Should Public Health Workers be Able to Address the Public’s Health?

I recently had the opportunity to give a “How Does Poverty and Low Income Affect Health” presentation to close to 100 health workers at the Canadian Public Health Association Annual meeting in Ottawa. This presentation had previously been given to Health Canada staff, members of the social development sector, and a number of community forums in Toronto. This was the first time, however, that the audience had been mainly public health workers.

After outlining the indisputable evidence concerning the adverse effects of poverty and low income, I usually consider the ideological, political, institutional, personal and attitudinal barriers to health workers raising issues of poverty and income. I recognize that it is difficult for health workers to raise issues within an institution that contradict the “party line” that may be emanating from government officials and institutional mandarins.

Public health workers were in complete agreement with my thesis that poverty and low income pose direct threats to the health of Canadians. Indeed, no one suggested that pursuit of neo-liberal policies of increasing economic inequality, weakening social infrastructure and weakening social cohesion was good for population health! I was not prepared, however, to hear the stories in the question and answer period following my presentation about how health workers feel they are unable to raise these issues within their organizations or even in their role as private citizens.

I was repeatedly told that public health workers cannot speak out on how poverty and low income affects health in letters to editors, to local elected representatives, or even to fellow citizens. To do so would jeopardize further advancement in their careers or even the future of their careers in public health.

I was stunned to hear this. As I stated at the next day’s Annual General Meeting in support of the CPHA resolution concerning the effects of poverty on health, “It is frightening that those who know the most about the health effects of poverty – i.e., public health workers – feel unable to raise these issues in their role of citizens.” I see no such reticence among teachers, social workers, and others in publicly raising issues they see as affecting the well-being of the public.

Considering the growing literature on the health effects of poverty and low income on health, and the increasing incidence of poverty in Canada, the issue of the ability of public health workers to participate in societal debate as citizens demands attention. Perhaps the passing by CPHA of its strong motion concerning the effects of poverty upon health will help stimulate this discussion.

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REFERENCES