SOS4350

# Sociology of Health Inequalities

Course description

## Course content

This course will provide a sociological analysis of population health and health inequalities. The course surveys social determinants of health and links theoretical work (e.g. material, psychosocial, and fundamental cause theories) to empirical analyses of health, focusing on recent developments in the field such as exploring the role of genes, the links between political populism and health, new challenges related to the global pandemic and planetary health.

The course is structured around following five consecutive themes: I. rational – explaining background, the key topics and conceptualization of health and illness in sociology and social epidemiology; II. Theories – describing the key theoretical explanations of existing health inequalities: III. Ascription – considering inequalities in health based on the key ascriptive characteristics such as gender, genes, race, and ethnicity; IV. Politics – reviewing the role of political populism within countries and the effect of global organizations on health outcomes internationally; V. COVID-19 – understanding the implication of COVID-19 for health inequalities; and VI. Future – revisiting our approach of population health by shifting emphasis on global and planetary health rather health in individual countries.

The aim of the course is three-fold:

- First, to explain to students a paradox on the persistence of health inequalities in modern welfare states, Norway being one of the unequal societies in Europe in terms of differences in health outcomes between advantaged and disadvantaged groups.
- Second, to equip students with an awareness that health care systems account for only a part of variation in health outcomes and that social and sociological explanations of health are of primary importance to understand why in some societies' health outcomes are better than in others.
- Third, to present to students with cutting-edge theoretical and empirical insights on how and why health inequalities within societies exist, why they also intensify, in some instances, and which policy interventions, if any, are effective in tackling health inequalities within and across countries.

The course will address these and related questions:

- How did an epidemiological transition from communicable to non-communicable diseases change the patterns of health inequalities?
- Which are most influential theories explaining social inequalities in health?

- What are potential social determinants of health at the micro-level (e.g. socio-economic status, health behaviours)?
- How do meso-level institutions and organisations such as social networks and communities influence health?
- How do macro-level environment, institutions, policies, and the mode of radicalized politics shape individuals' health?
- Is there enough evidence to claim that the association between socioeconomic status and health is causal?
- How does health selection (i.e. healthier individuals achieving higher socioeconomic status) explain observed social gradient in health?
- What are the driving forces behind health inequalities in non-communicable diseases (e.g. aging societies, deaths of despair)?
- What are the implications of the COVID-19 for health inequalities in communicable diseases?
- How do health-related social movement shape population health?

Throughout the course we will discuss one of the central questions in this area of research – how health and health inequalities should be measured. Another central area of the course will be ongoing debate between the school of social determinants of health vs. the school of health determinants of life chances. Socioeconomic status and health are associated, but there is no consensus about the causal direction of the association. We aim to make sense of conflicting findings and theories in a causal framework.

In recent decades, health inequality researchers have been primarily focusing on non-communicable diseases that afflict the ageing and industrialized societies such as Norway, but with COVID-19 and decreasing life expectancies in some countries, this focus can be shifting again by more actively considering inequalities related to communicable diseases such as the SARS-CoV-2 unprecedented global spread of the virus.

Health is a contentious issue in the public arena, with both government and non-government actors being heavily engaged. We will examine political populism and social movements which at present actively shape population health. Conversely, policymakers who had aimed to reduce socioeconomic inequalities in health usually struggle to achieve measurable success, which we will also discuss.

## Learning outcome

### Knowledge

This course will provide students with:

- An analytical perspective on most widely acknowledged theories in sociology of health and illness;

- A familiarity with novel and ground-breaking empirical studies on health inequalities conducted in recent years;
- Knowledge on how micro-, meso-, and national-level developments complement each other to explain the extend of health inequalities;
- Knowledge how the COVID-19 pandemic exaggerated health inequalities not only in this communicable decease but also in non-communicable deceases;
- An understanding of difficulties in reducing health inequalities in different historical periods and country contexts;
- An overview of the methods researchers use to answer questions about health inequalities.

**Skills**

Students will be able to:

- Understand, explain, discuss and use core concepts, such as health equity vs. health inequality, relative vs. absolute measures of inequalities in health, deaths of despair, sectoral vs. comprehensive strategies to address health inequalities, accumulation of health advantages and disadvantages, planetary health, etc.;
- Link the state of health inequalities in Norway to the most important theoretical explanations and to the state-of-the-art comparative empirical studies on this issue;
- Use acquired knowledge from the course to come up with appropriate theoretical and empirical frameworks to be used in own research;
- Select on of the areas of the course a topic for their master thesis.

**Admission**
Standard rules

**Teaching**
The course will be organized as 12 seminars including lectures and discussions two times a week.
The lectures will be given in English.

**Examination**
Term paper

**Course structure and lectures**

| Themes and lectures | | Topics | Lecturer |
|---|---|---|---|
| I. Rationale | 1 | Introduction to Sociology of Health Inequalities | Alexi Gugushvili |
| | 2 | Sociologies of Illness and Conceptualizations of Impairment and Disability | Jan Grue |
| II. Theories | 3 | Material and Psychological Theories | Alexi Gugushvili |
| | 4 | Behaviour, cultural and social capital explanations | Alexi Gugushvili |
| | 5 | Fundamental Cause Theory | Alexi Gugushvili |
| III. Ascription | 6 | Gender and Health | Alexi Gugushvili |
| | 7 | Genes, Race, and Ethnicity | Alexi Gugushvili |
| IV. Politics | 8 | Populism and Health | Alexi Gugushvili |
| | 9 | Macro-Level Context, International Organizations and Health | Alexi Gugushvili |
| V. COVID-19 | 10 | The COVID-19 pandemic and health inequalities | Svenn-Erik Mamelund |
| | 11 | Health-related social movements and contested conditions | Jan Grue |
| VI. Future | 12 | Planetary health in post-COVID World | Alexi Gugushvili |

## SECTION I: RATIONALE

### Lecture 1

Introduction to sociology of health inequalities

Lecturer: Alexi Gugushvili

In this opening lecture we will review some of the fundamental questions related to sociology of health inequalities and social epidemiology. We will talk about the overtime changes in distribution and pattern of disease, how society affects this distribution, and how societal explanations can offer insights in who gets sick and who dies. We will also discuss the basic aspects of how to measure health inequalities (e.g. absolute vs relative measures) and what this choice of measurement implies for our understanding of health inequalities at large.

**Readings:**

- Fitzpatrick, R. (2003) 'Society and changing patterns of disease', (chapter 1), in G. Scambler, (ed.) Sociology as applied to medicine, (6th edition), Edinburgh, Saunders.
  This is a short and informative description of the overtime epidemiological transition in the developed countries from infections to non-infectious diseases.
- Wilkinson R. & Pickett K., 2009, The Spirit Level: Why equality is better for everyone, London: Penguin, chapter 1, pp. 3-14.
  This is an introductory chapter of the leading proponents of psychosocial explanations on health inequalities, it is very well written and easily accessible.
- Bartley, M. (2017) Chapter 2: What is Health Inequality? In *Health Inequality: An Introduction to Concepts, Theories and Methods*. Second Edi. Cambridge: Polity Press.
  This chapter, by one of the authorities in health inequalities research, deals with the basic aspects of how we should understand health inequalities.
- Colgrove, J. (2002). The McKeown thesis: A historical controversy and its enduring influence, *American Journal of Public Health*, 92(5), pp. 725-729.
  This is a very concise and enlightening summary of the McKeown thesis, the argument that historically a general socio-economic progress was far more important for an increase in life expectancy than the creation of health institutions and the development of the medical sector.
- Galobardes, B. (2006) 'Indicators of socioeconomic position (part 1)', *Journal of Epidemiology & Community Health*, 60(1), pp. 7–12. doi: 10.1136/jech.2004.023531.
  This is an excellent summary of measures used to describe, study and explore health inequalities in contemporary societies.
  Alsvik, B. (2005). "Levekår og helse - Eksemplet Kristiania: Sunnhetspoliti i bolig og på torg.", i Larsen m.fl. (red), Helse og Nasjonsbygging, Gyldendal Akademisk, s.39-80. K
  As suggested by Adrian I added this Norwegian reference.

## Lecture 2

Sociologies of Illness and Conceptualizations of Impairment and Disability

Lecturer: Jan Grue

Disability is not the same thing as chronic illness, but in what way are they distinct and what is the relationship between them? This lecture examines key shifts in the conceptualization and theorization of the relationship between illness and disability over the last several decades, focusing on how different concepts and models inform different explanations of marginalization processes.

**Readings:**

- World Report on Disability (2011), Entire Summary (3-23)
  http://www.who.int/disabilities/world_report/2011/report/en/
  This provides basic empirical information on the socio-economics of disability worldwide.
- Mitra, S., & Shakespeare, T. (2019). Remodeling the ICF. *Disability and health journal*, *12*(3), 337-339.
  Summarizes and critiques the WHO model of and approach to the illness-and-disability-complex.
- Thomas, C. (2004). How is disability understood? An examination of sociological approaches. *Disability & society*, *19*(6), 569-583.
  Summarizes key aspects of sociological approaches to disability, including key theoretical approaches.
- Shakespeare, T. (2006). The social model of disability. In: Davis, L. *The disability studies reader*, (New York: Routledge), 197-204.
  Summary of the "social model" of disability, with critical notes.
- Hughes, B., & Paterson. K. (1997) "The Social Model of Disability and the Disappearing Body: Towards a Sociology of Impairment." Disability & Society 12(3) 325– 40.
  Approaches fundamental and as-yet unresolved issues in conceptualization/theorization.

## SECTION II: THEORIES

### Lecture 3

Material and Psychological Theories

Lecturer: Alexi Gugushvili

This lecture is concerned with one of the most important dichotomies in theoretical explanations of health inequalities – material vs. psychological theories of health inequalities. The first set of theoretical explanations points to material factors in the creation of health disparities which include food, shelter, pollution, and other physical risks and resources that influence health outcomes. In contrast, a second class of explanation points out that health inequalities are driven by psychosocial factors feelings of social exclusion, discrimination, stress, low social support, and other psychological reactions to social experiences. The main mechanism in this perspective is that negative psychological states affect physical health by activating the biological stress response, which can lead to increased inflammation, elevated heart rates, and blood pressure, among other adverse health outcomes.

**Readings:**

- Bartley, M. (2017) Chapter 6: Explanatory Models III – Materialist explanations, in *Health Inequality: An Introduction to Concepts, Theories and Methods*. Second Edi. Cambridge: Polity Press.
- This is a chapter of written by one of the most authoritative scholars in health inequalities in which she eloquently summarizes materialist explanations of health inequalities.
- Bartley, M. (2017) Chapter 5: Explanatory Models II – Psycho-Social factors, in *Health Inequality: An Introduction to Concepts, Theories and Methods*. Second Edi. Cambridge: Polity Press.
  And in this chapter the same is done as above but this time in regard of psychosocial explanations of health inequalities.
- John W Lynch et al. (2000). Income inequality and mortality: importance to health of individual income, psychosocial environment, or material conditions. BMJ, 320, pp. 1200-1204.
  With close to two thousand citations, this short review is one of the most frequently referred pieces of academic work related to material explanations of health inequalities.
- Marmot, M. & Wilkinson, R. G. (2001) Psychosocial and material pathways in the relation between income and health: a response to Lynch et al. BMJ, 322, pp. 1233-1236.
  The response to the previous article by two leading scholars is also a classic of this historical debate.

## Lecture 4

Behaviour, cultural and social capital explanations

Lecturer: Alexi Gugushvili

As we have seen over the previous weeks, many factors that affect our health and well-being are not medical, but they are rather determined by social circumstances. One of the area consists of behavioural and cultural explanations of health inequalities which refers to knowledge derived from the social sciences and health humanities that helps us to better understand the drivers and barriers to achieving the highest attainable standard of health. These insights are often context dependent, and therefore can be used in the design, implementation and evaluation of health policies to ensure that they are effective, acceptable and equitable.

### Readings:

- Mackenbach, J. P. (2012) 'The persistence of health inequalities in modern welfare states: The explanation of a paradox', *Social Science and Medicine*. Elsevier, 75(4), pp. 761–769. doi: 10.1016/j.socscimed.2012.02.031.
  This is one of the most widely cited articles in the field and it is very relevant for theoretical explanations.
- Bartley, M. (2017) Chapter 4: Explanatory Models I – Behavioural and cultural explanations, in *Health Inequality: An Introduction to Concepts, Theories and Methods*. Second Edi. Cambridge: Polity Press.
  In this chapter, Bartley, again excellently outlines the main aspects of the considered theoretical explanations of health inequalities in different country settings.
- Cockerham, W.C. (2005) Health Lifestyle Theory and the Convergence of Agency and Structure. Journal of Health and Social Behavior. 46, 1, pp. 51-67.
  This is a classic article in which the author utilizes the agency-structure debate as a framework for constructing a health lifestyle theory.
- Ferlander, S. (2007) 'The Importance of Different Forms of Social Capital for Health', *Acta Sociologica*, 50(2), pp. 115–128. doi: 10.1177/0001699307077654.
  In this widely cited article, the author provides an overview of the concept of social capital and distinguishes its different forms, focusing on their potential effects on health.

## Lecture 5

Fundamental Cause Theory

Lecturer: Alexi Gugushvili

As we have already discussed in this course the association between socio-economic status and health outcomes has persisted despite radical changes in the diseases and risk factors that are presumed to explain it. In this lecture we will discuss theory proposed by Link and Phelan who argue that socio-economic status is a "fundamental cause" of health and illness disparities and that socio-economic inequalities in health endure despite changing mechanisms because socio-economic status embodies an array of resources, such as money, knowledge, prestige, power, and beneficial social connections, that protect health no matter what mechanisms are relevant at any given time. This theory can be tested by analysing a situation in which resources should be less helpful in maintaining good health, for instance, for less preventable causes of death, socio-economic status will be less strongly associated with mortality than for more preventable causes. We will discuss some empirical studies testing this hypothesis.

### Readings

- Phelan, J. C. *et al.* (2010) 'Social Conditions as Fundamental Causes of Health Inequalities: Theory, Evidence, and Policy Implications', *Journal of health and social behavior*, 51(1), pp. S28–S40. Do:
  This is one of the most cited articles on fundamental causes of health inequalities which brought this theoretical perspective in the forefront of explanations of why health inequalities exist and persist across time.
- Lutfey, K. and Freese, J. (2005) 'Toward Some Fundamentals of Fundamental Causality: Socioeconomic Status and Health in the Routine Clinic Visit for Diabetes', *American Journal of Sociology*, 110(5), pp. 1326–1372. doi: 10.1086/428914.
  This article by Lutfey and Freese not only excellently outlines the fundamental cause theory in practice but it is also considered as a masterpiece of qualitative ethnographic and sociological research.
- Mackenbach, J. P. *et al.* (2017) '"Fundamental causes" of inequalities in mortality: an empirical test of the theory in 20 European populations', *Sociology of Health and Illness*, 39(7), pp. 1117-1133. doi: 10.1111/1467-9566.12562.
  Mackenbach and his team have been considered as the leading research team on health inequalities in Europe and in these article they provide a rigorous test of fundamental causes' theory of mortality in Europe.

## SECTION III: ASCRIPTION

### Lecture 6

Gender and Health

Lecturer: Alexi Gugushvili

It is well established that women have higher life expectancy but they also have higher rates of morbidity. A number of explanations for these differences have been proposed and tested such as different biological risks, acquired risks, reporting biases and experiences of health care. In this lecture, we explore some of the mechanisms that might explain these differences in health outcomes. Although most of our discussion will centre on gender inequalities in health in developed western welfare democracies where relatively high levels of gender equality in different aspects of life is achieved), we will see that gender inequalities in health and wellbeing are much more salient in low- and middle-income countries where girls are consistently disadvantaged by various measure of health and wellbeing.

**Readings**

- Rieker, P.P., Bird, C.E. and Lang, M.E. (2010). Understanding Gender and Health: Old Patterns, New Trends, and Future Directions. In Bird, C.E., Conrad, P., Fremont, A.M., Timmermans, S. (eds). *Handbook of Medical Sociology*. Vanderbilt University Press, pp. 52-74.
  This is a very well written summary of the debate going on the topic of gender inequalities in health in which authors present various factors, including biological and socially constructed ones, why they are still health inequalities in societies which are characterised with high levels of gender equality.
- Macintyre S, Hunt K and Sweeting H (1996). 'Gender differences in health: are things really as simple as they seem?' *Social Science & Medicine*, 42 (4): 617-24. doi: https://doi.org/10.1016/0277-9536(95)00335-5
- This is one of the most cited empirical articles on the topic which challenges a gender paradox perspective in health inequalities.
- Anna Zajacovaa, A., Huzurbazar, S., & Todd, T. (2017). Gender and the structure of self-rated health across the adult life span. Social Science & Medicine. 187, pp. 58-66.
- Another important study on the considered topic but this time on self-rated health as an outcome.
- Elissa Kennedy, e. et at. (2020). Gender inequalities in health and wellbeing across the first two decades of life: an analysis of 40 low-income and middle-income countries in the Asia-Pacific region. *Lancet Global Health*. 8: e1473–88. doi: https://doi.org/10.1016/S2214-109X(20)30354-5
  This is an excellent study demonstrating a prevalence of gender inequality in health in contexts where overall gender equality is quite low.

## Lecture 7

Genes, Race, and Ethnicity

Lecturer: Alexi Gugushvili

In this lecture we will review how individuals ascribed characteristics, other than gender, affect their health outcomes. Genes, for instance, can have direct (via propensity to certain deceases) or indirect (via attaining higher educational level) effects on health. In addition, in the US context, race plays an important role as a determinant of health, while in the European context ethnicity and migrant status are more salient markers of health inequalities.

### Readings

- Davies, N. M. *et al.* (2018) 'The causal effects of education on health outcomes in the UK Biobank', *Nature Human Behaviour*. Springer US, 2(2), pp. 117–125.
  This study emphasises education as an indirect channel through which individuals' health is affected by their genes.
- Ahmad, W. I.U. & Bradby (2007) Locating ethnicity and health: exploring concepts and contexts. Sociology of Health and Illness. 29, 6, pp. 795-810.
  In this paper the authors re-evaluate the development of ideas around ethnicity, 'race' and culture and consider how they have been applied to the question of health.
- Rechel, B. et al. (2014). Migration and health in an increasingly diverse Europe. Lancet, 381, 9873, pp. 1235-1245.
- This widely cited review authors outline the health dimension of migration crisis taking place in the mid-2000s in Europe.
- Urquia1, M.L. & Gagnon, A.J. (2011). Glossary: migration and health. Journal of Epidemiology and Community Health. 65, 5, pp. 467-472.
- This is a very interesting summary of terms, concepts, theories which are related to the links between migration and health.

## SECTION IV: POLITICS

### Lecture 8

Populism and health

Lecturer: Alexi Gugushvili

In recent years, one of the main developments in the global political landscape has been undoubtedly the rise of populist political movements, parties, and campaigns. In most general terms, populism can be defined as the mode of politics which claims to represent primarily the will of the people rather than the will of the politicians, bureaucrats, or intellectual and cultural elites. Even before the COVID-19 pandemic, population health had been proposed as a complementary explanation for the rise of populism. In this lecture we will discuss a symbiotic relationship between health and populism in which health might be an important explanation of populist electoral outcomes, while populism can itself affect population health.

### Readings

- Bor, J. (2017) 'Diverging Life Expectancies and Voting Patterns in the 2016 US Presidential Election', *American Journal of Public Health*, 107(10), pp. 1560–1562. doi: 10.2105/AJPH.2017.303945.
  One of the first studies showing the association between population health and the election of Donald Trump in the Unites States.
- Koltai, J. *et al.* (2020) 'Deaths of Despair and Brexit Votes: Cross-Local Authority Statistical Analysis in England and Wales', *American Journal of Public Health*, 110(3), pp. 401–406. doi: 10.2105/AJPH.2019.305488.
  This in turn is the first study showing association between population health and the Brexit referendum in the United Kingdom.
- Speed, E., & Mannion, R. (2020). Populism and health policy: three international case studies of right-wing populist policy frames. Sociology of Health & Illness, 42, 8, pp. 1967-1981.
  This insightful study investigates the recent upsurge in right-wing populism which creates a specific set of barriers and challenges for access to healthcare and the health of populations.
- Martin McKee, et al. (2020). Are Populist Leaders Creating the Conditions for the Spread of COVID-19?. *International Journal of Health Policy and Management*. In press.
  In this commentary we explore various mechanisms through which populist leaders contributed to the spread of the virus during the initial waves of the COVID-19 pandemic.

## Lecture 9

Macro-Level Context, International Organizations and Health Outcomes

Lecturer: Alexi Gugushvili

Among other things, in this lecture, we will review the role of macro-level contextual factors on individuals' health. We will also inquire into how international agencies through their direct involvement affects health outcomes in developing countries. We will emphasize economic reform programs designed by the International Monetary Fund and the World Bank, so-called 'structural adjustment programs', and their consequences for population health. Three main pathways are identified through which structural adjustment might affect health: policies directly targeting health systems; policies indirectly impacting health systems; and policies affecting the social determinants of health.

- Bartley, M. (2017) Chapter 7: Macro-social models, in *Health Inequality: An Introduction to Concepts, Theories and Methods*. Second Edi. Cambridge: Polity Press.
  This chapter provides an overview how macro-level contextual developments fundamentally affect individuals' and populations' health.
- Kentikelenis, A. E. (2017) 'Structural adjustment and health: A conceptual framework and evidence on pathways', *Social Science & Medicine*, 187, pp. 296–305. doi: 10.1016/j.socscimed.2017.02.021.
  In this influential article, the author summarizes potential effect of structural adjustment programmes on population health.
- Azarova, A. *et al.* (2017) 'The effect of rapid privatisation on mortality in mono-industrial towns in post-Soviet Russia: a retrospective cohort study', *The Lancet Public Health*, 2(5), pp. e231–e238. doi: 10.1016/S2468-2667(17)30072-5.
  This is one of the influential studies which shows a direct causal association between liberalization policies advocating by international financial organization and mortality outcomes in Russia.

## SECTION V: COVID-19

### Lecture 10

The COVID-19 pandemic and health inequalities

Lecturer: Svenn-Erik Mamelund

As witnessed under COVID-19, pandemics are among the largest threats to the global health and economy. The core idea of this lecture is that infectious disease pandemics created by influenza or coronaviruses have always been more than just a medical problem. Their epidemiology and impact are profoundly shaped by social and economic structures. Socioeconomic status and ethnicity plays a major role in who falls ill, who dies, and who survives. The overarching goal of this lecture is to show how studies of historical and modern data enhances the understanding of social and biological risk factors for severe influenza and COVID-19 outcomes by socioeconomic and indigenous status and to improve pandemic preparedness.

**Readings**

- Mamelund, S.E. & Dimka, J. (2021). 'Social inequalities in infectious diseases', *Scandinavian Journal of Public Health*. doi: https://doi.org/10.1177/1403494821997228
  This recent commentary reflects inequalities in ongoing COVID-19 pandemic.
- Mamelund, S.E. (2017). Social inequality – a forgotten factor in pandemic influenza preparedness. Tidsskr Nor Legeforen. doi: https://doi.org/10.4045/tidsskr.17.0273
  This piece is of particularly relevance to the COVID-19 pandemic as it refers to Spanish influenza and it was written a few years before the current crisis.
- Økland, H. & Mamelund, S.E. (2019). Race and 1918 Influenza Pandemic in the United States: A Review of the Literature. Int. J. Environ. Res. Public Health 2019, 16(14), 2487; https://doi.org/10.3390/ijerph16142487
  The same description as above.
- Mamelund, S.E. (2018) 1918 pandemic morbidity: The first wave hits the poor, the second wave hits the rich. Influenza and Other Respiratory Viruses. 12:307–313. doi: https://doi.org/10.1111/irv.12541
  The same description as above.

## Lecture 11

Health-related social movements and contested conditions

Lecturer: Jan Grue

How can an illness, a condition, or a diagnosis, become the basis of a social movement? This lecture draws on the sociology of diagnosis to examine "contested conditions", their relationship to medicalization processes, and what is at stake in conflicts over etiology and meaning-making.

- Jutel, A. (2009). Sociology of diagnosis: a preliminary review. *Sociology of health & illness*, *31*(2), 278-299.

  Introduction to the sociology of diagnosis, including the contestability of diagnosis.

- Brown, P., Lyson, M., & Jenkins, T. (2011). From diagnosis to social diagnosis. *Social Science & Medicine*, *73*(6), 939-943.
- Examines the interplay between social structures and illness manifestations.
- Wessely, S. (1990). Old wine in new bottles: neurasthenia and 'ME'. *Psychological medicine*, *20*(1), 35-53.
- Lian, O. S., & Grue, J. (2017). Generating a social movement online community through an online discourse: The case of Myalgic Encephalomyelitis. *Journal of Medical Humanities*, *38*(2), 173-189.
  ME and CFS as paradigmatic cases of contested diagnoses / conditions.

- Album, D., & Westin, S. (2008). Do diseases have a prestige hierarchy? A survey among physicians and medical students. *Social science & medicine*, *66*(1), 182-188.
  Explanation mechanisms for contests / conflicts over diagnoses / conditions.

## SECTION VI: FUTURE

### Week 12

Planetary health in post-COVID World

Lecturer: Alexi Gugushvili

This concluding lecture is an attempt to look on individuals' health in a more holistic planetary perspective. We will follow the spirit of the manifesto written by the Lancet's editor-in-chief for transforming public health in a social movement to support collective public health action at all levels of society—personal, community, national, regional, global, and planetary. The impact of human activities on our planet's natural systems has been intensifying rapidly in the past several decades, leading to disruption and transformation of most natural systems. These disruptions in the atmosphere, oceans, and across the terrestrial land surface are not only driving species to extinction, they pose serious threats to human health and wellbeing. This has been particularly visible duiring the Covid-19 pandemic. Yet, we will also review the summary chapter on policies to mitigate health inequalities and will discuss ways forward in this direction.

- Mackenbach, J. P. (2019) 'Policy implications', in *Health inequalities*. Oxford University Press, pp. 163–182. doi: 10.1093/oso/9780198831419.003.0006.
  Mackenbach is the leading authorities of health inequalities research and in this concluding chapter he summarises the results of his long and productive career on studying the effectiveness of policies to address health inequalities.
- Horton et al. (2014). From public to planetary health: a manifesto. Lancet.
- In this article the editor of Lancet basically proposes the fundamental shift in our understanding of public health from a local phenomenon to a worldview which sees health in relation to global and planetary developments.
- Myers, Samuel (2017). Planetary health: protecting human health on a rapidly changing planet. Lancet. Volume 390, Issue 10114, 23 December 2017–5 January 2018, Pages 2860-2868. https://doi.org/10.1016/S0140-6736(17)32846-5
  This is the follow up on Horton piece above and presents a details overview what challenges humanity facies in terms of maintaining and improving global health and wellbeing.
- Büyüm AM, Kenney C, Koris A, et al (2020). Decolonising global health: if not now, when? *BMJ Global Health* 2020;5:e003394. http://dx.doi.org/10.1136/bmjgh-2020-003394
- In this widely read piece, the authors propose an idea of decolonising global health in the light of development related to Covid-19 Pandemic.