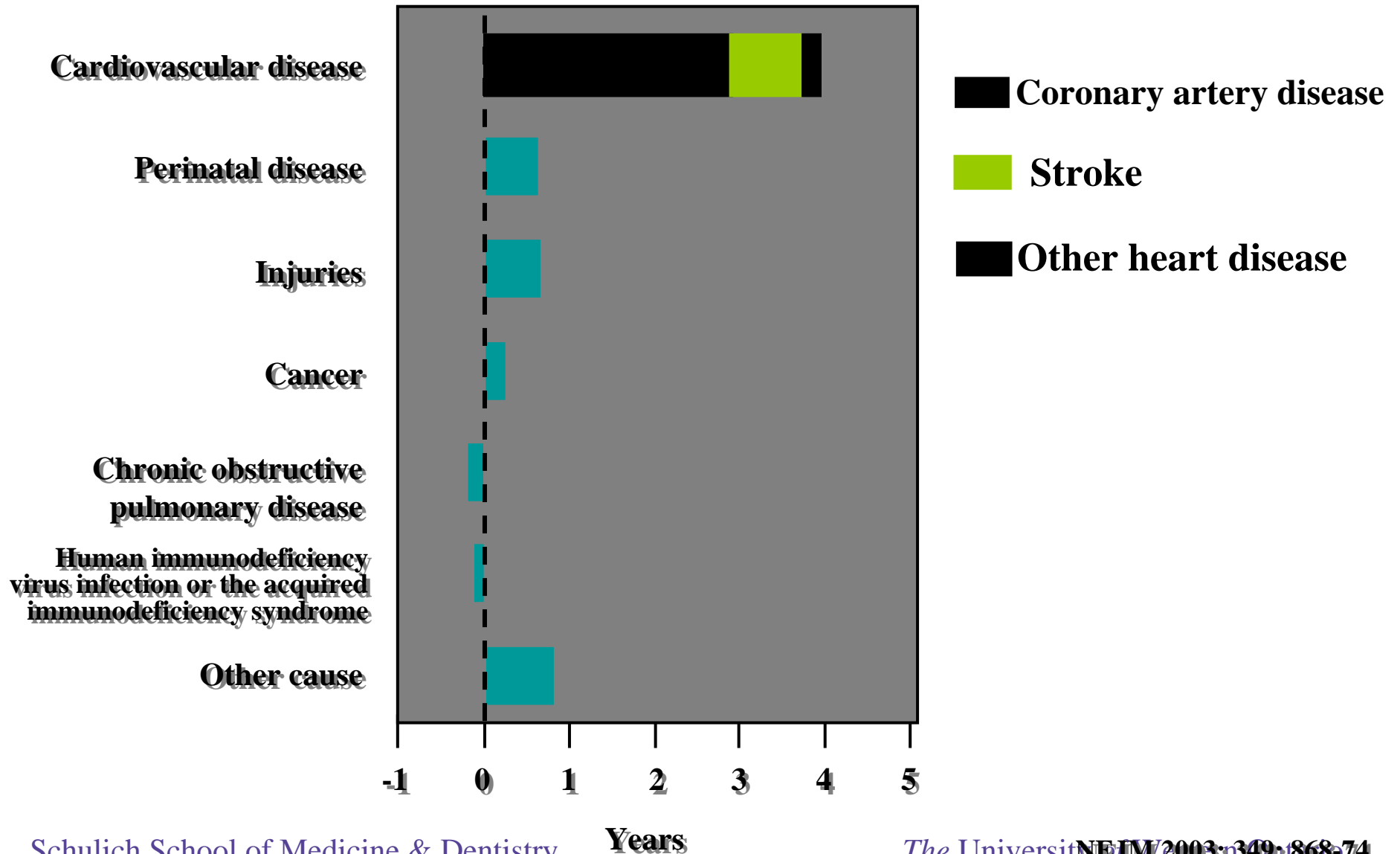
*Voltaire*

# Mortality in the 20<sup>th</sup> Century



Reduced infectious disease mortality (clean water, sewers, antibiotics, better nutrition)

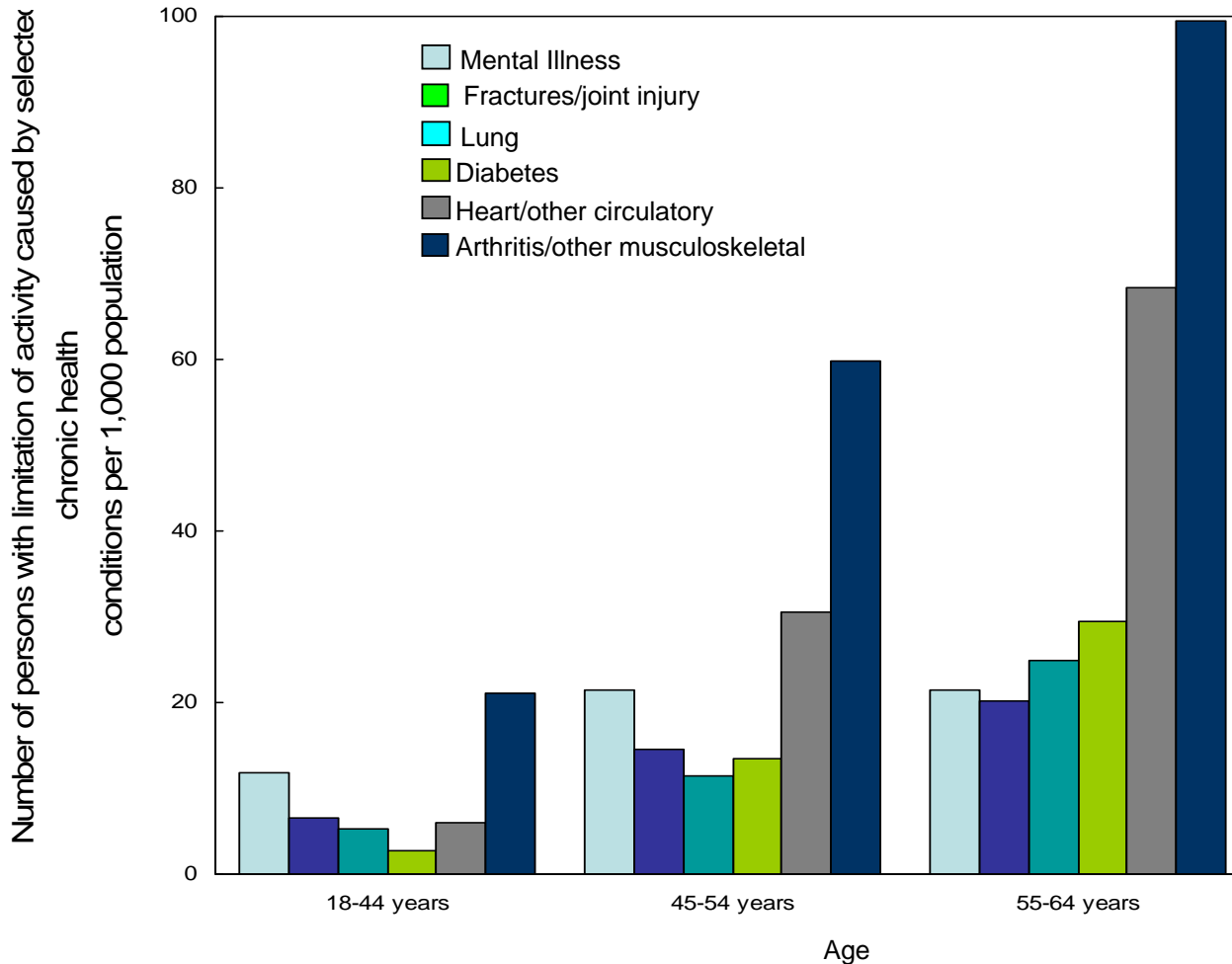
# Change in U.S. life expectancy between 1970 and 2000



# Global CV Disease Statistics

- **Deaths from CV Disease**
  - **1990**
    - **Developed countries—5 million**
    - **Developing countries—9 million**
  - **2020**
    - **Developed countries—6 million**
    - **Developing countries—19 million**
    - **Reddy, NEJM 2004**

# Selected chronic health conditions causing limitation of activity among working-age adults by age: United States, 2000-2002



NOTES: Persons may report more than one chronic health condition as the cause of their activity limitation. Selected chronic health conditions include the four leading causes of activity limitation among adults in each age group. See Data Table for data points graphed, standard errors, and additional notes.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

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Health Sociology Review  
2005; 14: 161-173



# Research Questions

1. How does the stereotype of “poor woman” legitimize systemic discrimination and material scarcity?
2. How do discrimination and material scarcity affect health?
3. How does the stereotype affect self-perceptions, psychosocial health and health behaviours?

Deviant  
Dependent  
Undeserving

Sterotype of  
“Poor Woman”

Systemic  
discrimination

Self perceptions  
psychosocial health  
Health behaviour

Material  
scarcity

Impact on Health

# Poverty and poor women in Canada

- Low Income Cut offs
  - 54.7% income spent on food, shelter, clothing
- Reduced welfare payments over 10 yrs.
  - 1995-2003 welfare rolls reduced by 54.2%
- Total welfare income (1998) = 50 - 69% of LICO.
- Poverty rate higher for women
  - 19% of adult women
  - 41% of women > 65
  - 56% of single mothers

# Hypotheses for health inequalities

- Materialist
- Psychosocial

# Materialist

- Less access to health enhancing resources, greater exposure to negative influences on health, increased disease.
- Less access to medical, transportation and educational systems.

# Psychosocial

- Social relativities lead to stress, depression, low self-esteem and anger
- Impact on health behaviours

# Sample

- 20/80 poor women from WOAW (Women organizing Activities for Women)
- Self-selected
- Diverse
- 18/20 white
- \$786 - \$1050/month for single/single with 1 child
- Average \$10,800/year  
(regional average household income = \$57,209/year)

# Methods

- 32 interviews
- 15 group meetings
- Participant observations and field notes over three years taped and transcribed – 1600 pages of data coded and analyzed with Atlas.ti 4.1



# Findings: A. Stigmatization

“you’re poor or you’re a welfare case.”

“the biggest stereotype in the world is to be a single mother on welfare... I’m a welfare bum who could get out if she wanted to. But she chooses to be there.”

“There is always that stigma attached to chronic fatigue and fibromyalgia, that it is all in your head...”

# Findings: B. Systemic Barriers and Material Deprivation

- Scrutinized by paternalistic welfare system
- Judged as bad mothers, cheaters, choosing not to work
- Could not afford health services and resources  
“If you don’t have any money, you can’t get there and you can’t do anything if you don’t have any money”
- Never able to pay off all the bills!
- Unable to buy healthy foods

## Findings: C. Psychosocial factors Shame/stress & worry

“I’m very low on the totem pole... I think the biggest with being on welfare is self-esteem”

“I had a lot of anger”

“... once you get so low, you can’t see beyond”

# Findings: D. Health Behaviours

“It’ll (the stereotype) makes you feel like scum... they think I’m scum so I might as well be scum. Act like scum. Dress like scum...”

“[Poor woman] have eating disorders.”

“The only thing I do is smoke cigarettes.”

Deviant  
Dependent  
Undeserving

Sterotype of  
“Poor Woman”

“You deserve what you  
get and get what you  
deserve”

Systemic  
discrimination

Self perceptions  
psychosocial health  
Health behaviour



Material  
scarcity

Impact on Health ☹️

# Conclusions:

1. Poor Women are viewed as dependent, deviant and undeserving.
2. This viewpoint justifies stigmatization and impoverishment.
3. Stigma shames and humiliates the women who become angry, hopeless, and adopt unhealthy behaviours
4. Stereotypes justify material scarcity, denying them access.

# Implications:

1. Need to reduce the proportion of low income population
2. Need to reduce burden of inequality by supporting the poor.
3. Need to decrease barriers that prevent poor women from accessing services.

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# McDonald's vs. Canadian MDs

**Provider**



**Quality Metric**

**Napkin and  
Ketchup in Bag**

**Beta-blocker Or  
anti-platelet therapy**

**Performance**

**>99% given  
At any location**

**<50% at many  
locations**