

# Health & Society FINAL

PUBH 2700 Prof Yanicki

# 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 *ine*qualities & 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

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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 + socio-econ 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 later on **not** [ *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** = less worry of retirement & health bankruptcy, have healthcare access  
Universal access + insurance, private Dr. practice, bills go to Gov't  
Canadians felt they can control health problems

**USA** = greater 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 ethno|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