

abortion, 78 Achebe, Chinua, 2 Affordable Health Care Act (US), age-specific mortality rate, 7, 9 agentic resources, access to, 41, 46-7, 62, 85, 97, 109, 143, 144, 178 agricultural industries high-income countries, 44 low and medium-income countries, 42-4 air quality, 136 alcohol consumption Indigenous peoples, 103 restrictions on sale of alcohol, 138 all-cause mortality rate, 7 allied health practitioners, 167 Asia, ethnic disparities in health, Astley, Thea, 99, 114 'austerity measures', 153-4 Australia access to health services by non-English speakers, 87 'healthy migrant effect', 85-6 'racial profiling' by police, 91 see also Indigenous Australians Australian Securities and Investments Commission (ASIC), 138 autonomy, and work, 46-7

Bangladesh, collapse of Rana Plaza factory, 135 binge drinking, 103 biological pathways, 56 biology 'race' and health, 89-91 of social division and competition, 56-8 biomedical approach to health care, 158 biomedical interventions, dependence of survival upon, 168 biomedicine health effects in rich countries, 168-70 social relations of, 160 biotechnology, sales revenue, 162-3 Blackburn, Elizabeth, 57 Boaz, Franz, 84 body dimorphism, 65–6

Bonner, Neville, 115 'brain drain', from Global South, building industries see manufacturing and building industries building regulations, 133 bureaucracy, emergence of, 126 bureaucratisation, in 19th century, caesarean sections, 34 Canada cancer rates, 104 cardiovascular diseases (CVDs), 104 life expectancy of Indigenous peoples, 101 respiratory conditions and infections, 105 cancer rates, Indigenous peoples, 104 capitation fee, 163 cardiovascular diseases (CVDs), Indigenous peoples, 104 catastrophic weather events, 135-6, 181 cause-specific mortality rate, 7 census-taking, and categories of 'race', 90 chemical pollutants, 137 children, portraits of European nobility in 16th-17th century, 61 China agriculture, 42 food deficits, 44 foot binding, 60-1 manufacturing, 43, 44, 48-9 chronic diseases, Indigenous peoples, 103-4 class constitution of, 54-5 and division of labour, 42-4, 44-7, 56 and health and illness, 55-8 Marx's conception, 27, 28 and ownership and control of resources, 47-53 representations and understandings of, 53-5 social relations and practices, class-based organisation of employment, and gender, 72 | Diaz, Cameron, 57

climate change, 135-6 clinic-based care, 152 coercive alienation and indigeneity, 108-9, 120 Indigenous Australians, 113-20 land and material resources, 113-16 language and culture, 116-19 in the name of civilisation and progress, 119-20 Commission on the Social Determinants of Health (CSDH) on application of market-based principles to health care, 155 Closing the Gap in a Generation report, 6-7, 10-12, 170 social determinants of health action plan, 12-15 understanding of health, 7 'communications revolution', and political contestation, 179 company tax, 139 Connell, Raewyn, 29, 62, 65-6, control over work, 46-7 corporatisation and marketisation, 141-3 cortisol, relationship with stress, 56-8 Costa Rica, primary health care and universal health coverage, 150-3 critical theory/sociology, 29-30, 177_8 CSDH see Commission on the Social Determinants of Health (CSDH) Cuba, primary health care and universal health coverage, 150 - 3Darwin, 4-5 deforestation, 106-7 democratic state, 129-30 deoxyribonucleic acid (DNA), 55-6 deregulation social division and politics, 137-9 'war on red tape', 134 workplace and environmental health effects and inequities,



210 INDEX

global corporations discourses 'exhausted migrant' effect, 94-5 class-based, 55 exploitation, 53 and global division, 47-9 and relationship between dominant discourses, 54-5 nature of, 54-5 Factory Acts, 131-2 production and distribution, disease control programs, 152 'fight-or-flight' response, 57-8 Flanagan, Tim, 119 division of labour Global Financial Crisis (GFC), and class, 56 foetal deaths, Indigenous peoples, 49, 70, 154 globally, 42-4 101-2 global health workforce, 173 and industrialisation, 21-4 food deficits, 44, 48-9 global metropole, 111-12 in medical service provision, 163 food regulations, 133 Global North concentration of wealth, 49-53 and professionalisation, 165 food surpluses, 44 health care model, 80 in the workforce, 44-7 foot binding, 60-1 Foucault, Michel, 54 domestic and family violence health effects of biomedicine, (including intimate partner Freedom Rides, 114-15 168 - 70violence), 77-9 French 'philosophes', 20 publicly subsidised medical functionalism, 28 markets, 161-8 Indigenous peoples, 106 Global South domestic work, 70 Durkheim, Emile, conception of gender access to skilled health society, 21, 24-5, 28, 30 as biological and social providers, 172 'brain drain', 173 categories, 65-6 East Timor, 123-4 and class-based organisation of ethnic health disparities, 88 Ebola virus, 181 employment, 72 financial impoverishment and educational participation, as biomedical markets, 170 as domain of social practice, symbolic resource, 40-1 61-2 health care, 170 educational qualifications, as and intersectionality, 62 lack of wealth, 49 symbolic resource, 40-1 intersectionality, 71 maternal mortality rates, Elysium [science fiction film], 53 sex differences and health, 63-5 79-80 embodiment, of social division and sex-differences-in-health globalisation, global division and and competition, 56-8 approach, 64-6, 81 social inequality, 49 Greece, austerity measures, 154 employment, gendering of, 73-6 and sexual reproductive Engels, Frederick, 22 distinction, 62, 80-1 Enlightenment, concept of and social inequality, 61-2, 81 Hall, Stuart, 53 gender dynamics, and power, individual, 18, 30 health Epel, Elissa, 57 70-1,81 and gender inequality, 76-80 measuring outcomes, 7 epidemiology, 7-10 Gender Equality Act 1981 ethnic identity, social (Norway), 70 'race' and biology, 89-91 construction of, 92 gender inequality relationship with 'the social', ethnic minorities in business, 67 13 15 access to health care, 86-7, 93 and health, 76-80 as a universal human right, 12 access to resources, 85, 92 and income disparity, 69-70 WHO definition, 7 disparities in health, 85-8 and patriarchy, 67-70, 81 health care 'exhausted migrant' effect, 94-5 in political life, 67-8 biomedical approach, 158 'healthy migrant effect', 85-6, in senior decision-making characteristics of different positions, 68 94 models, 152 poverty, 93 workforce participation, 68-9 commodification, 142-3 ethnicity gender regimes, 71, 73, 78 ethnic minorities access to, 86-7 biology and health, 89-91 gender-relations-anddefinition, 91 intersections perceptive, 72 in Global North, 161-8 as domain of social practices, gendered health, 70-6, 82 in Global South, 170 84-5 international financial general practitioners (GPs), and social creation of institutions and the market, medical service provision, disparities in health, 92-6 genetic heritage of individuals, 56 European colonisation, and mix of private and government emergence of indigeneity, Giddens, Anthony, 87 ownership, 161-2 110 - 11Gleeson, Libby, 4–5 power and politics, 149



INDEX **211**

professionalisation and medical sovereignty, 164-7 provision of optimal care, 149-50 'purchaser-provider split' (PPS), 154-5 as a social phenomenon, 148 see also primary health care health care expenditure in India, 171 in OECD countries, 161 in United States, 156 health care providers, competition among, 142, 161 health disparities and class, 55-8 ethnic minorities, 84, 85-8 and income inequalities, 38 and occupational status, 38-9 and socio-economic status, 35-9, 56 and standardised mortality ratios, 37-8 health equity progress towards, 179-82 and regulation, 131-4 health indicators, 35 health inequity and inequity, 10-14 making and unmaking as a dynamic social and political process, 178-82 and market-based biomedicine, 168-70 neo-liberalism and state dynamics, 130-1 and social determinants, 11-12 and social inequities, 11 as a social process, 178-9 health insurance and co-payments, 164 ethnic minorities access to, public health insurance schemes, 158-9, 164 in United States, 158-9 universal coverage, 152-3 health policy, 'outputs' focus, 141 - 2health services, for chronic illness or disabling conditions, 168_9 health workforce global health workforce, 173 'health workforce poaching', 173

'healthy migrant effect', 85-6, 94 high-income countries agricultural industries, 44 division of labour, 43 identification of, 11 manufacturing industries, 43-4 and ownership and control of resources, 47-9, 88 service industries, 43, 44 Hill, Lawrence, 17 HIV/AIDS and domestic violence, 77 Indigenous peoples, 105 spread and impact, 181 in sub-Saharan Africa, 181 Hobbes, Thomas, 124 Holiday [film], 57 Holocaust, 90, 91 homicide, 73, 74 homo sapiens, 2 How the Other Half Lives (Riis), 83-4 Hurricane Katrina, 136 ideology, 55 income inequalities and gender, 69-70 and health disparities, 38 income tax, 139-40 income and wealth redistribution, 139-41 ethnic disparities in health, 85,88 food deficits, 44 health care organisation, 171 - 2health inequities, 3-4 life expectancy, 171 medical tourism, 172 public expenditure on health, 171 indigeneity coercive alienation, 108-9, consolidation, 111-12 emergence of, 110-11 and European colonisation, 110 - 11origins of health division between Indigenous and non-Indigenous peoples, 107-8, 120-1 Indigenous Australians

assimilation policies, 116

cardiovascular diseases (CVDs), 104 citizen's rights, 114-15 civilisation and progress, 119-20 coercive alienation, 113-20 educational alienation, 118 foetal deaths, 101-2 Homelands Movement, 118_19 imprisonment rates, 118 indigeneity and health, 113-20, land and material resources, 113_16 language and culture, 116-19 'large-T trauma', 117-18 life expectancy, 101 living conditions and health status, 4-5 low birth weight, 101-2 massacres, 99-100, 114 native title, 115 respiratory conditions and infections, 105 Stolen Generations, 116 tobacco use, 102-3 Indigenous peoples alcohol consumption, 103 cancer rates, 104 cardiovascular diseases (CVDs), 104 chronic diseases, 103-4 dislocation for industrialised farming, 106-7 domestic and family violence, environmental diseases, illness and mortality, 106-7 HIV/AIDS, 105 infectious diseases, 105-6 life-expectancy rates, 100-1 'lifestyle' factors, 102-3 living conditions and health status, 4-5, 100 low birth-weight and foetal death rates, 101-2 mental health, 106 nutrition, physical activity and obesity, 103 'resettlement', 106 respiratory conditions and infections, 105 tobacco use, 102-3 tuberculosis, 106



212 INDEX

indirect taxes, 139-40 life-expectancy rates medieval Europe individualisation, 143-6 Costa Rica, 150 health and health care, 126 individuals Cuba, 151 parliaments, 125-6 Durkheim's understanding, definition, 7 medieval parliaments, 125-6 and health spending per capita, early modern concept, 20 injury rates, 63-4, 72-5 Enlightenment concept of, Indigenous peoples, 100-1 life expectancy compared to by socio-economic status, women, 63-5 Kantian understanding, 19-20 35-7 mental and emotional Marx's understanding, 21 United States, 101, 156 morbidity, 63 and society, 18-21 women compared to men, 63 physical morbidity rates, 63 industrial health and safety, 131-2 Locke, John, 107-8 psychological differences from industrialisation, social practices logging, 106-7 women, 66 and division of labour, 21-4 Louis XIV (King, France), 126 substance abuse, 64 inequity, and health inequity, low birth-weight, Indigenous violence towards women, 77-9 10-14 peoples, 101-2 violence-related injury, 73-5 infant mortality rates low-income countries workplace injuries by in Costa Rica, 151 agriculture, 42, 44 occupation, 72-3 division of labour, 42 mental and emotional morbidity, Cuba, 151 United States, 156 geographic locations, 11 mental health, Indigenous infectious diseases, Indigenous manufacturing industries, 43 peoples, 105-6 peoples, 106 middle-income countries injury rates Manchester, 22-3 men, 72–5 division of labour, 42-4 manufacturing and building sex differences, 63-4 identified, 11 industries institutional care, regulation, 133 manufacturing and building high-income countries, 43-4 institutional racism, 93-6, 118 low and medium-income industries, 43-4 international division of labour, countries, 43-4 migrant workers, workplace and class, 42-4 marginalisation, and discrimination, 94 international financial participation, 144-6 miscarriages, 78 institutions, and provision of market, and commodity, 17 modernity, 20 health care, 153-5, 172 monarchical governance, 128-9 labour, 24 production for, 22 International Labour Office morbidity, definition, 7 (ILO), 69 market-based biomedicine, and morbidity rates International Monetary Fund health inequity, 168-70 measurement, 8 (IMF) marketisation, and for mental disorders and and provision of health care in corporatisation, 141-3 illness, 63 Caribbean, 153-5 Marx, Karl, conception of society, for physical illness, 63 and provision of health care in 21, 24-8, 30-1, 53 mortality rate, 7 Global South, 80, 172 masculine identity, making of, intersectionality, 62, 109 'Nandy' (Neanderthal skeleton, 73-6 intimate partner violence (IPV), material resources, access to, 40, Iran), 148 77_9 nation states, 126-7 inverse care law, 170 maternal mortality rates, 8, 79-80 native title, 115 Native Title Amendment (Wik) Iran, access to health care, 88 Medical Act 1858 (UK), 167 'Islamic re-assertion', 92-2 medical service industry, Act 1998 (Cwlth), 115 natural disasters, 136 subsidisation by Kant, Immanuel, 19 government, 163-4 neo-liberalism discourse of, 55 'Keeping Up with the medical service provision division of labour, 163 Kardashians' [reality TV effect on economies of Latin in OECD countries, 163 series], 33-4 American countries, 153 medical sovereignty, and state dynamics and health professionalisation, 164-7 Las Meninas [painting] inequity, 130-1 (Vélasquez), 61 medical tourism, in India, 172 Netherlands, ethnic disparities in Medicare (Australia), 164 health, 85 liberal democracy, 155-6



INDEX **213**

regulation

'new public management' (NPM), 141 New York, slum life in 1890s, 83_4 New Zealand cancer rates 104 cardiovascular diseases (CVDs), 104 life expectancy, 101 low birth-weight and foetal death, 101-2 respiratory conditions and infections, 105 tobacco use, 102-3 Nigeria, 1-2, 3 Nordic states, social equity and health outcomes, 140 nuclear weapons testing, 107 nursing, 167 nursing homes, regulation, 133 nutrition, Indigenous peoples, obesity, Indigenous peoples, 103 occupational recognition and health disparities, 20 as symbolic resource, 40, 46-7 Organization for Economic Co-operation and Development (OECD), 11 Orientalism, 112 parliaments, 125-6, 128-9 participation, marginalisation and exclusion, 144-6 collective, 180 patriarchal marriage, 67 patriarchy, and gender inequality, 67-70,81 pensions, 140-1 peoples, measurement of health, 9-10 Perkins, Charles, 114 Pharmaceutical Benefits Scheme (Australia), 164 pharmaceutical corporations, 162 pharmaceutical products demand for, 162 subsidisation, 164 physical activity, Indigenous peoples, 103 physiological inheritance, as humans, 56 political life, gender inequality, 67 - 8

populations measuring health outcomes, 10 in statistics, 9 power, and gender dynamics, 70 - 1pre-medieval Europe, governance, 125 pre-modernity, 20 pregnancy and childbirth, primary health care, 79-80 premature births, 34 primary health care access to, 79-80 characteristics, 152 social relations of, 159-60 universal health coverage in Caribbean, 150-3 private health care, social relations of, 160 private health insurance, in United States, 158-9, 163 privatisation of health systems, 142 production and distribution ownership and control over resources for, 47-53 relationship between, 48 professionalisation and medical sovereignty, 164-7 nature of, 165-6 professions, distinguished from occupations, 165 psychological differences, between men and women, public health, 10 public health insurance schemes, 'purchaser-provider split' (PPS), 154-5 Pygmy peoples, 105, 107 'race' biology and health, 89-91 concept of, 89-91 'race science', 90 'racial profiling', 91 racism, institutionalised racism, 91, 93-6 rape, 77 rationalisation, 127-8 rationalised governance, and the modern state, 127-30

and advancing of health equity, building regulations, 133 food regulations, 133 nursing homes and institutional care, 133 social division and politics, 137-9 working conditions, 133-4 see also deregulation representations, nature of, 53-5 representative democracy emergence of, 129-30 participation, marginalisation and exclusion, 144-6 resources agentic resources, 41, 46-7, 62 material resources, 40, 62 ownership and control over, 47 - 53social resources, 40-1, 62 symbolic resources, 21, 46-7, respiratory conditions and infections, Indigenous peoples, 105 rights, 129, 131 Riis, Jacob, 83-4 road traffic accidents, 74-5 Rousseau, Jean-Jacques, 20 Said, Edward, 112 sanitation, and water quality, 137, 160 service industries, high-income countries, 43 sex differences, and health, 63-5 sex-differences-in-health approach, 64-6, 81 sexual reproductive distinction, 60-2, 80-1 slave trade, 16-18 Smith, Adam, 24 social constructions, 55 social contract theory, 21 social determinants, and health inequities, 11-12, 14-15 social determinants of health, WHO's perspective, 6 social determinants of health action plan, 12-15 social determinants of health approach, overview, 1-5, 177 social equality, progress towards, 179-82

Reagan, Ronald, 141



214 INDEX

social factors, and understanding 'the social', 11-14, 181 social gradient of health, 39 social inequality and gender, 61-2, 81 and globalisation, 49 normalisation of, 179 social inequity, and health inequity, 11 social practices domains of, 42 industrialisation, 21-4 social resources gender and access to, 62 SES status and access to, 40-1 social structures, 29, 31 society Durkheim's conception, 21, 24-5, 28, 30 early 21st century conceptions, early modern conception, 20-1 and the individual, 18-21 Marx's conception, 21, 24-8, structure, dynamics and power, socio-economic status (SES) and health disparities, 35-9, and income inequalities, 38 indicators, 35 and life expectancy, 35-7 and occupational status, 38-9 and standardised mortality ratios, 37-8 and unequal access to resources, 40-1 sociology dynamic versus static approaches, 177-8 purposes, 177 South Asia, maternal mortality rates, 79-80 standardised mortality ratios (SMRs), and socioeconomic status, 37-8 the state democratic state, 129-30 emergence of, 124-7 introduction of bureaucracy, 126 nation states, 126-7 rationalised governance and the modern state, 127-30

stress, damaging health effects, 57-8 sub-Saharan Africa agricultural trade surplus and food deficit, 48-9 cancer rates, 104 environmental diseases, 106 health care organisation, 170 health inequities, 9 history, 2 HIV/AIDS, 181 lack of skilled health providers, 173 low-income status, 11 maternal mortality rates, 79-80 mortality rates, 64 substance use and abuse, 64, 75-6, 102-3 suicide Indigenous peoples, 106 men, 73, 74 women, 78 symbolic capital, 41 symbolic practice, 54 symbolic resources, access to, 40, 46-7,62 symbolisation, 19, 53 tax concessions, 140 taxation, and income redistribution, 139-41 telomeres, impact of stress on, 57-8 Thatcher, Margaret, 18, 141 'think globally, act locally', 180-1 Timor-Leste (East Timor), 123-4 tobacco use, Indigenous peoples, 102 - 3Torres Strait Islander peoples see Indigenous Australians trait theory, 165 trauma, 117-18 'trickle-down' economics, 120 tuberculosis, Indigenous peoples, Uganda, 170-1 under-development, 120 under-five mortality rates, 9 UNESCO, 91 United Kingdom

ethnic disparities in health, 85-7

ethnic residential

concentration, 96

institutionalised racism, 93

United Nations (UN) health-related role, 4-5 Intergovernmental Panel on Climate Change, 135-6 'World's Women' report, 69-70 United States Affordable Health Care Act, 159 alcohol consumption, 103 biomedicine and private health care, 155-9, 160 cost of health care, 158-9 distribution of wealth, 50 ethnic disparities in health, 83-8 health care expenditure, 156 health insurance, 158-9 housing conditions and health, 96 income and wealth distribution and health disparity, 141 infant mortality rates, 156 institutionalised racism, 93, 95-6 'Jim Crow' laws, 95 life expectancy of Native Americans, 101 life expectancy rates, 156 New York slum life in 1890s, 83-4 residential segregation, 95-6 Vélazquez, Diego, 61 Vietnam, ethnic disparities in health, 85 violence-related injury, among men, 73-5 water quality, 137, 160 wealth distribution concentration of wealth in Global North, 49-53 and sources of wealth, 51-2 in United States, 50 Weber, Max, 127-8 welfare benefits, 140-1 Whitehall studies, 38-9 women costs of patriarchal marriage or partnerships, 67

and domestic violence, 77-9

income disparity with men,

domestic work, 70

69 - 70



INDEX 215

injury statistics, 63-4 longevity compared to men, 63 - 5mental and emotional morbidity, 63 physical morbidity rates, 63 psychological differences from men, 66 substance abuse, 64 workforce participation, 68-9 workforce participation, gender inequality, 68-9 workplace conditions, regulation of, 133 workplace death and injury men, 72-3

transferral to 'developing world', 133 workplace discrimination, migrant workers, 94 workplace health and safety, 131-2, 135 workplace organisation class-based organisation of employment, 72 management versus workers, 44 - 7occupational recognition, autonomy and control, 46-7 sexual segregation, 73 World Bank development indicators on sexhealth-related role, 5, 80 and provision of health care in Caribbean, 153–5 and provision of health care in Global South, 80, 172 World Health Organization (WHO) definition of health, 7, 12 report on global health workforce, 173 role and operation, 5–6 see also Commission on the Social Determinants of Health (CSDH)

differentiated mortality, 63–5 Zola, Emile, 27–8