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BEYOND “BETTER RICH THAN POOR”: RETHINKING WEALTH, HEALTH, AND INEQUALITY

Kittisak WONGMAHESAK¹, Natthawut RUNGWONG² and Boyapati RAMANARAYANA³

¹ North Bangkok University, Thailand; Universitas Muhammadiyah Sidenreng
Rappang, Indonesia; Universiti Sultan Zainal Abidin, Malaysia; Shinawatra
University, Thailand; kittisak.wongmahesak@gmail.com

² North Bangkok University, Thailand; nattawutroongwong@gmail.com

³ Sibar Institute of Dental Sciences, India; dr.ramanarayana@gmail.com

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Associate Professor Dr.Bounmy KEOHAVONG Souphanouvong University, Lao PDR.
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Abstract

The belief that wealth directly leads to better health has long been a cornerstone of socioeconomic discourse. This review critically examines the assumption that wealthier individuals invariably experience superior health outcomes, analyzing two decades of literature to dissect the complex relationship between economic status and well-being. While wealth provides access to quality healthcare, nutrition, and safer environments, this narrative is not straightforward. We explore how socioeconomic factors, including education, social capital, and community, mediate the influence of wealth on physical and mental health. Furthermore, we delve into the impacts of wealth inequality, revealing how disparities can undermine health outcomes, even within affluent societies. Psychological dimensions, such as stress and perceptions of social status, are also considered. Ultimately, this synthesis calls for re-evaluating simplistic assumptions and advocating for comprehensive public health strategies that address wealth inequality alongside individual economic status to foster equitable health outcomes across socioeconomic strata, challenging the notion that 'better rich than poor' guarantees better health.

Keywords: Wealth, Wealth Inequality, Mental Health, Physical Health, Health Disparities

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Introduction: Understanding the Wealth-Health Paradigm

The relationship between wealth and health outcomes has long been a focal point in public health research and policy. There is a consensus that economic security frequently correlates with enhanced health. The premise that wealthier individuals tend to enjoy better health outcomes is often explained through access to resources, preventative care, and overall quality of life. However, this connection is multifaceted and warrants a nuanced investigation to unpack the complexity of its determinants and implications. In Thailand, the commonly held belief that "being wealthier is always better" often shapes societal perceptions about well-being. This notion begs the question: Does greater wealth unequivocally translate to better health outcomes? Throughout this review, we aim to critique the entrenched belief that wealth is synonymous with health, exploring dimensions of mental and physical well-being and the societal factors that influence these outcomes.

Over the past two decades, academic discourse has increasingly emphasized wealth as a vital dimension of socioeconomic status (SES), asserting that it significantly shapes health disparities across populations. Recent studies reveal that individuals with greater wealth experience lower incidences of chronic health issues, improved mental health, and longer lifespans compared to their less affluent counterparts (Nowatzki, 2012; Pollack et al., 2013; Makaroun et al., 2017). For instance, it has been shown that household wealth is associated with better management of health conditions and access to healthcare, resulting in favorable health outcomes, especially in contexts like the United States and England (Nowatzki, 2012; Makaroun et al., 2017). Furthermore, wealth disparities within populations can exacerbate health inequalities among racial and ethnic groups, highlighting an intersection of socioeconomic and social determinants that are critical in health inequity discourse (Nowatzki, 2012; Pollack et al., 2013; Salinas-Rodríguez et al., 2024).

Despite the apparent association between wealth and health, it is essential to acknowledge the underlying mechanisms through which wealth exerts its influence. Wealth confers both direct benefits, such as the ability to afford high-quality healthcare, and indirect advantages, such as enhanced living conditions and reduced stressors associated with poverty (Kim et al., 2022; Sharmake, 2024). For instance, wealth enables individuals to navigate health systems more efficiently, seek preventative care, and take proactive measures towards personal health management (Lê-Scherban et al., 2016). These benefits stand in stark contrast to the experiences of lower-income populations, who often grapple with limited access to healthcare, lower quality services, and broader systemic barriers that impede health access (Shaw et al., 2014; Kim et al., 2022).

The issue is further complicated by geographic disparities, as urban and rural environments exhibit significant differences in health resource availability, influenced by local wealth dynamics. Research indicates that rural populations experience profound healthcare access issues compared to urban cohorts, exacerbated by geographical barriers and socio-political factors (Makaroun et al., 2017; Amporfu & Grépin, 2019). This dichotomy highlights the importance of economic factors in health outcomes and emphasizes the need for tailored approaches that consider geographical context in health policy formulation (Chauhadry et al., 2024; Dey et al., 2024).

Furthermore, the wealth-health paradigm is nuanced by the interplay of varying social determinants such as education, employment, and community resources. Evidence suggests that wealth accumulation is frequently intertwined with educational attainment, impacting health literacy and the likelihood of engaging in health-promoting behaviors (Balen et al., 2010; Tsega et al., 2024). For instance, individuals with higher levels of education tend to make healthier lifestyle choices—a correlation linked not only to knowledge but also to the resources available to implement such choices effectively (Schulz et al., 2005; Tsega et al., 2024). The

socio-economic environment shapes these factors, leading to disparities that favor wealthier individuals while disadvantaging those at the lower end of the socioeconomic spectrum.

Additionally, the psychological impact of wealth or lack thereof cannot be understated. Financial stress and insecurity have been shown to contribute significantly to mental health challenges, including anxiety and depression, which may not directly reflect wealth's impact on physical health but nonetheless define an individual's overall health (Huang, 2024; Sharmake, 2024). Studies have demonstrated how economic strain can lead to deleterious health effects, reinforcing a cycle where those in poorer economic conditions face compounded health challenges (Afulani & Moyer, 2016; Key et al., 2023). As we chronicle the evolution of this field, these psychological dimensions of wealth must be integrated into our understanding of health differentials.

While existing studies have sought to clarify this wealth-health connection, critical gaps persist in our understanding of the contextual factors that mediate this relationship. For instance, many analyses have focused primarily on income without fully addressing the broader concept of wealth, which includes assets such as property and investments. Research illustrates the substantial impact of wealth on health behaviors and outcomes, but often fails to account for the distinct mechanisms through which wealth accumulates and is distributed across different segments of the population (Pollack et al., 2013; Amporfu & Grépin, 2019; Báscolo et al., 2020). This gap is particularly significant when considering the role of inherited wealth and systemic inequalities, which can perpetuate health disadvantages across generations (Miovic, 2023).

The current review aims to synthesize the literature on wealth and health over the past 20 years, focusing on both physical and mental health outcomes. It will explore how wealth influences health behaviors, accessibility of healthcare services, systemic barriers, and the impact of social determinants comprehensively. By doing so, this analysis will shed light on the complexities of the wealth-health nexus, advocating for a reevaluation of simplistic assumptions regarding wealth as the sole determinant of health outcomes.

Ultimately, understanding wealth's influence on health is paramount for establishing equitable health policies that address disparities across socioeconomic lines. Interventions that consider the multifaceted influences of wealth alongside other social determinants will be pivotal in addressing health inequities and fostering healthier populations across various contexts. This article seeks to inform ongoing discussions and research on the relationship between wealth and health, compelling a substantive inquiry into how economic factors can be leveraged to promote better health outcomes for all, irrespective of their socioeconomic positioning.

Wealth and Mental Health: Evidence from Recent Studies

The relationship between wealth and mental health has emerged as a critical area of research that sheds light on how socioeconomic conditions influence psychological well-being. Wealth, often perceived merely as financial assets, manifests itself in various dimensions affecting mental health, including access to resources, social capital, and individual psychological resilience. Recent studies have underscored the intricate interplay between wealth and mental health, revealing significant implications for public health and social policies. This section will explore these dynamics through three major themes: the direct effects of wealth on mental health outcomes, the mediating role of socioeconomic context, and the impact of social and psychological factors on this relationship.

Direct Effects of Wealth on Mental Health Outcomes

A wealthier status often correlates with better mental health outcomes. Numerous studies have confirmed this association, suggesting that individuals with higher socioeconomic standing are less prone to psychiatric disorders. For example, Uvhagen et al. (2025) found that adolescents from higher socioeconomic status (SES) backgrounds reported significantly better mental well-

being and lower levels of psychological distress compared to their less affluent peers. These findings are consistent with the broader understanding that financial stability allows for better access to mental health resources, higher quality living conditions, and reduced exposure to stressors associated with poverty (Buli et al., 2023; Chai et al., 2024).

Elovainio et al. (2020) further demonstrated the long-term mental health implications of socioeconomic disadvantage, establishing that individuals who grow up in low-SES environments experience chronic mental health issues into adulthood, which can stem from both economic insecurity and the stress associated with living in economically deprived neighborhoods. Mental health disparities linked to wealth levels illustrate a clear causal pathway where poverty exacerbates mental health challenges, potentially resulting in a cycle of disadvantage that is difficult to escape.

Research conducted by the World Health Organization (WHO) found that individuals classified as low-income exhibit a 20-30% higher risk of developing mental disorders compared to those with higher socioeconomic status (Wu, 2023). This alarming statistic underscores the pressing need to address what some researchers have termed "differential vulnerability" to mental health issues, a phenomenon where economic disadvantage significantly heightens the risk of developing psychological problems following stressful life events (Bowler et al., 2017).

The Role of Socioeconomic Context

Wealth is not merely about accumulated financial assets but often intersects with broader contextual factors that influence mental health. Social capital, defined as the networks of relationships among people who live and work in a particular society, plays a crucial mediating role in this dynamic, particularly in lower SES populations. Chakrapani et al. (2018) provided empirical evidence suggesting that social capital can buffer the negative health effects associated with low socioeconomic status, yielding a protective effect against mental health disorders. Access to supportive networks mitigates the detrimental mental health impacts of economic hardship, indicating that wealth's influence on mental health is significantly mediated by social conditions.

Conversely, individuals with higher wealth often find themselves increasingly isolated from their communities, primarily relying on their financial resources rather than social networks for support. Lei et al. (2025) suggested that this reliance on self-capacity diminishes community interactions, negatively impacting overall mental well-being in wealthier individuals due to a lack of communal socialization. Such findings highlight that while wealth can provide resources and opportunities, it can simultaneously contribute to disconnection and loneliness, underscoring the complex relationship between wealth and mental health.

Moreover, neighborhood factors are pivotal in shaping mental health outcomes. Studies have demonstrated that living in economically deprived areas increases the likelihood of experiencing mental health issues among residents (Holmgren et al., 2021; Parache et al., 2023). This correlation is especially pronounced in communities with limited access to mental health resources or supportive social infrastructure. As such, wealth inequality, when viewed through the lens of neighborhood environments, underscores significant disparities in mental health that extend beyond individual wealth accumulation.

Psychological and Social Factors Influencing the Wealth-Mental Health Nexus

In examining the psychological dimensions of the wealth-mental health link, factors such as individual coping mechanisms and perceived social status come into play. Buli et al. (2023) highlighted the importance of subjective social status—how individuals perceive their economic status relative to others. Their findings reveal that adolescents with lower subjective social status exhibited increased levels of anxiety and depression compared to their wealthier counterparts. This suggests that feelings of relative disadvantage may be as impactful as absolute differences in wealth, indicating a nuanced layer of psychological experience that shapes mental health.

The stigma associated with low socioeconomic status also has profound implications for mental health. Al Modallal (2012) highlighted that victims of psychological abuse often experience compounded mental health issues due to the societal stigma surrounding poverty and mental illness, creating barriers to access care and support. The stigma can further perpetuate feelings of shame and inadequacy, resulting in a reluctance to seek help, thereby worsening mental health outcomes for already vulnerable populations.

Moreover, family dynamics profoundly influence this interplay between wealth and mental health. Studies have shown that childhood socioeconomic status significantly impacts mental health in adulthood, with higher family SES linked to better mental health outcomes later in life (Klanšček et al., 2014; Chai et al., 2024). Challenges within family structures, such as parental mental health issues or divorce, can exacerbate these effects, leading to poorer mental health for children from low-SES backgrounds (Parache et al., 2023; Lei et al., 2025).

Another significant consideration is the impact of childhood trauma and chronic stress on long-term mental health, compounded by socioeconomic insecurity. Research conducted by Mungai and Bayat (2019) demonstrated a clear link between adverse childhood experiences and poorer mental health outcomes in adulthood, particularly among those from lower SES backgrounds. The cumulative effects of poverty-related stressors can create a cascading effect, leading individuals into cycles of trauma, mental distress, and continued economic hardships.

In conclusion, the association between wealth and mental health is characterized by both direct and indirect pathways, influenced by broader socioeconomic contexts, social capital, and individual psychological factors. Recent evidence highlights that while wealth provides significant advantages in terms of mental well-being, it is essential to consider how isolation, social capital, and perceived status shape mental health outcomes. Addressing this issue requires a multifaceted approach that not only seeks to improve economic conditions but also focuses on enhancing social supports and community cohesion. By recognizing the complex interplay between wealth and mental health, public health initiatives can foster more effective interventions aimed at reducing disparities and promoting mental wellness across socioeconomic strata.

Wealth and Physical Health: An Interconnected Landscape

The intricate relationship between wealth and physical health has been a subject of extensive study in health economics and public health research, revealing the multifaceted ways in which economic status influences health outcomes. The notion that wealth can profoundly affect physical health is supported by a substantial body of evidence that delineates the pathways through which financial resources correlate with various health metrics. This section will explore how wealth not only provides direct access to medical benefits but also influences lifestyle choices, community and environmental factors, and the quality of healthcare received. The discussion will be organized into three key segments: direct wealth effects on physical health, the role of economic status in healthcare access and utilization, and the community and environmental implications of wealth on health outcomes.

Direct Wealth Effects on Physical Health

Wealth is directly associated with better health outcomes across various socio-economic contexts. Numerous studies have established that wealthier individuals tend to experience lower rates of morbidity and mortality, higher life expectancy, and enhanced overall health compared to their less affluent counterparts (Pollack et al., 2013; Holt et al., 2020). Households with greater financial resources generally have improved access to nutritious food, safe housing, and a conducive living environment—all of which are critical determinants of physical health (Hurtado & Topa, 2018; Stopka et al., 2022). For instance, financial stability allows families to invest in health-promoting activities such as purchasing healthier food

options and engaging in regular exercise, which contribute substantially to better health outcomes (Pollack et al., 2013; Korous et al., 2022).

Further, household wealth influences access to crucial healthcare services. Higher wealth invariably translates into better healthcare access, enabling individuals to seek preventive care, timely interventions, and specialized medical services. Pollack et al. (2013) noted the variance in health outcomes within racial and ethnic groups predicated on wealth disparities, emphasizing that access to healthcare and health-promoting resources is markedly higher among affluent populations. In contrast, economic hardship frequently correlates with foregoing necessary medical treatment, which exacerbates health issues and leads to poor physical health outcomes. For example, those living below the poverty line are less likely to seek medical attention due to cost constraints, resulting in delayed diagnoses and untreated health conditions, significantly affecting their health trajectories (Reynolds et al., 2017).

Moreover, the impact of wealth extends beyond direct health access; it also encompasses the psychological aspects of health. Wealth provides a buffer against stressors associated with poverty, which has been shown to negatively impact physical health. Chronic stress arising from financial instability has been linked to a range of health problems, including cardiovascular diseases, obesity, and weakened immune function (Tampubolon, 2015; Korous et al., 2022). Consequently, understanding how wealth influences health necessitates an exploration of the intersections between financial resources, stress levels, and health outcomes.

Economic Status and Healthcare Access and Utilization

Economic status significantly determines healthcare accessibility and utilization, bearing implications for physical health. Research has consistently shown that wealth acts as a gatekeeper for accessing quality healthcare services. Individuals from higher socioeconomic backgrounds possess greater means to navigate healthcare systems, affording private insurance or out-of-pocket expenses for medical treatments, consultations, and preventive care measures (Park & Yang, 2021; Victor et al., 2022). In contrast, lower-income individuals often face barriers that hinder their access to routine health check-ups and necessary medical treatments. For example, a study by Stopka et al. (2022) highlighted the disparities in healthcare utilization based on economic status. The findings demonstrated that individuals from wealthier households were more likely to utilize health services and receive comprehensive care than their economically disadvantaged counterparts.

Moreover, the variability in the quality of healthcare received by individuals of different wealth statuses cannot be overlooked. Wealthier individuals typically benefit from better-trained healthcare providers, superior facilities, and advanced treatment options compared to those in lower economic brackets (Boen et al., 2020; Badowska & Szkultecka-Dębek, 2023). This inequity exacerbates health disparities and leads to poorer health outcomes among low-income populations, further entrenching cycles of poverty and poor health.

Additionally, wealth disparities influence behavioral health decisions, with significant implications for physical health. For instance, wealthier individuals are more likely to engage in preventive healthcare behaviors such as regular screening for chronic diseases, immunizations, and routine physical examinations (Cho et al., 2023). In contrast, individuals with limited wealth often prioritize immediate economic survival over long-term health investments, leading to poor health behaviors that include smoking, unhealthy eating, and sedentary lifestyles (Lu et al., 2021). Consequently, the interplay between wealth and health creates a feedback mechanism where poor health further exacerbates financial hardship.

Community and Environmental Factors Linked to Wealth and Health Outcomes

Wealth significantly impacts community health dynamics and environmental conditions, both of which, in turn, affect individual physical health. Individuals residing in wealthier neighborhoods typically benefit from superior community resources, such as accessible healthcare facilities, recreational spaces, and clean environments, which are vital for

maintaining good health (Kanté et al., 2019; Akhmadi & Amaliyah, 2022). In contrast, economically deprived neighborhoods are often characterized by limited access to quality healthcare, environmental hazards, and poorer infrastructure, all of which contribute to adverse health outcomes.

Environmental factors, such as access to clean water and sanitation facilities, are directly influenced by wealth levels. Research indicates that wealth inequality often corresponds with disparities in access to these essential resources, leading to increased prevalence of communicable diseases, malnutrition, and related health issues in lower-income areas (Chen et al., 2024). Moreover, individuals living in wealthier neighborhoods often enjoy better air quality and lower exposure to environmental pollutants-factors that significantly contribute to respiratory diseases and other health complications (Cozzi et al., 2018; Kim & Kim, 2022).

The role of social capital within communities also warrants emphasis concerning wealth and health. Wealthier communities typically exhibit stronger social capital, characterized by interconnectedness and supportive networks. These networks can provide resources for health-related initiatives, advocacy for improved health services, and communal support for health promotion behaviors (Ware et al., 2020). Conversely, in low-wealth communities, weakened social structures can hinder collective health efforts and perpetuate cycles of disadvantage, underlining the necessity for community engagement and resource allocation to mitigate health disparities.

Furthermore, the impact of local policies on health equity cannot be understated. Wealth often influences political power, enabling wealthier communities to advocate for favorable health policies and resource allocations. This dynamic perpetuates a system where health interventions prioritize affluent populations while neglecting the needs of economically disadvantaged communities, exacerbating existing disparities (Ferber et al., 2024; Schmitz et al., 2025). Thus, understanding the broader community and policy context in which wealth operates is essential for devising effective public health strategies that aim for equity and improved physical health outcomes for all populations.

In conclusion, addressing the relationship between wealth and physical health requires understanding the complex interaction of both economic and social determinants that influence health disparities. Recognizing the direct impact of wealth on access to resources, healthcare utilization, and community dynamics can inform targeted interventions and policies. To effectively improve health outcomes across socioeconomic strata, it is essential to promote equitable resource distribution, fund community health initiatives, and invest in education and infrastructure. This comprehensive approach not only enhances individual health but also aims to reduce systemic inequities, fostering a more equitable healthcare system.

It's Not Just Wealth, It's Wealth Inequality

An in-depth understanding of the relationship between wealth and health necessitates a nuanced examination that transcends the simplistic notion that wealth alone determines health outcomes. Recent studies underscore the imperative to consider wealth inequality as a significant factor that complicates this relationship. Wealth inequality not only influences individuals within a society at various economic strata but also shapes the broader socio-economic landscape, affecting community health dynamics. This section will explore how the disparities in wealth distribution impact mental and physical health, highlighting critical findings from recent research and drawing attention to the multifactorial nature of health outcomes.

Wealth Inequality and Mental Health Outcomes

The role of wealth inequality in shaping mental health outcomes has gained traction in contemporary research. Studies have consistently demonstrated that individuals living in contexts of significant wealth disparity experience heightened psychological distress. For

example, Carter et al. (2009) revealed that the impact of household wealth inequality correlates directly with individual mental health outcomes, illustrating that those in more unequal environments report higher levels of anxiety and depressive symptoms. While absolute wealth can enhance individual well-being, relative wealth inequalities can engender feelings of inadequacy and social comparison, leading to adverse mental health outcomes.

Beyond individual perspectives, larger societal contexts play a pivotal role in shaping how wealth inequality affects mental health. Zhang et al. (2022) investigated the impact of wealth quintiles on health outcomes in Bangladesh, finding that both absolute wealth and its distribution significantly correlate with mental health indicators. Specifically, they employed complex measures, such as the slope index of inequality (SII), which accounts for the distribution of outcomes across wealth quintiles, revealing a persistent correlation where individuals in lower wealth quintiles suffered disproportionately from mental health issues compared to their wealthier peers.

Moreover, Engelman et al. (2021) found that national-level wealth inequality also bears a substantive impact on adolescent mental well-being. The study indicated that greater wealth disparities are associated with increased rates of mental health disorders among adolescents, suggesting that early exposure to economic inequity can shape long-term mental health trajectories. These findings underscore the urgent need for interventions that address wealth inequality as a foundational component of mental health policies.

Wealth Inequality and Physical Health Outcomes

When assessing physical health, the inequities in wealth distribution can have equally concerning implications. Research has shown that wealth-related health disparities occur not simply due to a lack of financial resources but also as a result of the disparities in access to health-promoting resources and quality healthcare services. For instance, Zhang et al. (2023) highlighted that income inequality is closely associated with poorer health outcomes across various dimensions, indicating that both wealth levels and the degree of inequality correlate with essential metrics such as life expectancy and chronic disease prevalence.

Jenkins et al. (2022) elaborated on this by conducting a comprehensive analysis that demonstrated that wealth inequality contributes significantly to mortality rates, particularly among disadvantaged groups. Their findings suggest that even moderate income gains among lower-income groups do not equate to improved health outcomes unless wealth inequality is also systematically addressed. This extends to maternal and child health, where wealth disparities create barriers to accessing necessary healthcare services. For example, Savaglio et al. (2024) analyzed wealth inequalities in preventive care for reproductive health in Mozambique, demonstrating that wealth has a decisive role in determining maternal and child health outcomes.

Furthermore, recent studies on hypertension illustrate the gravity of wealth inequality as a factor in physical health disparities. Pool et al. (2017) conducted a multi-country study affirming that wealth-related inequalities significantly influenced the awareness, treatment, and control of hypertension, underscoring the critical role that income and asset distribution play in public health outcomes. They noted that individuals in lower wealth quintiles were less likely to be diagnosed and to receive appropriate treatment for hypertension, leading to higher incidences of associated morbidity and mortality.

The cumulative effects of wealth inequality on physical health extend to the impact of environmental factors, as individuals in lower-income brackets often reside in neighborhoods with poorer environmental quality, further exacerbating health conditions. Research by Wu et al. (2022) indicated that inequalities in wealth distribution can directly correlate with exposure to environmental hazards and access to clean living conditions, which are vital for maintaining good physical health.

The Intersection of Wealth Inequality and Socioeconomic Determinants

Examining wealth inequality as a determinant of health outcomes emphasizes the intersections among various socioeconomic factors, including education, geographical location, and community resources. Studies such as those conducted by Deyessa (2025) emphasize how factors such as education and ownership of assets exacerbate the effects of wealth inequality, illustrating that those with less education often have limited economic mobility, perpetuating cycles of health inequity. This reality underscores the necessity of viewing wealth inequality through a comprehensive lens that encapsulates education, community engagement, and accessibility to health resources.

Further emphasizing this interconnectedness, the relationship between wealth inequality and health reveals broader societal consequences. Wealth inequality is not only linked to health outcomes but also shapes social cohesion and trust within communities. As observed by Weeks et al. (2024), disparities in wealth contribute to a decline in social capital, which can hinder collective community efforts to improve health outcomes. The degradation of social ties and resources diminishes the overall health of communities, reinforcing the notion that addressing wealth inequality is a critical public health concern.

In summary, the intricate dynamics between wealth, health, and inequality necessitate a more comprehensive approach that recognizes the importance of wealth distribution alongside absolute wealth levels. The synthesis of research establishes the profound impact of wealth inequality on mental and physical health, underscoring the urgency for targeted interventions that confront these disparities. Understanding that it is not merely wealth that determines health, but rather how wealth is distributed within a society, will ultimately lead to more effective public health strategies and improved health outcomes across diverse populations.

Conclusion and Discussion: Rethinking Assumptions on Wealth and Health

The interplay between wealth and health has long been a focal point in socio-economic research and public health policy. This review has sought to clarify that while wealth undoubtedly affects health, the nuances of wealth inequality present a compelling lens through which to analyze health outcomes. The contemporary dialogue surrounding health disparities must move beyond simplistic notions that equate wealth with health, incorporating the multifaceted dimensions of wealth inequality and its implications for mental and physical health. In Thailand, the gap between the rich and poor continues to widen, leading to significant disparities in access to healthcare, education, and other essential resources, which in turn affects the health and well-being of the population (Office of the National Economic and Social Development Council, 2024).

A Call for Policy Recommendations, Limitations, and Future Research

This synthesis of current evidence urges a reconsideration of health models that focus disproportionately on wealth while neglecting the critical role of wealth inequality. Nearly all findings underscore that wealth can influence health positively; however, the pervasive and systemic nature of inequality often impedes the positive effects expected from wealth. As noted by Himmelstein et al. (2024), policy responses should focus on reducing wealth inequality to yield significant improvements in population health. Furthermore, Zhang et al. (2022) found that higher wealth inequality correlates with increased mortality rates, contradicting the assumption that rising overall wealth uniformly benefits health across all population segments. This phenomenon is particularly pronounced in societies characterized by stark income stratification, where the psychosocial stressors derived from relative deprivation and societal inequity become key determinants of health status (Deyessa, 2025).

To address these disparities, we advocate for policies that promote equitable access to resources, such as healthcare, education, and employment opportunities. Implementing progressive taxation, strengthening social safety nets, and investing in community development

programs are crucial steps in reducing wealth inequality and improving population health outcomes. Additionally, policies should focus on addressing systemic discrimination and promoting social inclusion to create a more equitable society. Specifically, policies should consider the impact of household wealth inequality on mental health outcomes (Carter et al., 2009; Zhang et al., 2023) and address the socio-economic factors that perpetuate inequality (Zhang et al., 2023). In Thailand, these policies should align with the goals of the National Health Security Office (NHSO) and the Ministry of Public Health, which aim to provide universal healthcare coverage and reduce health disparities. Furthermore, policies should consider the specific needs of vulnerable populations, such as low-income families, ethnic minorities, and people with disabilities (Ministry of Public Health, 2018).

This review is subject to certain limitations. The scope of the literature search may not have captured all relevant studies, and variations in study methodologies may have influenced the results. Furthermore, the complex interplay between wealth, inequality, and health outcomes may not be fully captured by existing research.

Future research should focus on longitudinal studies to better understand the causal pathways between wealth inequality and health outcomes. Additionally, studies should explore the effectiveness of different policy interventions in reducing wealth inequality and promoting health equity. Further investigation is needed to understand the role of social determinants of health, such as education, employment, and social support, in mediating the relationship between wealth inequality and health outcomes. Qualitative research can provide valuable insights into the lived experiences of individuals affected by wealth inequality and inform the development of targeted interventions. In the context of Thailand, future research should focus on examining the impact of specific policies, such as the universal healthcare scheme, on reducing health disparities. Additionally, studies should explore the role of cultural factors and social norms in shaping health behaviors and outcomes among different socioeconomic groups (NaRanong & NaRanong, 2006; Jaroensubphayanont, 2017).

Therefore, moving forward, public health discussions must embrace an integrative approach that considers both wealth and wealth inequality as pivotal determinants of health. By redefining this narrative, scholars and policymakers alike can develop targeted interventions that genuinely address health disparities, moving beyond mere economic increases to focus on equitable resource distribution.

In conclusion, rethinking assumptions about wealth and health in light of wealth inequality might catalyze a transformative shift in public health philosophy, prioritizing equity as a central tenet of health promotion. Recognizing and addressing the complex interrelationships between these factors may lead to effective strategies for improving both mental and physical health across diverse populations.

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