

***Determinants of Population Health and Well-Being:
Controversies and Developments***

Edited by Vicente Navarro and Carles Muntaner

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This collection of articles, most having appeared in the *International Journal of Health Services*, is a valuable source of critical scholarship challenging numerous doctrines, myths, and above all policy interventions in recent decades by the World Bank, the International Monetary Fund, and the World Health Organization. The majority of the contributions report on empirical studies drawing on available databases, contesting policy based on neo-liberal ideologies about the benefits of a revived brand of economic determinism. The editors call for a concerted research agenda that builds on the evidence presented to chart public health impacts using integrated cultural, political, and economic understandings of health inequalities. Many of the contributors use such integrated understandings in their critiques. For example, the Nobel laureate for economics Amartya Sen offers a thesis on the relation of democracy and freedom affecting women's reproductive rights and population growth. Vicente Navarro shows that such monolithic concepts as democracy and freedom should be broken down into discrete "political processes" for the purpose of useful analysis. I strongly recommend this book for nursing curricula intent on modelling critical thinking and research that is explicitly argued laying out the tenets of the debate. This is a must-read for those lobbying for the creation of primary health-care infrastructure.

Determinants of Population Health and Well-Being has seven sections. The section on social policy argues for "social democratic policies as the means to reverse the negative impact of growing economic inequality" (p. 11) and includes, for example, Sen's response to Navarro's critique for the reader to weigh. Readers get a clear articulation of the policy reforms that have been introduced under neo-liberalism as well as crisp examples of their impacts on health, such as the consequences for those with chronic illness. Re-entry into employment for the chronically ill is shown to be much more successful in Sweden than in the United Kingdom, which has loosened its regulation of the labour market, reduced the power of unions, reduced the income of the unemployed to prod them to work, and reduced employers' hiring costs. Moreover, the chapter titled "Cross-National Income Inequality" shows that the

incomes of low-income Swedes are 24% higher than those of low-income Americans, while American low-income families are better off than those in the United Kingdom.

“Economic Growth, Inequality and the Poor” tests the idea from trickle-down theory that “we can accept higher inequalities providing that those inequalities benefit the worse-off” (p. 61). Member states of the Organization for Economic Cooperation and Development in 1991 (Australia, the United States, Canada, and European countries) showed associations between inequality and economic growth to be negligible, indicating that factors other than inequality explain successful economic performance. The data suggest, in contradiction to trickle-down theory, that “the more equal the income distribution, the better the absolute position of the poor” (p. 58). The author cites studies indicating that poverty is associated more with socio-political factors than with economic prosperity.

The collection includes chapters that deal with decreasing profitability as a predictable phase of capitalism, and the inclination towards political interventions to revive a stagnant economy such as longer hours, lower wages, deteriorating working conditions, and the movement of capital to low-wage countries with minimal enforcement of environmental standards. The section on globalization illuminates compelling political alternatives for improvements in economic and social well-being, establishing political choices as crucial for healthy public policy. Such policy can affect the life expectancy associated with income level, the co-optation of subordinate classes into workplace and community exposure to hazardous wastes, the proliferation of public-sector cutbacks, privatization, and multinational managed-care organizations.

The section on health policy challenges the World Health Organization’s recent report *Health Systems: Improving Performance*. It puts to rest the assumption that “health problems our societies now face can be resolved by technological-scientific medical bullets or interventions, without reference to the social, political and economic environments in which these problems are produced” (p. 171). This section challenges “managed competition” policies, seeing them as part of a social movement that has weakened the role of the state, strengthened the role of professionals as “instruments of governmentality,” and caused fragmenting of health services. It presents case studies that point to political approaches to administration that may be key to the retention of universality, transparency, accountability, and performance incentives. A case study of the “battle of tobacco” suggests that in the United Kingdom journalists deserve more credit than health practitioners for the (46%) decline in cigarette sales and the 50% reduction in deaths traceable to tobacco use (p. 204).

Evidence cited throughout the book attests to the health-care system being relatively insignificant for mortality and morbidity rates, compared to the socio-economic and political ideological factors that affect population health. The section on health care is essential reading for Canadians confronted with the shift towards a two-tier model of care. I will assign to my undergraduate nursing students the contribution by David Coburn on the historical background of medicare in Ontario. The empirical findings in this section virtually indict the weakened role of the state, privatization, and investor ownership in relation to the comparative findings on deficiencies and adverse events and their negative outcomes for quality of life and quality of care.

Given the global attack on labour unions — which is seen as a political strategy to use inequalities as a means for reversing the worldwide decline in profits — the section on occupational health and unions is important reading for health practitioners. Especially interesting is an empirical feasibility test for a workplace health promotion initiative by unions in Sweden and Finland in relation to preventing cancers, addictions, health problems related to diet and inactivity, workplace carcinogens, and so on. The reader might then turn to the report from Human Rights Watch on the escalation in violations of workers' freedoms and freedom of association among service-sector workers in the United States (pp. 345–384).

I will be using the final two sections in my graduate courses in nursing because of their vibrant treatment of current debates on structural inequalities, especially the theory, research, and ideology pertaining to gender, race, and class. Carles Muntaner and colleagues empirically test two propositions outlined in Navarro's review of the concept of social capital. These are (a) the efficacy of social capital as an indicator of population health, and (b) the significance of social class as a determinant of population health. The authors find that "social capital shows weaker associations with population health indicators than do economic inequality and working-class power" (p. 387). One study with users and non-users of community health centres found that racial and ethnic disparities did not exist among users, a finding that could be related to community health centres' "emphasis on providing ethnically and culturally competent and family centred care" (p. 461).

Most compelling for our journey in nursing to be open and learn about racist phenomena in our midst is the exchange among Nancy Kreiger, Thomas LaVeist, and Paul Stolley. While agreeing that race is an anachronistic term with no scientific basis, Kreiger and LaVeist argue that it should be refined for use in social epidemiology studies that are both biological and social. One application of this view would be for the Registered Nurses Association of Ontario to change its best practice

guidelines statement on self-knowledge in relation to therapeutic relationships (www.rnao.org). The term race is included as a factor that has an influence on relationships. Given the backlash described in this section against the need for health professionals to be politically correct, I hesitate to quibble but technically it is racism that impacts on relationships. Race as an attribute of human organisms is a socially constructed concept that conceals group-based dominance. To deny self-knowledge about racism, which divides people into racialized and non-racialized individuals and groups, is consistent with the neo-liberal, individualist idea of health, as pointed out by Muntaner and Marisela Gomez (pp. 523–550). With the notion of individual responsibility, the onus is on the individual to generate healthy responses while contending with unaccounted for racial disparities and relentless intersecting determinants of social inequality.

In their summary chapter the editors remind us that social psychology, environmental science, and transformative behaviour studies will have to be integrated into research programs, in order for the social determinants of health as a discipline to realize its potential to influence policy and practice.

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