Health & Society FINAL

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Focus for final

How social location & social inequalities impact health

Compare CAN vs USA healthcare systems

Describe rise in medical pluralism & alternative health care belief system

Compare sociological perspectives promoting health equity & wellness

Social inequalities & SES = income/ education/ job

Economic success -income- shapes life experiences & health p.122
"*the determinants of good health must include measures of the salutary factors that help to keep people healthy…*" (Segall & Fries, 2011, p. 113)

Health disparities = difference in health (descriptive)
Health inequality = unequal distribution between groups *and unjust* *(Schofield, 2007)*

The Black Report & The Whitehall Study [UK civil workers mortality]
Social Gradient = higher SES = better health indicators

SES → lifestyle (housing/nutrition/exercise) → health effects (health/morbidity/death)

Social health inequality explanations p.134

Differential Exposure (neo/ Materialist) funding in social infrastructure is key
material conditions + SES ($) ---> health (psych stress, low $, crime & social isolation).

Differential Vulnerability (Cultural behaviour) low SES have less health due to smoking + not eating right (Orphana & Lemrye) . smoking + drinking = stress coping

Socio-cultural + socioecon enviro + socialization = learned behavior (Bourdieu)

Psychosocial = experience of inequality impact self-esteem, sense of control in life cause health problems. Perceived status / Racism / SES

Social/materialist/SES/culture/stress management/ inequality experiences = low health

“Unnatural causes “ movie = Aboriginals with high rates of diabetes due to politics+culture+no real food+poverty

Gender differences explained (hypotheses)

Role accumulation = multiple roles increase health (mother/wife/worker)

Role strain = multiple roles reduce health & cause conflict

Social acceptability = women socialized to be caregivers (sick role), men deny symptoms + illness

Risk taking = women socialized to be cautious / men to take risks (injury+death)

Nurturant = stress from caregiving + neglect self health *less valued*(Oakley)

Medicalization aspects of life as medical issues, needing intervention & control

Medical science = certainty, evolutionary, scientific objectivity, data
Medical practice = uncertainty, timelines, clinical experience, indiv. prescriptions
Medical dominance: control of expert knowledge, no competition, who gets to be physician, define illnesses, give prescriptions, male majority & paid by gov't

medicalization: deviant *alcoholism* once moral now illness(Conrad), social Ctrl (Zola), medical definitions for existential problems (Furedi), conspiracy of capitalism (Navarro), psychopharma societies to Ctrl thoughts + behaviour (Rose)

De-medicalization = behaviour that's medicalized then not later on [*homosexuality*] (Conrad)

Iatrogenesis = sickness + injury caused by the healthcare system (Illich)
Clinical iatrogenesis = remedies+physicians+hospitals cause sickness
Stages of Biomedical development: bedside medicine >> hospital >> lab >> surveillance

Social inequalities & Ethnicity

SGBA = sex gender based analysis perspective into health research & policies

Healthy immigrant effect

They have higher education/self-health/non-smokers arrive w/ better health but fades over time (McDonald & Kennedy)

Social exclusion = lack of socioeconomic+political resources *create health risks* (Galabuzi)

Unequal power, development + respect (Yanicki)

Racism + poverty

Colonialism = land expropriation/ no power+self governance/social+health inequalities (obesity/diabetes/heart disease/arthritis from colonialism)

Intersectional model of health

Health outcomes = many structures of inequality (gender/ethnicity/age)

Intersectional analysis = macro+micro levels of society that have different opportunities, socialization (experience/values/beliefs)

Sources of inequality:

Lifestyle (agency, structural inequalities + social patterns of behaviour) (Cocherham)

Socio of body (culture + socialization differences -$, class,power) (Bourdieu)

Medicare CAN vs. USA - Dr. McDaniel's

Similarities = both have cost for care burdens USA 60% / CAN 12%

Differences + views

CAN = < worry of retirement & health bankruptcy, have healthcare access

- Universal access + insurance, private Dr practice bills Gov't
- Canadians felt they can control health problems

USA = > worry of retirement & healthcare -losing insurance

- Insurance: 46% employer/ 25% Gov't plan/ 16% uninsured.
- Medicare =65+ /medicaid = poor
- Americans specified health problems that cause worry

Canadian health/illness system

Origins of Health Care System = Tommy Douglas *father of medicare*

Hospital Insurance Plan 1961
Medicare 1962
Medical Care Act 1967 Can Health Act 1984 (Feldberg & Vipond)

5 Principles: PA-CUP+A

Public Admin, Comprehensive, Universality, Portability + Access
Health insurance by provinces, only "medically necessary" covered, all citizens in all provinces & reasonable access + compensation

10 yr Trends: PubH insurance up 40%, Private insurance up 145% (Scott)
3 cost drivers: aging population, Dr's fees, drug prices

Medical pluralism

Health beliefs (attitudes, theories of etiology, practices, beliefs & values) (O'Connor)
Social construction of Healing = shaped by location & experience

Medical pluralism = coexistence in society of traditional medicine (Cant)

- Avoids ethnocentrism & medico-centrism

Reasons for pluralism URAC

- Unhappy w/ biomed doctor -- patient role & technology
- Rejection of science & expert knowledge for natural holistic approach
- Aging demographics (Chronic illness biomed failed to fix)
- Capitalism makes medical consumers seeking health products & services

Medico-centric bias = biomedicine as scientific truth & dismissing other health systems

Alternative health = healthcare system+products not part of western medicine
CAM = complementary Alt healthcare [acupuncture/chiropractors/massage/homeopaths/herbalist]
Integrative medicine = CAM (evidence) + biomedicine