SOS4350

Population Health and Health Inequalities

University of Oslo
2022

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
Exam (multiple choice, concept definition, and essay)

Course structure and lecturers

Themes and lectures		Topics	Lecturer
I. Rationale	1	Introduction to health inequalities	Alexi Gugushvili
	2	Sociologies of illness and conceptualizations of impairment and disability	Jan Grue
II. Theories	3	Macro-social theories of population health	Alexi Gugushvili
	4	Material and psychological theories	Alexi Gugushvili
	5	Behaviour, cultural and fundamental cause theories	Alexi Gugushvili
III. Ascription	6	Gender health inequalities	Alexi Gugushvili
	7	Race, ethnicity, migration, and genes	Alexi Gugushvili
IV. Politics	8	Populism, new social movements, and health	Alexi Gugushvili
	9	Democracy and health	Alexi Gugushvili
V. COVID-19	10	The COVID-19 pandemic and health inequalities	Svenn-Erik Mamelund
VI. Future	11	Planetary health in post-COVID World	Alexi Gugushvili
	12	New perspectives on tackling health inequalities	Alexi Gugushvili

SECTION I: RATIONALE

Lecture 1

Introduction to 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.
- Bartley, M. (2017) Chapter 2: What is Health Inequality? In *Health Inequality: An Introduction to Concepts, Theories and Methods*. Second Edi. Cambridge: Polity Press.
- IN: McCartney, G. (2019). Defining health and health inequalities. Public Health, 172, 22-30. (The article clarifies many aspects related to health and 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.
- 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.

Additional materials

- OUT: 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. (This text will be used as a point for discussion during the lecture)

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/
- Mitra, S., & Shakespeare, T. (2019). Remodeling the ICF. *Disability and health journal*, *12*(3), 337-339.
- Thomas, C. (2004). How is disability understood? An examination of sociological approaches. *Disability & society*, *19*(6), 569-583.
- Shakespeare, T. (2006). The social model of disability. In: Davis, L. *The disability studies reader*, (New York: Routledge), 197-204.
- 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.

SECTION II: THEORIES

Lecture 3

The welfare state paradox – macro models of health inequalities

This lecture will serve as a prelude to various theoretical frameworks used to understand population health and health inequalities. We will start with a short review of 9 most important theoretical perspectives before discussing in more details the modern welfare state paradox of wide and often increasing health inequalities.

Readings:

- IN: Mackenbach, J. P. (2012) 'The persistence of health inequalities in modern welfare states: The explanation of a paradox', *Social Science and Medicine*. 75(4), pp. 761–769. (This reading was already in the syllabus and was moved here from other lecture).
- IN: Wilkinson R. & Pickett K., 2019, The Spirit Level: Why equality is better for everyone, London: Penguin, chapter 1, pp. 3-14. (This reading was already in the syllabus and was moved here from other lecture).
- IN: Bartley, M. (2017) Chapter 7: Macro-social models, in *Health Inequality: An Introduction to Concepts, Theories and Methods*. Second Edi. Cambridge: Polity Press. (This reading was already in the syllabus and was moved here from another lecture).
- IN: Gugushvili, A. et al. (2020). How do perceived changes in inequality affect health? *Health & Place*, Volume 62, March 2020, 102276. (This is my article on the specific channels through which inequalities and health can be related).

Additional materials

- IN Pickett, K., & Wilkinson, R.G. (2015). Income inequality and health: A causal review. Social Science & Medicine, Volume 128, March 2015, Pages 316-326. (Addition reading on the links between inequality and health)

Lecture 4

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.
- 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.
- 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.
- 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.

Additional materials

- IN: Popay, J. et al. (2003) Beyond 'beer, fags, egg and chips'? Exploring lay understandings of social inequalities in health. Sociology of Health & Illness. Vol. 25, No. 1, pp. 1–23 (This will be the text for discussion in the last part of the lecture).
- OUT: Ferlander, S. (2007) 'The Importance of Different Forms of Social Capital for Health', *Acta Sociologica*, 50(2), pp. 115–128. doi: 10.1177/0001699307077654.
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Lecture 5

Behaviour, cultural and fundamental cause theory

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 areas 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. 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 also 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.

Readings:

- 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.
- 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.
- 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.
- IN: Clouston, S.A.P. and Link, B.G. (2021). A Retrospective on Fundamental Cause Theory: State of the Literature and Goals for the Future. *Annual Review of Sociology* 2021. 47:131–56. (This is a new review of the fundamental cause theory from one of the main authorities in this field).

Additional materials

- OUT: 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. (It is a redundant reading because there is a new important study included now)
- OUT: 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. (This example of empirical testing of theory will be used as a discussion point during the lecture)

SECTION III: ASCRIPTION

Lecture 6

Gender health inequalities

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.
- IN: Heise, L. et al. (2019) Gender inequality and restrictive gender norms: framing the challenges to health. *The Lancet*. Volume 393, Issue 10189, 15–21 June 2019, Pages 2440-2454. (This is a comprehensive review of the origins and causes of gender health inequalities).
- OUT: 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. (It is an outdated article with empirical results that some students don't understand).
- IN: Homan, P. (2019). Structural Sexism and Health in the United States: A New Perspective on Health Inequality and the Gender System. *American Sociological Review*. Vol 84, Issue 3, 487-516. (This is a relatively new and widely cited study looking at gender health inequalities from a new perspective)
- OUT: 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. (This reading was a bit too complex and mainly dealt with developing countries)

Additional materials

- OUT: 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. (This reading can be used an point of discussion during the lecture)

Lecture 7

Race, ethnicity, migration, and genes

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

- Urquia, M.L. & Gagnon, A.J. (2011). Glossary: migration and health. *Journal of Epidemiology and Community Health*. 65, 5, pp. 467-472.
- IN: Bailey, Z.D. (2017). Structural racism and health inequities in the USA: evidence and interventions. The Lancet. Volume 389, Issue 10077, pp. 1453-1463. (This reading echoes the current trend of a greater attention to structural racism in health outcomes).
- OUT: Ahmad, W. I.U. & Bradby (2007) Locating ethnicity and health: exploring concepts and contexts. Sociology of Health and Illness. 29, 6, pp. 795-810. (This text is too outdated and ideological and hard to understand for students).
- IN: CJ Mock-Muñoz de Luna (2019). Ethnic inequalities in child and adolescent health in the Scandinavian welfare states: The role of parental socioeconomic status – a systematic review. Scandinavian Journal of Public Health, Vol 47, Issue 7,. pp. 679–689. (This text is relevant for the course as it systematically reviews the evidence on health inequalities in Norway and other Scandinavian countries).
- IN: Leyland A.H. (2021). Is the study of genetic propensities within the remit of health inequalities research? Volume 31, Issue 3, June 2021, Pages 459–460. (This one-page opinion piece outlines some aspects of the relationship between genes and health inequalities).
- Davies, N. M. *et al.* (2018) 'The causal effects of education on health outcomes in the UK Biobank', *Nature Human Behaviour*. 2(2), pp. 117–125.

Additional materials

- OUT: Rechel, B. et al. (2014). Migration and health in an increasingly diverse Europe. Lancet, 381, 9873, pp. 1235-1245. (This text is outdated version of the topic description).

SECTION IV: POLITICS

Lecture 8

Populism, new social movements 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

- IN: Falkenbach, M. & Greer, S.L. (2021). Introduction in "The Populist Radical Right and Health: National Policies and Global Trends". Springer. pp. 1-24. (This is a new edited volume with up-to-date review of the links between populism and health outcomes).
- 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.
- 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.
- McKee, et al. (2021). Are Populist Leaders Creating the Conditions for the Spread of COVID-19? *International Journal of Health Policy and Management*. Volume 10, Issue 8, 511-515.
- IN: Dubé, È., et al. (2021). Vaccine Hesitancy, Acceptance, and Anti-Vaccination: Trends and Future Prospects for Public Health. *Annual Review of Public Health*, 2021. 42:175–91. (This is a new summary of the literature on vaccine hesitancy)

Additional materials

- IN: Sarah K. Cowan, S.K. et al.(2021). COVID-19 Vaccine Hesitancy Is the New Terrain for Political Division among Americans. Socius: Sociological Research for a Dynamic World. Volume 7: 1–3. (This article is specifically for the US context and can serve a point for discussion)
- OUT: 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 probably too complicated empirically for students but the links between Brexit and health can be an interesting area for discussion during the lecture).

Lecture 9

Democracy and health

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.

- OUT: 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. (The topic is not relevant for the lecture anymore)
- 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. (The topic is not relevant for the lecture anymore).
- IN: James W. McGuire, J.W. (2020). Democracy and Population Health, Elements in the Politics of Development. Cambridge University Press. (This is a comprehensive review of links between democracy and health outcomes).
- IN: Gugushvili, A., & Reeves, A. (2021). How democracy alters our view of inequality — and what it means for our health, Social Science & Medicine, Volume 283, August 2021, 114190. (This is my own article on the links between democracy and inequalities)
- IN: Karabulut, G. (2021). Democracy and COVID-19 outcomes. Economics Letters, Vol, 203, June 2021, 109840 (This is a short article how democracies performed during Covid-19 pandemic)
- IN: Reeves, A. & Mackenbach, J.P. (2019). Can inequalities in political participation explain health inequalities? Social Science & Medicine, Volume 234, August 2019, 112371 (This is another a short article linking democratic participation and health outcomes).

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*.
- IN: Mamelund, S.E. & Dimka, J. (2021). Not the great equalizers: Covid-19, 1918–20 influenza, and the need for a paradigm shift in pandemic preparedness. Population Studies, Volume 75, Issue sup1, pp. 179-199 (New publication on the topic).
- IN: Mamelund, S.E., Dimka, J. & Bakkeli, N.Z. (2021). Social Disparities in Adopting Non-pharmaceutical Interventions During COVID-19 in Norway. Journal of Developing Societies, Vol 37, Issue 3, pp. 302-328. (New publication on the topic).
- Svenn-Erik Mamelund, S.E. et al. (2021). The association between socioeconomic status and pandemic influenza: Systematic review and meta-analysis. PLOS One. https://doi.org/10.1371/journal.pone.0244346 (New publication on the topic).
- Klüwer, B. et al. (2021). Influenza risk groups in Norway by education and employment status. Scandinavian Journal of Public Health. doi: https://doi.org/10.1177/14034948211060635 (New publication on the topic).

Additional materials

- OUT: 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 (Somewhat redundant text as new studies are published on the topic)
- OUT: 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 (Somewhat redundant text as new studies are published on the topic)
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SECTION VI: FUTURE

Week 11

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.

- Horton et al. (2014). From public to planetary health: a manifesto. Lancet.
- 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
- IN: Chen, K. (2020). Air pollution reduction and mortality benefit during the COVID-19 outbreak in China. The Lancet Planetary Health, Vol. 4, Issue 6, E210-E212. (This article gives an indication to students what can happen if air pollution is drastically reduced)
- IN: Arcaya, M., Raker, E.J, & Waters, M.C. (2020). The Social Consequences of Disasters: Individual and Community Change. Annual Review of Sociology. 46:671–91. (Good summary for the recent developments in the field)
- OUT: 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 (This article is about inequalities across countries rather than within).

Additional materials

- Krange, O., Kaltenborn, B.P., & Hultman, M. (2019). Cool dudes in Norway: climate change denial among conservative Norwegian men, Environmental Sociology, 5:1, pp. 1-11. (This can help to stimulate the discussion about sociology of climate change in Norway)

Week 12

Talking health inequalities

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.
- IN: Marteau, T.M, Rutter, H. & Marmot, M. (2021). Changing behaviour: an essential component of tackling health inequalities. BMJ 2021; 372. (This is a new study from the world leading experts on the topic).
- IN: Forster, T., Kentikelenis, A. & Bambra, C. (2018). Part C: The Impact of Health Inequalities, Conclusion and Policy Recommendations, in Health Inequalities in Europe: Setting the Stage for Progressive Policy Action. Foundation for European Progressive Studies. (Non-academic summary for actions to tackle health inequalities).
- IN: van der Wel, K.A., Dahl, E., & Bergsli, H. (2016). The Norwegian policy to reduce health inequalities: key challenges. Nordic Welfare Research. NR. 1-2016, S. 19–29. (Good review of health inequality reduction policies in Norway).

Additional materials

- IN: Mackenbach JP (2011). Can we reduce health inequalities? An analysis of the English strategy (1997–2010). Journal of Epidemiology & Community Health 2011;65:568-575. (One of he most widely cited articles on how to tackle health inequalities)