

Cambridge University Press

978-0-521-89021-2 - The Social Origins of Health and Well-being

Edited by Richard Eckersley, Jane Dixon and Bob Douglas

Frontmatter

[More information](#)

The Social Origins of Health and Well-being

The past decade has seen an exponential growth in research into the social determinants of health. This new research challenges the assumptions that investments in the health system and lifestyle behaviours are largely responsible for health gains. By focusing on persistent inequalities in health, the research has shed light on a wide range of factors that influence health and well-being. This book covers the differential health impacts of socio-economic status, family and early development, changes in work and work conditions, health systems, the physical environment of cities, indigenous peoples, social capital, culture, and global economic and environmental changes. It also discusses how inequality gets 'under the skin', through describing the physiological changes that follow from stress and behaviours. Particularly important is the 'natural experiment' represented by the different political and economic paths taken by Australia and New Zealand over the past two decades and the opportunity this provides to assess their effect on health. *The Social Origins of Health and Well-being* will be of great value to scholars and professionals internationally and to students in Australia and New Zealand.

Richard Eckersley, Jane Dixon and Bob Douglas are Fellows at the National Centre for Epidemiology and Population Health, Australian National University.

Cambridge University Press

978-0-521-89021-2 - The Social Origins of Health and Well-being

Edited by Richard Eckersley, Jane Dixon and Bob Douglas

Frontmatter

[More information](#)

The Social Origins of Health and Well-being

Edited by

Richard Eckersley, Jane Dixon and Bob Douglas

Australian National University



**CAMBRIDGE
UNIVERSITY PRESS**

Cambridge University Press

978-0-521-89021-2 - The Social Origins of Health and Well-being

Edited by Richard Eckersley, Jane Dixon and Bob Douglas

Frontmatter

[More information](#)

PUBLISHED BY THE PRESS SYNDICATE OF THE UNIVERSITY OF CAMBRIDGE
The Pitt Building, Trumpington Street, Cambridge, United Kingdom

CAMBRIDGE UNIVERSITY PRESS

The Edinburgh Building, Cambridge CB2 2RU, UK

40 West 20th Street, New York, NY 10011-4211, USA

477 Williamstown Road, Port Melbourne, VIC 3207, Australia

Ruiz de Alarcón 13, 28014 Madrid, Spain

Dock House, The Waterfront, Cape Town 8001, South Africa

<http://www.cambridge.org>

© Cambridge University Press 2001

This book is in copyright. Subject to statutory exception
and to the provisions of relevant collective licensing agreements,
no reproduction of any part may take place without
the written permission of Cambridge University Press.

First published 2001

Printed in Australia by Hyde Park Press

Typeface Goudy (*Adobe*) 10.5/13 pt. System QuarkXPress® [M]

A catalogue record for this book is available from the British Library

National Library of Australia Cataloguing in Publication data

The social origins of health and well-being.

Bibliography.

Includes index.

ISBN 0 521 89021 7.

1. Health – Social aspects. 2. Health – History. I. Dixon,

Jane Meredith – . II. Douglas, Robert Matheson

III. Eckersley, Richard. IV. Title.

ISBN 0 521 89021 7 paperback

Cambridge University Press

978-0-521-89021-2 - The Social Origins of Health and Well-being

Edited by Richard Eckersley, Jane Dixon and Bob Douglas

Frontmatter

[More information](#)

Contents

List of figures and tables	vii
Preface	x
Acknowledgements	xv
Notes on Contributors	xvi
Part A Historical, global and cultural perspectives	1
1 Healthier progress: historical perspectives on the social and economic determinants of health John Powles	3
2 Health inequalities in the New World Order David Legge	25
3 Globalisation and environmental change: implications for health and health inequalities Colin D. Butler, Bob Douglas and A.J. McMichael	34
4 Culture, health and well-being Richard Eckersley	51
Part B Explaining health inequalities	71
5 A general model of the social origins of health and well-being Jake M. Najman	73
6 Income inequality and health: in search of fundamental causes Gavin Turrell	83
7 Mediation of the effects of social and economic status on health and mortality: the roles of behaviour and constitution Richard Taylor	105
8 Migrants, money and margarine: possible explanations for Australia–New Zealand mortality differences Alistair Woodward, Colin Mathers and Martin Tobias	114
9 Income, income inequality and health in New Zealand Philippa Howden-Chapman and Des O’Dea	129
10 Equity in access to health care Stephen Duckett	149

Cambridge University Press

978-0-521-89021-2 - The Social Origins of Health and Well-being

Edited by Richard Eckersley, Jane Dixon and Bob Douglas

Frontmatter

[More information](#)**vi Contents**

Part C Social organisation and health	157
11 Human settlements: health and the physical environment Peter Newman	159
12 Work and health: the impact of structural workforce changes and the work environment Anne-Marie Feyer and Dorothy Broom	178
13 Health, inequities, community and social capital Robert Bush and Fran Baum	189
Part D Developmental and biological perspectives	205
14 Health inequalities: the seeds are sown in childhood, what about the remedies? Graham Vimpani	207
15 Family, early development and the life course: common risk and protective factors in pathways to prevention Judy Cashmore	216
16 Health inequalities: is the foundation for these laid before the time of birth? Terry Dwyer, Ruth Morley and Leigh Blizzard	225
17 How social factors affect health: neuroendocrine interactions Kerin O'Dea and Mark Daniel	231
Part E Implications for policy, interventions and health research	245
18 Aboriginal health, policy and modelling in social epidemiology Ian Anderson	247
19 Does our limited analysis of the dimensions of poverty limit the way we seek solutions? Elizabeth Harris, Don Nutbeam and Peter Sainsbury	259
20 Developmental prevention in a disadvantaged community Ross Homel, Gordon Elias and Ian Hay	269
21 Rethinking evaluation for policy action on the social origins of health and well-being Beverly Sibthorpe and Jane Dixon	280
Bibliography	297
Index	342

Figures and tables**Figures**

1.1	'Waalder surface' relating body size in adult males to mortality risk, with illustrative estimates of mean body size change in French men and potential effect on mortality	5
1.2	Time trends since the early 18th century in stature and life expectancy for native-born, white, United States males	6
1.3	Secular decline in mean energy consumption per day in samples of the English population since 1950	8
1.4	Economic development and health: main pathways and interactions with institutional development	9
1.5	Life expectancy and income per person for selected countries and periods	10
1.6	HIV incidence in homosexual and bisexual males, England and Wales, estimates by back-projection for 1979–90 (with 95% credible interval) and timing of main public health campaign	12
1.7	Seasonal swings in fresh fruit and vegetables: ratio of household availability during May to October to availability in November to April, Britain compared to Bulgaria and Hungary, 1989	13
1.8	Underlying determinants of levels and trends of adult mortality in high-income countries	14
1.9	Decline in traffic fatalities per 10,000 vehicles, Victoria, Australia, 1920–95	15
1.10	Decline in traffic fatalities per 10,000 vehicles, Victoria, Australia, 1960–95	16
1.11	Scatterplot of probabilities of death between ages 15 and 60 (times 1000) for the female populations of high-income countries, by income, 1998 (with corresponding points for selected other countries)	18
1.12	Scatterplot of probabilities of death between ages 15 and 60 (times 1000) for the female populations of high-income countries, by level of medical expenditures, 1998	19
1.13	Estimated non-smoker mortality from vascular causes: ratios of Mediterranean countries to eleven other European countries, 1971–3 and 1991–3, ages 45–64	20
3.1	Global distribution of exchange-adjusted income in United States dollars, 1997	38
3.2	Global income distribution (adjusted for national income distribution), 1964–99	39
3.3	Indices of global environmental change, 1964–99	42
3.4	Possible causal pathways connecting economic globalisation, environmental change, inequity and poor health	46

viii Figures and tables

3.5	Per capita gross domestic product and genuine progress indicator, 1950–2000 (constant 1990 prices)	48
4.1	Model of the social determinants of health, linking social structure to health and disease	53
4.2	Australians' life satisfaction by income, 1991–2	63
4.3	Australians' satisfaction with their 'life as a whole' (LS) and various life domains, 1981–98	64
4.4	Youth suicide in Australia, 1921–99, males and females ages 15–24	67
5.1	Causal pathways linking the social and biological causes of disease	76
5.2	Exposures, timing and biological consequences	77
5.3	Causal pathways and health intervention policy	81
6.1	Percentage of total income received by the poorest and richest 20% of Australian families, 1994–8	84
6.2	A diagrammatic representation of the presumed relationship between income inequality and health	98
6.3	Health plotted against income, hypothetical example	103
8.1	Deviation from average life expectancy by deviation from predicted health expenditure, selected OECD countries, 1996	117
8.2	Life expectancy by ethnicity, gender and socio-economic status, 1996–7	120
8.3	Life expectancy at birth, by gender, Australia and New Zealand, 1961–97	121
8.4	Life expectancy at birth, by ethnicity and gender, Australia and New Zealand, 1920–99	123
8.5	Australia to New Zealand ratio of gross domestic product per capita and male life expectancy at birth, 1961–97	127
9.1	A model of the relationship between household income, income inequality and health	131
9.2	Growth in New Zealand's income inequality, 1982–97 equivalent disposable household income	134
9.3	Growth in New Zealand's income inequality, relative to other countries, 1970s–1990s equivalent disposable household income	135
9.4	Percentage of adults assessing their health <i>excellent</i> or <i>very good</i> , by equivalised household income quintiles	138
9.5	Percentage of adults reporting disability, by equivalised household income quintiles	138
9.6	Percentage of adults who smoke, by income quintile	139
9.7	Percentage of adults who visited dentist or dental nurse in last 12 months, by income quintile	140
9.8	Average equivalent household income per person, by ethnic group, 1996 census, for those households reporting income, age adjusted	142
10.1	Percentage of general practitioner attendances bulk billed, 1984/5 to 1999/2000	151
10.2	Percentage of services direct billed or billed at or below the schedule fee, by type, 1999/2000	151

10.3	Percentage of household income spent on medical care and health expenses, 1993/4 and 1998/9	153
10.4	General practitioners per 100,000 population, 1984/5 to 1996/7	155
11.1	Gross regional product and car use per person, 1990	164
11.2	Percentage of workers using public or non-motorised transport, 1990	165
11.3	Length of road per person, 1990	165
11.4	Urban density, 1990	166
11.5	Transport smog emissions per person, 1990	166
11.6	Transport deaths per 100,000 people, 1990	167
11.7	Transport carbon dioxide emissions per person, 1990	168
11.8	Cost of transport, 1990	169
13.1	Outcomes of social and civic participation	201
18.1	A framework for studying the role of 'race' in health	255
21.1	Diagrammatic representation of evaluation through monitoring and research	292

Tables

2.1	The widening global health gap, 1950–90	25
2.2	Probability of dying before the age of five years (per 1000)	26
6.1	Some suggested mechanisms and processes contributing to income inequality	100
8.1	Life expectancy at birth for indigenous and non-indigenous populations, Australia and New Zealand, 1996	118
9.1	Household income measures from 1996 census, by ethnic group in New Zealand	141
9.2	Regional mortality and hospitalisation regressed on regional measures of average income and income inequality in New Zealand	143
11.1	Healthy city strategies for physical health	174
11.2	Healthy city strategies for mental well-being	175
13.1	Social and civic participation	199
15.1	Risk and protective factors for adverse outcomes for children	219
16.1	Relative risk of non-fatal coronary heart disease to 1992 for 70,297 nurses who were full-term singleton births and who were recruited into the Nurses' Health Study in 1976 when aged 30–55 years	226
16.2	The effect of a unit change in maternal education, social class and maternal smoking on birth weight of 921 children in two studies of infant nutrition in the United Kingdom	227
16.3	The association between maternal education, social class and maternal smoking in pregnancy for the mothers of UK children	227
16.4	The effect of female sex, gestation, maternal education, social class and maternal smoking on birth weight of children in two large infant nutrition studies in the UK after adjustment for each of the other factors	228
16.5	The effect of maternal education, parental occupation and maternal smoking on birth weight of children in two year-of-birth cohorts of the Tasmanian Infant Health Survey	229
21.1	Barriers to policy action and reasons for limited impacts	282

Cambridge University Press

978-0-521-89021-2 - The Social Origins of Health and Well-being

Edited by Richard Eckersley, Jane Dixon and Bob Douglas

Frontmatter

[More information](#)

Preface

Why publish yet another book about the social determinants of health? This was the initial reaction of a reader to whom Cambridge University Press sent our book proposal. The response is unsurprising. The past decade has seen the publication of some 15 books, major reports or special journal issues dealing with the social determinants of health. The number of individual journal articles has soared.

Can there really be a need for another overview of the subject? Cambridge's reader went on to say the initial scepticism was immediately dispelled by the originality of the material and the arguments put forward by the individual contributors: 'I am persuaded that this book will make a substantial, and novel, contribution to the literature, both in Australasia as well as internationally.'

We are also confident of the value of this book—for two main reasons. First, the existing literature has focused on the North American and European situations; we want to put the Antipodes on the social epidemiological map. Secondly, the recent literature has concentrated on socio-economic inequality as a prime determinant of health; we believe this book adds important historical, global and cultural dimensions to the social sources of health and well-being.

The book has its origins in the establishment of the Health Inequalities Research Collaboration by the Australian Commonwealth Department of Health and Aged Care to promote a better understanding of why some groups in the community are healthier than others. One of the early tasks of the Collaboration was to organise a major conference, held in Canberra in July 2000. Its aim was to build scientific, public and policy recognition of the importance of the social determinants of health. New Zealand participants and perspectives were included because research and policy development in this area are more advanced there than in Australia.

From the conference came the book. It brings together leading scholars from both countries to establish a baseline of what we know and what we need to do. There are, inevitably, omissions. Between conference and book, a few contributions fell by the wayside. But other perspectives were added, particularly on the implications for policy, intervention and research. We began the project with the view that economic and political institutions and social and cultural processes exert powerful influences over the opportunities and actions available to individuals and, ultimately, over their health and well-being: these factors 'produce health', and in ways that are unevenly distributed across populations.

Part A of the book lays out what many sociologists would consider to be the 'structural' determinants of health. These particular determinants are intergenerational mediators of social

group behaviours, attitudes and experiences. The stage and nature of economic development is a particularly significant structural determinant that affects the character of national and global institutions, migration and settlement patterns, the financing and distribution of health and education systems and the use and abuse of the natural environment. The role of economic development is the dominant theme of the four chapters, which build a persuasive case against assuming a linear relationship between economic development and health gain.

John Powles argues that health improvement and health inequalities result from institutional and sub-population adaptations to economic development and that adaptive behaviours are not straightforward. Socio-economic inequalities in health can be explained, in part, by the idea that health status improves most for groups who can capture the benefits of economic development and minimise the attendant risks. Powles suggests that as the process of decision-making becomes more deliberative, subject to an array of choices and is grounded less upon custom, then inequalities based on social advantage will increase.

While for Powles, adaptation to new knowledge is fundamental, for David Legge, the ideologies which are woven around this present phase of global economic development have stopped the majority of the world's population from participating in a dialogue about inequalities. The capacity to 'make and assert truth'—ie, to contribute to the way in which development is defined and pursued—is a potent shaper of the contours of economic inequality and of health inequalities.

Colin D. Butler, Bob Douglas, and A.J. McMichael argue a key factor is the role that economic development plays in depleting natural environmental resources. We have long known that inadequate man-made environments encourage a range of diseases, especially amongst the world's poor, but what has not been so readily acknowledged is the contribution that the natural environment has to increasing health inequalities, both within and between countries. While we do not have consensus about the extent to which ecosystem health and population health are interrelated, there is sufficient evidence to include environmental degradation as a major determinant of health.

Without using the term, 'cultural determinants', all three chapters put substantial emphasis on what would be considered cultural factors: available knowledge, truth-making and judgements about progress and sustainability. Richard Eckersley, however, provides a detailed treatment of what we consider to be a major omission in the social determinants of health literature: culture. While epidemiologists have made sporadic use of cultural factors to explain differential and changing health status, culture has now been relegated to mere context. Eckersley challenges us to consider cultural factors to be as risk-laden for health and well-being as is socio-economic status.

The major output of social epidemiology has been on the relationship between socio-economic status and population health, which is the subject of **Part B**. Jake Najman sets the scene by proposing a general model of the social origins of health and well-being. In discussing many of the issues addressed in more detail in later chapters, Najman highlights the persistence and significance of health inequalities. If we are to understand these, he says, we must identify the causal pathways that link social contexts with the biological basis of disease. This includes addressing the confusion created by using different labels for the same phenomena or by emphasising different points along the pathways, and distinguishing major causes from minor.

xii Preface

The next two chapters in this section provide an overview of the dominant explanations that are competing to provide insights into how health inequalities are caused: the neo-materialist, psychosocial, social cohesion, behavioural and constitutional pathways are described. Gavin Turrell settles on the neo-materialist pathway as offering greatest explanatory potential for the relationship between income inequality and health status, while Richard Taylor opts for behavioural risk factors in concert with socio-economic status.

The chapter by Alistair Woodward, Colin Mathers and Martin Tobias illustrates the merits of being able to make national comparisons. By revealing a 'mortality cross-over' between Australia and New Zealand in the 1980s, and then analysing the different demographic, settlement, lifestyle and policy contexts of the two countries, the authors are able to put forward a rich range of propositions about why inequalities in health can change quite dramatically in a short period of time. Using data from New Zealand, Philippa Howden-Chapman and Des O'Dea argue that both low income and greater inequality are associated with poorer health. Like Woodward and his colleagues, they suggest that ethnicity is a separate, but interrelated, determinant of health.

The question of the degree to which health systems and health care contribute to health inequalities is also raised in these chapters and is the exclusive focus of Stephen Duckett's chapter. While Australia has an internationally recognised health system based on universal access to medical care, Duckett describes the barriers that hinder the equal uptake and effectiveness of that care. His argument adds to the growing evidence that the differential use of health services, due to the incentives and disincentives built into the overall system of care, can exacerbate health inequalities.

Part C contains chapters that examine how the ways in which societies organise themselves are fundamental to health and well-being. Cities, workplaces and communities are critical settings for shaping the distribution of income and other resources and for influencing lifestyle risk factors. They help to facilitate and inhibit relationships with other human beings and mediate interpersonal and intergroup trust, civic engagement and reciprocity: the ingredients of social capital. Not only do these forms of social organisation have a direct and indirect impact on social relationships, their physical manifestations can impact on rates of illness and sense of well-being.

Peter Newman casts a planner's eye over the healthy cities movement and outlines the many social and health problems created by the effects on the environment of automobile dependence. The chapter by Anne Marie Feyer and Dorothy Broom provides a detailed explanation of how government-sanctioned changes to working life in Australia and New Zealand have the potential to have detrimental effects on population health.

It would be wrong, however, to cast cities, workplaces and communities as simply a backdrop or context in which individuals conduct their affairs. Those researching the relationship between social capital, health and well-being have shown how the nature of civic engagement, social networks and reciprocity produce different types of settings and how, in turn, these different settings structure opportunities to build different forms of capital that are advantageous for health and happiness.

Robert Bush and Fran Baum explore the potential for social capital to provide a framework for improving the health and life opportunities of poorer communities. Drawing on the Adelaide Health Development and Social Capital Study, they say that informal social participation

predicts health status, and collective civic participation predicts sense of control. Both forms of participation were higher among the better off and better educated. The evidence warrants public policies that encourage trusting networks, support community-based organisations and foster environments which are conducive to social interaction.

From the coverage of upstream factors in parts A, B and C, **Part D** develops an argument that health inequalities are the result of a lifelong patterning of social, cultural, behavioural and biological factors. Within the population health field, one of the most exciting areas of investigation concerns the developmental perspective on health and well-being. This perspective is the result of the assembly of multi-disciplinary insights; being open to multiple causation and cumulative effects across the life course; and an emphasis on the interrelationship between brain development, human development and the social environment. If the grandmother's social status and social environment are determinants of the infant's health status, then public health has to deal with time and space in a way analogous to the perspective taken by those concerned with the sustainability of the eco-system.

Graham Vimpani's chapter provides an overview of the component parts of the developmental perspective and acts as an introduction to the fleshing out of three of these parts in the chapters that follow. Judy Cashmore explains in greater detail how what happens in the early years of life is instrumental to health and well-being in adolescence and adulthood. She addresses the question about how and why some individuals do well despite adversity and why others do poorly, using a mix of psychological and sociological concepts: risk, vulnerability, resilience and protective mechanisms.

Terry Dwyer, Ruth Morley and Leigh Blizzard go back even further, to before birth and to what has become known as the Barker hypothesis: that cardiovascular disease and diabetes have their origins in-utero, being more common in adults who were small at birth. Low birth weight is associated with low socio-economic status, raising the possibility that the well-known link between socio-economic status and these diseases is due to foetal exposures. However, their own study of twins suggests that individual factors are also involved.

The chapter by Kerin O'Dea and Mark Daniel focuses on one aspect of the brain-behaviour-emotion interrelationships: the neuroendocrine system, which affects hormonal and emotional functioning. If the neuroendocrine system develops in conditions of sustained stress, then it becomes wired to respond to social and physical environments in particular ways that are detrimental to health. Psychosocial factors, including depression, hostility and perceived stress, are associated with a range of health behaviours and are implicated in mediating the effects of broad social processes on physiologic responses relating to chronic and infectious disease.

Part E is devoted to the policy, research and political implications of the foregoing chapters, although many of these have sections devoted to the practical implications of the research. Ian Anderson says the conceptualisation of race and Aboriginality within social epidemiology and social policy requires attention. He criticises the prevailing models of the social determinants of health for generalising the impact of particular social institutions or responses across populations, ignoring the potential for differential impacts as a result of a variety of sub-population histories, contexts and starting points. One outcome of a different way of thinking about race and Aboriginality would be a demand for greater methodological sophistication in the way that evidence is both collected and interpreted.

Cambridge University Press

978-0-521-89021-2 - The Social Origins of Health and Well-being

Edited by Richard Eckersley, Jane Dixon and Bob Douglas

Frontmatter

[More information](#)

xiv Preface

Liz Harris, Don Nutbeam and Peter Sainsbury advance a similar web of causation for the health of poor Australians. They argue that poverty, like racism, has a multidimensional, multifactorial role in disease causation, and operates along complex pathways. On the basis of a study in western Sydney, the authors tease out what poverty means and they provide valuable insights into the experience of poverty beyond inadequate income. They, also, demand that public health researchers improve their research approaches and methods, and question the responsibility of the health sector for health outcomes that might have their origins in other sectors, such as finance and housing.

Ross Homel, Gordon Elias and Ian Hay address this very question by reporting on the early stages of a community intervention designed to tackle disadvantage in its many guises. By viewing a multiplicity of social problems, such as illicit drug abuse, child behaviour problems, poor health and low literacy, as the result of the same factors—material and social disadvantage and poor opportunities for optimal human development—it is possible to develop multi-pronged interventions that involve numerous portfolios. The authors detail what a developmental prevention approach looks like and how it might be evaluated.

In the final chapter, Bev Sibthorpe and Jane Dixon examine the reasons for a general lack of government attention to health inequalities, and focus on the ‘lack of appropriate evidence’. They contend the evidence for the effectiveness of broad-based interventions is being sought using the wrong methods. They propose that, by rethinking the current divide between monitoring and research and orienting them to policy evaluation we will be able to gather the evidence needed for broad-based agendas for change.

This book offers a very broad perspective on the social determinants of health, ranging from the planetary to the molecular and from the theoretical to the practical. It includes social, economic, cultural, ecological and biological dimensions. While not as comprehensive in each area as some other publications, the scope of the book is unusual, perhaps unique, in the social epidemiological literature. It places this literature, clearly and influentially, within the context of wider debates about the nature of human development and social progress that seem set to dominate the politics of this century.

Richard Eckersley, Jane Dixon, Bob Douglas

Cambridge University Press

978-0-521-89021-2 - The Social Origins of Health and Well-being

Edited by Richard Eckersley, Jane Dixon and Bob Douglas

Frontmatter

[More information](#)

Acknowledgements

We explain in the Preface that this book is the culmination of a process that included a national conference, *The Social Origins of Health and Well-being: From the Planetary to the Molecular*, held in July 2000. The Australian Department of Health and Aged Care provided funding and support for the conference and for the development and establishment of the Australian Health Inequalities Research Collaboration, the body which hosted the conference. We are grateful for this contribution. Liz Furler deserves special recognition for championing the Collaboration.

A number of colleagues overseas have contributed to the Australian initiative on health inequalities. Among those who have been particularly inspirational are, in no particular order, Leonard Syme, Fraser Mustard, Michael Marmot, Barbara Starfield, Michael Wolfson, Ichiro Kawachi, Johan Mackenbach, John Lynch, Hilary Graham and Alvin Tarlov. Other national and international colleagues provided chapter reviews. The book would not have come to fruition without the talents and commitment of Susan Lindsay, the diligent copy-editing of Valina Rainer, or the enthusiasm of Peter Debus and Paul Watt at CUP. Our thanks to all of them.

Cambridge University Press

978-0-521-89021-2 - The Social Origins of Health and Well-being

Edited by Richard Eckersley, Jane Dixon and Bob Douglas

Frontmatter

[More information](#)

Contributors

Ian Anderson is Director of the Vichealth Koori Health Research and Community Development Unit at the Centre for the Study of Health and Society, University of Melbourne, 207–211 Grattan Street, Parkville, Vic 3052, Australia.

Email: i.anderson@cshs.unimelb.edu.au

Fran Baum is at the South Australian Community Health Research Unit, (SACHRU), Department of Public Health, Flinders University, GPO Box 2100, Adelaide, SA 5001, Australia.

Email: fran.baum@flinders.edu.au

Leigh Blizzard is a Research Fellow at the Menzies Centre for Population Health Research, University of Tasmania, GPO Box 252-23, Hobart, TAS 7001, Australia.

Email: leigh.blizzard@utas.edu.au

Dorothy Broom is a Senior Fellow at the National Centre for Epidemiology and Population Health, Australian National University, Canberra, ACT 0200, Australia.

Email: dorothy.broom@anu.edu.au

Robert Bush is at the Centre for Primary Health Care, Department of Social and Preventive Medicine, The University of Queensland, Princess Alexandra Hospital, Ipswich Road, Woolloongabba, Qld 4102, Australia.

Email: r.bush@sph.uq.edu.au

Colin Butler is a PhD student with the National Centre for Epidemiology and Population Health, Australian National University, Canberra, ACT 0200, Australia.

Email: colin.butler@anu.edu.au

Judy Cashmore is an Honorary Research Associate at the Social Policy Research Centre, University of New South Wales, Kensington, NSW 2052, Australia.

Email: judycash@nsw.bigpond.net.au

Mark Daniel is Assistant Professor of Health Behavior/Education and of Epidemiology, School of Public Health, CB #7400, Rosenau 306, The University of North Carolina 27599-7400, USA.

Email: danielm@email.unc.edu

Jane Dixon is a Fellow at the National Centre for Epidemiology and Population Health, Australian National University, Canberra, ACT 0200, Australia.

Email: jane.dixon@anu.edu.au

Cambridge University Press

978-0-521-89021-2 - The Social Origins of Health and Well-being

Edited by Richard Eckersley, Jane Dixon and Bob Douglas

Frontmatter

[More information](#)

Contributors xvii

Bob Douglas is a Visiting Fellow at the National Centre for Epidemiology and Population Health, Australian National University, Canberra, ACT 0200, Australia.

Email: bob.douglas@anu.edu.au

Stephen Duckett is Professor of Health Policy and Dean of the Faculty of Health Sciences, La Trobe University, Vic 3086, Australia.

Email: s.duckett@latrobe.edu.au

Terry Dwyer is the Director of the Menzies Centre for Population Health Research, University of Tasmania, GPO Box 252-23, Hobart, TAS 7001, Australia.

Email: t.dwyer@utas.edu.au

Richard Eckersley is a Fellow at the National Centre for Epidemiology and Population Health, Australian National University, Canberra, ACT 0200, Australia.

Email: richard.eckersley@anu.edu.au

Gordon Elias is Senior Lecturer at the School of Cognition, Language and Special Education, Mt Gravatt Campus, Griffith University, Qld 4111, Australia.

Email: g.elias@mailbox.gu.edu.au

Anne-Marie Feyer is Director of the New Zealand Environmental and Occupational Health Research Centre and a Professorial Research Fellow in the Department of Preventive and Social Medicine, University of Otago, PO Box 913, Dunedin, New Zealand.

Email: afeyer@gandalf.otago.ac.nz

Elizabeth Harris is Director of the Centre for Health Equity Training, Research and Evaluation, and Lecturer at the School of Community Medicine, University of New South Wales, Liverpool Hospital, PO Box 103, Liverpool, NSW 2170, Australia.

Email: e.harris@unsw.edu.au

Ian Hay is Senior Lecturer at the School of Cognition, Language and Special Education, Mt Gravatt Campus, Griffith University, Qld. 4111, Australia.

Email: i.hay@mailbox.gu.edu.au

Ross Homel is Professor of Criminology and Criminal Justice, and Deputy Director, Key Centre for Ethics, Law, Justice and Governance, Mt Gravatt Campus, Griffith University, Qld 4111, Australia.

Email: r.homel@mailbox.gu.edu.au

Philippa Howden-Chapman is Director of the Housing and Health Research Program at the Department of Public Health, Wellington School of Medicine and Health Sciences, University of Otago, PO Box 7343, Wellington South, New Zealand.

Email: howdenc@wnmeds.ac.nz

David Legge is at the School of Public Health, La Trobe University, Vic 3086, Australia.

Email: d.legge@latrobe.edu.au

Cambridge University Press

978-0-521-89021-2 - The Social Origins of Health and Well-being

Edited by Richard Eckersley, Jane Dixon and Bob Douglas

Frontmatter

[More information](#)

xviii Contributors

Colin Mathers is Principal Research Fellow in the Health Division of the Australian Institute of Health and Welfare, GPO Box 570, Canberra, ACT 2601, Australia.

Email: colin.mathers@aihw.gov.au

A.J. McMichael is Director of the National Centre for Epidemiology and Population Health, Australian National University, Canberra, ACT 0200, Australia.

Email: tony.mcmichael@anu.edu.au

Ruth Morley is Senior Research Fellow in the Department of Paediatrics, University of Melbourne, and the Murdoch Childrens Research Institute, Royal Children's Hospital, Parkville, Vic 3052, Australia.

Email: morleyr@cryptic.rch.unimelb.edu.au

Jake Najman is Professor of Sociology, School of Social Science and Director of the Queensland Alcohol and Drug Research and Education Centre, School of Population Health, University of Queensland, Qld 4072, Australia.

Email: j.najman@mailbox.uq.edu.au

Peter Newman is Professor of City Policy, Murdoch University, Perth, WA 6150, Australia, and Director of Sustainability Unit, Premier and Cabinet, Western Australian Government.

Email: newman@central.murdoch.edu.au

Don Nutbeam is a Visiting Professor in the Department of Public Health and Policy at the London School of Hygiene and Tropical Medicine, Keppel Street, London WC1 7HT, UK.

Email: don.nutbeam@doh.gsi.gov.uk

Des O'Dea is at the Department of Public Health, Wellington School of Medicine and Health Sciences, University of Otago, PO Box 7343, Wellington South, New Zealand.

Email: dodea@wnmeds.ac.nz

Kerin O'Dea is Director of the Menzies School of Health Research, PO Box 41096, Casuarina, NT 0811, Australia.

Email: kerin@menzies.du.au

John Powles is University Lecturer in Public Health Medicine, Institute of Public Health, Cambridge University, Robinson Way, Cambridge, CB2 2SR, UK.

Email: jwp11@cam.ac.uk

Peter Sainsbury is Director of the Division of Population Health, Central Sydney Area Health Service, and Associate Professor, Department of Public Health and Community Medicine, University of Sydney, NSW 2006, Australia.

Email: sainsburyp@email.cs.nsw.gov.au

Beverly Sibthorpe is a Fellow at the National Centre for Epidemiology and Population Health, Australian National University, Canberra, ACT 0200 Australia.

Email: beverly.sibthorpe@anu.edu.au

Cambridge University Press

978-0-521-89021-2 - The Social Origins of Health and Well-being

Edited by Richard Eckersley, Jane Dixon and Bob Douglas

Frontmatter

[More information](#)

Contributors **xix**

Richard Taylor is at the Department of Public Health and Community Medicine, Faculty of Medicine, University of Sydney, NSW 2006, Australia.

Email: richard.t@pub.health.usyd.edu.au

Martin Tobias is Public Health Physician, Ministry of Health, PO Box 5013, Wellington, New Zealand.

Email: martin_tobias@moh.govt.nz

Gavin Turrell is a National Health and Medical Research Council Post-Doctoral Research Fellow at the School of Public Health, Queensland University of Technology, Victoria Park Road, Kelvin Grove, Qld 4059, Australia.

Email: g.turrell@qut.edu.au

Graham Vimpani is Head of Discipline of Paediatrics and Child Health, University of Newcastle, Locked Bag 1014, Wallsend, NSW 2287, Australia.

Email: gvimpani@mail.newcastle.edu.au

Alistair Woodward is Head of the Department of Public Health, Wellington School of Medicine and Health Sciences, University of Otago, PO Box 7343, Wellington South, New Zealand.

Email: woodward@wnmeds.ac.nz