Record Nr. UNINA9911004793003321 Shim Janet K. <1969-> Autore **Titolo** Heart-Sick: The Politics of Risk, Inequality, and Heart Disease / / Janet K. Shim Pubbl/distr/stampa 2014 New York: ,: New York University Press, , [2014] Baltimore, Md.:,: Project MUSE,, 2021 ©[2014] **ISBN** 1-4798-6674-1 Descrizione fisica 1 online resource (290 p.) Collana Biopolitics: medicine, technoscience, and health in the 21st century Classificazione SOC002000SOC026000 Disciplina 362.19612 Soggetti Minorities - Medical care Health services accessibility Discrimination in medical care **Healthcare Disparities** Health Services Accessibility **Health Status Disparities** Heart - Diseases Heart - Diseases - Social aspects Ressources Internet Lingua di pubblicazione Inglese **Formato** Materiale a stampa Livello bibliografico Monografia Note generali Description based upon print version of record. Includes bibliographical references and index. Nota di bibliografia Nota di contenuto Cover; Contents; Acknowledgments; Introduction; 1. The Politics of Disease Causation; 2. Disciplining Difference: A Selective Contemporary History of Cardiovascular Epidemiology; 3. The Contested Meanings and Intersections of Race; 4. An Apparent Consensus on Class; 5. The Dichotomy of Gender; 6. Individualizing "Difference" and the Production of Scientific Credibility; Conclusion; Appendix: Methodology; Notes; References; Index; A; B; C; D; E; F; G; H; I; J; K; L; M; N; O; P; Q; R; S; T; U; V; W; Y; About the Author.

Heart disease, the leading cause of death in the United States, affects people from all walks of life, yet who lives and who dies from heart disease still depends on race, class, and gender. While scientists and

Sommario/riassunto

clinicians understand and treat heart disease more effectively than ever before, and industrialized countries have made substantial investments in research and treatment over the past six decades, patterns of inequality persist. In Heart-Sick, Janet K. Shim argues that official accounts of cardiovascular health inequalities are unconvincing and inadequate, and that clincial and public health interventions grounded in these accounts ignore many critical causes of those inequalities. Shim demonstrates that these sites of expert knowledge routinely, yet often invisibly, make claims about how biological and cultural differences matter - claims that differ substantially from the lived experiences of individuals who themselves suffer from health problems.--Quatrieme de couverture.