

A politics of health glossary

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It has been increasingly accepted that social determinants of health play a key role alongside material determinants in influencing overall health and health inequality.[1] While this realisation has added a new dimension to health research and policy, we are still a long way from achieving a comprehensive understanding of the causes of, and solutions to health inequalities. One important reason for this is our limited view of the underlying factors. Virtually all causal models of health status and health inequality which have been used as a basis for policies and strategies take a restricted view of causation, focusing pragmatically on mid-level social determinants that can be readily measured and / or which are hypothesised to be readily amenable to intervention. In actuality however, in terms of the 'upstream-downstream' metaphor [2] most major proposals for addressing or eliminating inequalities in health are located too far downstream to do more than address the immediate symptoms or effects of inequality, as opposed to tackling and eliminating the root causes.

It has long been clear that one missing link is the political dimension.[3] [4] [5] [6] [7] Despite near-universal acknowledgement that key elements of politics – such as government, ideology, power and authority – have important impacts on the distribution of a very wide range of health outcomes, researchers have seldom drawn explicitly upon the rich discipline of political science (the systematic description and analysis of politics) for concepts or theories which will aid our analysis of current and historical public health policy and practice.

This glossary reflects a (re-)emerging awareness within public health of the political dimension of health and health inequalities, and it also attempts to define some of the key concepts from the political science literature in a way which will be of use in future public health analyses. Examples from different domains (health care and population health) are provided to highlight how political concepts pervade health.

Words which are underlined are themselves defined in the glossary. Furthermore, as will perhaps become apparent in this glossary, the definition of politics (and of political concepts) is in itself a political act. [8] Our own selection and definition of terms is therefore somewhat inevitably guided by politics, reflecting our own realist epistemological position, and particular perspectives: subsequently, this is *a not the* politics of health glossary.

Authority and legitimacy

Authority is the right to influence the behaviour of another and to obtain compliance through a perceived *legitimacy*. Governments can thereby have *authority* regardless of whether they are actually obeyed. Conventionally, *authority* is contrasted with power. However, in Weber's concept of 'legitimate power', *authority* is actually equated with power. Therefore, any government that is obeyed exercises *authority*. In the absence of *authority*, governments can only ensure obedience and order through violence. *Authority* is often inter-linked with the concept of *legitimacy*. Most simply, *legitimacy* means rightfulness: the right to be obeyed and to exercise *authority*. [9] Many government health promotion interventions attempt to influence behaviour on the basis of authority and legitimacy.

Capitalism

In its pure form, *capitalism* refers to any political-economic system in which a free market operates, private property exists, profit is generated through the production of goods, and the majority of individuals sell their labour for wages. There is no role for the state. In *capitalism* as it actually exists however, the state is usually a property owner and an employer, and it is often used as a regulator - to provide the optimum economic and political conditions in which profit can be maximised (often on a nation state basis), or to moderate some of the excesses of the system such as poverty and inequality. In this way, the extent of state involvement in minimising the adverse effects of *capitalism* can have a vital impact on health inequalities. [10]

Citizenship

Natural or human rights are those to which people are entitled by virtue of being human. Other rights are usually associated with *citizenship*. *Citizenship* is 'a status bestowed on those who are full members of a community. All who possess the status are equal with respect to

the rights and duties with which the status is endowed'. [11] There are three types of *citizenship* rights: civil (freedom of faith, thought, speech and contract), political (right to vote and to be a representative) and social/welfare (right to education, health, and income maintenance). Citizenship also entails obligations, such as to pay taxes or to respect others. Health, or the 'right to a standard of living adequate for health and well-being', [12] [13] is an important social *citizenship* right. Citizens of non-welfare state 'developed' societies, of most dictatorships, and of the world's poorest nations are denied this fundamental right. This is most apparent in the more extreme examples – such as the 45 million US citizens lacking health insurance. However, so-called welfare states may also restrict these rights – as in the United Kingdom National Health Service, where access to health care is rationed through high charges for drug prescriptions, dentistry and optometry services.

Civil Society

Civil society is used to describe the institutions and organisations, which whilst separate from formal government and the state, nonetheless exert authority and influence. *Civil society* consists of organisations and institutions including schools, hospitals, churches, political parties, trade unions, mass media, cultural and voluntary associations. Generally, the term does not include the institutions and apparatus which make up the state. However, whether *civil society* is separate from, or a part of, the state, is a contested matter. [14] The fashionable concept of social capital is centred on the hypothesis that public engagement with the agencies of civil society is beneficial for health and quality of life.[15]

Democracy

In a literal sense, *democracy* means rule of the people (from the Greek terms demos and kratos). *Democracy* takes two forms direct or indirect. It is direct *democracy* which is most closely derived from the Greek model as all citizens participate in decision taking and policy making. Modern models of direct *democracy* include: participatory *democracy* in which there is widespread use of advisory referendums and public consultations; and industrial or economic *democracy* in which workers own companies and/or are involved in decision making.[16] It is however indirect *democracy*, in which representatives are elected, which has been the more common model. This is especially the case under Western capitalism where liberal *democracy* combines representative *democracy* with the liberal citizenship rights of private property, economic freedom, political equality and limited government. [17] It has been suggested that economic democracy is beneficial for health. [16]

Equality

Equality is conceptualised in a number of ways: formal *equality*, *equality* of opportunity, and social *equality*. In formal *equality*, all humans are equal under the law regardless of their personal characteristics (such as religion, race or gender) and have an equal right to do as they wish. [17] This approach though is rather limited as it does not acknowledge the restrictions placed on exercising equal individual rights by wealth, social norms or abilities. For example, in most countries all citizens have the formal right to medical treatment but not all can afford to exercise this right. *Equality* of opportunity focuses on this wider context and advocates removing social barriers which prevent all citizens having the same initial opportunities to progress their natural abilities: an equal social opportunity to become naturally unequal. [18] Social *equality* instead focuses on *equality* of outcomes such as wages or living conditions. [19] Redistributive *equality* aims to reduce social inequalities in outcomes by the redistribution of wealth, whereas absolute social *equality* requires the abolition of all private ownership. Research into redistributive *equality* has suggested that health and violence are worse in more unequal societies. [16] [20] [21]

Freedom

There are two major approaches to thinking about *freedom*: negative ('*freedom from*') and positive ('*freedom to*'). Negative *freedom* is associated with the absence of constraints upon the individual (including those imposed by government), formal equality, and legal rights. Negative *freedom* is associated with liberal market economics, choice and the minimalist state.[22] In contrast, positive *freedom* is not only the right to do something, but the ability and opportunity to do so.[23] This conceptualisation of *freedom* is commonly associated with justifications for state intervention – the welfare state enhances *freedom* by liberating

individuals from social disadvantage. [9]. Another positive definition of *freedom*, derived from Marx, is *freedom* as lack of alienation made possible through the communal satisfaction of need in a classless society. [24] The '*freedom* to choose' perspective in debates about health care reform [25] therefore reflects a negative conceptualisation of *freedom*.

Globalisation

Globalisation is a process through which national economies are becoming more open and thus more subject to supranational economic influences and less amenable to national control. [26] Globalisation differs from the more longstanding process of internationalisation, whereby certain elements of the economy such as trade are international; while the principal economic units remain national. So, for example, in an internationalised economy multinationals still have a clear national base within one country and are regulated by that country; in contrast, under globalisation, production is trans-national and corporations become stateless and almost impossible to govern. [26] Furthermore, globalisation is not simply a market-driven economic phenomenon, it is also – and very much – a political and ideological phenomenon. [26] [27] The emerging effects of globalisation - increased competition and the subsequent decrease in national discretion over domestic economic policy, the breakdown of national coalitions and support for the welfare state, and the hegemony of neo-liberal ideology - are important for the future funding of health care.

Government

To govern is to rule or exercise control over others. More narrowly, *government* relates to a set of institutions which together make (legislative), implement (executive) and interpret (judicial system) policies and laws. [9] There are different types of *government* including democratic, authoritarian and totalitarian with correspondingly different health outcomes. [28]

Hegemony

Hegemony is a very sophisticated political concept, associated largely with Gramsci. [31] He used the term to describe a relation between classes: a *hegemonic* class (or part of a class) is one which gains economic dominance and – crucially - the consent of other classes and social forces, through creating and maintaining a system of alliances by means of political and ideological struggle. [30] *Hegemony* represents not only immediate political and economic control, but also the ability of the ruling class to maintain dominance by projecting its own ideological vision of the world so that it is accepted as natural and common sense (thus assertions that 'there is no alternative' to the market in terms of reforming health care provision).

Ideology

Ideology is a system of inter-related ideas and concepts that reflect and promote the political, economic and cultural values and interests of a particular societal group. [31] Ideologies, like societal groups, are therefore often conflicting and the dominance of one particular *ideology* within a society to a large extent reflects the power of the group it represents. *Ideology* can be used to manipulate the interests of the many in favour of the power and privileges of the few. [32] So, for example, liberal democratic *ideology* with its emphasis on the individual, the market and the neutral state, can be seen as a reflection of the power of business interests within capitalist society. [31] A hegemonic (i.e. universally prevailing) *ideology* is usually one that has successfully incorporated and cemented a number of different elements from other competing ideologies and thereby fuses the interests of diverse societal groups and classes. [29] There is emerging evidence that ideology plays a key role in determining mortality and population health. [33] Much more research is required to clarify causal linkages and develop appropriate interventions.

Neo-liberalism

The crisis of the welfare state in the late 1970s led to the re-emergence of liberal economics (for example the Thatcher and Reagan governments): *neo-liberalism* (neo meaning new). *Neo-liberalism* resurrected market economics and emphasised the importance of the free market vis-à-vis state intervention, deregulation of the economy, public expenditure cuts (welfare state retrenchment), privatisation of state owned companies, flexible working

practices, and an increased emphasis on the individual and the family compared to the wider society (with a corresponding rise in the emphasis placed on traditional morality and responsibility). [26] [34] *Neo-liberalism* is strongly associated with the USA, but with economic globalisation it has increasingly become a near universal hegemonic ideology, the effects of which can be seen in the policies of numerous developed and developing countries. For example, in England the Blair government has created a health care market by providing financial incentives to ensure competition between public and private providers of NHS clinical services. [35] [36]

Patriarchy

Patriarchy describes the institutionalisation of male supremacy within civil society, the (capitalist) economy and the state. *Patriarchy* has been described as 'a relationship of dominance and subordination sturdier than any form of segregation and more rigorous than class stratification, more uniform, certainly more enduring'. [37] More simply, it is defined as 'the systematic domination of women by men and domination of men by other men'. [38] It has been used to analyse the nature of male/female relationships and their effects on adverse social and economic outcomes for women, and more recently for men.[39] In terms of health, cross-national research has demonstrated a strong association between the extent of *patriarchy* in a country and male mortality rates. [40]

Politics

There are at least four widely used definitions of the political: [7] [41]

- *Politics* as government - *Politics* is primarily associated with the art of government and the activities of the state.
- *Politics* as public life – *Politics* is primarily concerned with the conduct and management of community affairs.
- *Politics* as conflict resolution – *Politics* is concerned with the expression and resolution of conflicts through compromise, conciliation, negotiation and other strategies.
- *Politics* as power – *Politics* is the process through which desired outcomes are achieved in the production, distribution and use of scarce resources in all areas of social existence.

Only healthcare is political if the first definition is used, whereas in the last definition all aspects of health, including health inequalities, form part of the political. [7]

Power

At the general level, *power* is about the ability to achieve a desired outcome – *power* to do something, but more narrowly, it is used to mean *power* over something or someone and to make decisions. [9] Influence is the external ability to have some effect on the content of these decisions. Research has linked a lack of power and control with premature mortality and the social gradient of health. [1]

Social Justice

Social justice 'stands for a morally defensible distribution of benefits or rewards in society ... it is therefore about who should get what'. [9] Three aspects of *social justice* have been identified: to each according to need, to each according to right, and to each according to deservedness.[42] In *social justice* according to need, material benefits such as income, housing, health services, should be allocated on the basis of human need alone [43]. In *social justice* according to rights, associated with liberal democratic ideology, distribution within society is based on individual worth: those who work hard have the right to what they have earned (e.g. a right to own property). [44] In the deservedness conceptualisation, distribution is based on moral worth and natural justice. Distribution reflects individual endowments and abilities, and attempts to intervene are against the laws of nature. [45] [46] [47] Health has been identified as a basic need and therefore an issue of *social justice* (according to needs). [48]

State

Like many of the other concepts in this glossary, the *state* is an 'essentially contested concept' [49]. There is therefore no agreed definition of the *state* although perhaps the most widely used is the narrow liberal democratic pluralist theory of the *state* as simply the institutions of central and local government, the police, the army, and the civil service. The *state* is considered to be neutral and independent – above party political disputes or the conflicts of economic interests. Political power is therefore dispersed amongst a wide variety of social groups which compete with one another for dominance and control of the independent institutions of the *state*. The state can also be seen as the embodiment of the collective will. On the other extreme though, Marxists (most notably Althusser) broaden the parameters of the *state* to include many aspects of civil society including schools, the health care system, the professions (such as medicine) and the media. [14] Disputes about the role of the state underpin many discussions about health care i.e. how much should be publicly provided (by the state), and even health status – individual versus collective (state) responsibility.

Welfare state

Countries described as *welfare states* are usually those in which a substantial proportion of welfare is regulated, provided or paid for through the agency of a formal and institutionalised public welfare system. [50] Conventionally, the phrase *welfare state* has been used in a narrow sense, as a shorthand for the *state's* role in education, health, housing, poor relief, social insurance and other social services. [51] However, other commentators prefer to utilise a broader definition of the *welfare state* as a particular form of state or a specific type of society – social democratic. [50] In this conceptualisation, the term is now used only to refer to countries (such as Sweden or Norway) in which there are public commitments to full employment, and a universal benefit system. [52] Social democratic welfare societies (such as Norway or Sweden) have higher life expectancy and a less stark social gradient of health than other developed countries. [21]

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