

**York University Faculty of Health  
Faculty of Graduate Studies, Graduate Program in Health**

**Fall 2016 – GS/HLTH 6210 (3.0) The Political Economy of Health Inequities**

**Professor Dennis Raphael**  
**Tuesdays, 11:30 – 2:30 PM, VH 1018**  
**Office Hours: Mondays 10-1, Tuesdays 10-11:30**

**Rm. 418 HNES Building**  
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### **Course Description:**

This course considers how the political and economic forces that shape the distribution of wealth, influence, and power within wealthy developed nations such as Canada create health inequities. The course focuses on three key areas related to the presence of health inequities: the economic system, the political system, and the ability of citizens to shape public policy.

### **Course Objectives are to learn about:**

1. Basic principles of identifying and studying health inequities.
2. The current state of knowledge and research in the political economy of health inequities.
3. To identify and research an issue, and then publish a paper on the political economy of health inequities.

### **Required Course Text (available from bookstore)**

Raphael, D. (2012). *Tackling Health Inequalities: Lessons from International Experiences*. Toronto: Canadian Scholars Press.

### **Required Additional Readings**

Provided to you each week through York University Libraries.

### **Evaluation**

Students will be required to produce three papers focused on some aspect of the political economy of health inequities that will culminate with an article being submitted to a refereed journal. The structure and content of these assignments will be discussed in class over the course of the term. Each student will also be responsible for presenting a critical overview of one week's readings and assessed for class participation.

Class presentation and engagement on issues raised by readings	25%	Over course
Statement of Problem and Literature Review (up to 10 pages)	25%	Due October 18
Completed Paper (up to 20 pages)	25%	Due November 8
Paper Prepared for Journal Submission (3500-8000 words)	25%	Due November 29

Accommodation: Any student who requires accommodation due to a disability is encouraged to inform me.

## Course Assignments

### Class presentation (15%)

Select one week of readings. **Do not simply summarize the readings. We all will have read them! Prepare no more than a 20 minute presentation of:**

a) key points and issues identified in the readings; b) your take on the implications for understanding and researching health policy and equity issues; and c) a few questions for the group.

### Class engagement (10%)

For each reading over the term identify:

a) a point or idea that you think is especially important for understanding and improving health equity. Be prepared to explain why this is the case.  
b) an issue that you would like further elaboration upon during the class.

### Course papers

1. Select an issue for your papers. If you have difficulty selecting a topic, approach the professor for assistance.
2. Conduct a literature search of relevant policy documents, reports, or academic and professional journals pertaining to the topic that you have identified in #1. Identify at least 10-15 relevant sources. An issue can be expressed as a dilemma, conundrum, question or series of questions or simple statement of purpose.
3. Consider preparing your papers by discussing some/all of the following:
  - a. Introduction to the issue (e.g. problem, dilemma, concern); include a thesis statement in your introduction
  - b. Why it is an issue; the history (how the issue evolved); and how it captured your interest.
  - c. What are the implications for the public and policy makers?
  - d. Summary (your conclusions, new insights, pulling the paper together).

All students are expected to identify an issue and be prepared at some point to discuss it and present findings to the class. This should include an analysis of how these findings fit into the course findings to date.

General Note: Assignments are penalized 5% for every day late (including weekends).

### Structure for Course Paper Assignments

All papers use 12 font Times Roman lettering with 1.5 line spacing, and 1" (2.54 cm) page margins. Refer to authors (e.g., Rioux, 2002; Government of Canada, 2008, etc.) using APA (2010) referencing. Carefully prepare what you are going to write before you write it. Then edit it. Use spell and grammar check. Insert page numbers and use a stapler.

## Evaluation Criteria for Course Paper Assignments

- a) Substance: paper addresses the essential elements related to your topic and issue; ideas are supported by examples where appropriate, course concepts and evidence (i.e., literature) provided; demonstrates critical thinking (i.e., sound conceptualizing, interpreting and analysis-synthesis).
- b) Originality: creative integration of own ideas with those of other authors; unique interpretation of ideas.
- c) Clarity: logical flow of ideas; grammatically correct sentences and paragraph structure, APA format.
- d) Progression of analytic and written literacy skills: constructive use of instructor feedback regarding analyses and format of paper; increased understanding of key course concepts.

## Use of TurnItIn:

Turnitin is web-based software which scans submitted works for similarity to material in public websites, academic journals, papers purchased from an essay mill, etc., and to essays and assignments concurrently or previously submitted to Turnitin, which are stored in a database. An 'originality report' is then provided to the instructor, who remains responsible for determining any breach of academic honesty.

You are required to submit your essays into [TurnItIn](#)

Login information:

Class ID: **12819172**

Enrolment Password: inequity

You will create your own user profile using the class enrolment wizard. Additional instructions are available at this [link](#).

If you do not wish to use TurnItIn, you must let the Course Director know in advance. You will be required to submit written reports on how you completed each of your assignments (required contents below), along with detailed annotated bibliographies. Each report and bibliography must be submitted with your assignment when it is due. You will also email an electronic copy of each report and bibliography (with hyperlinked URLs in it) to the Course Director. You may be asked to take an oral examination for any or all of your written assignments directed at issues of originality.

The written report must contain the following information, as well as anything else you consider useful to the Course Director on the issue of academic integrity:

- A list of the documents and other sources you consulted to understand your topic, along with the dates you first used each of them;
- An explanation of how those documents and sources led you to the other documents and sources you used;

- An explanation of which of the sources you used had the most influence on your understanding of the topic of your assignment, and how you used them.

### PLEASE NOTE

If you have a medical or other compelling reason for not submitting an assignment on time, I must be notified PRIOR to the date that the assignment is due. If this is not done, then the 5 percentage points a day penalty will apply without exceptions.

I will not accept assignment weeks after the due date without prior notification. If you are having significant personal issues, make sure you attend the Counselling and Development Centre which is in the Behavioural Sciences Building.

Late Penalty: The assignments received later than the due date will be penalized five points per calendar day. Exceptions to the lateness penalty for valid reasons such as illness, compassionate grounds, etc., may be entertained by the course instructor but will require supporting documentation (e.g., a doctor's or allied health professional's letter).

### Recommended Texts

**(PhD students especially are strongly recommended to eventually obtain these texts).**

Bambra, C. (2011). *Work, Worklessness and the Political Economy of Health*. Oxford: Oxford University Press.

Banting, K. and J. Myles, Eds. (2013). *Inequality and the Fading of Redistributive Politics*. Vancouver, UBC Press.

Bartley, M. (2004). *Health Inequality: An Introduction to Theories, Concepts, and Methods*. Cambridge UK, Polity Press.

Blaxter, M. (2010). *Health, 2<sup>nd</sup> ed.* Cambridge UK: Policy.

Brady, D. (2009). *Rich Democracies, Poor People: How Politics Explain Poverty*. New York: Oxford University Press.

Chernomas, R. and Hudson, I. (2007). *Social Murder and other Shortcomings of Conservative Economics*. Winnipeg: Arbeiter Ring.

Dorling, D. (2010). *Why Social Inequality Persists*. Bristol UK: Policy Press.

Esping-Andersen, G. (1985). *Politics Against Markets: The Social Democratic Road To Power*. Princeton, Princeton University Press.

Esping-Andersen, G. (1990). *The Three Worlds of Welfare Capitalism*. Princeton, Princeton University Press.

Esping-Andersen, G. (1999). *Social Foundations of Post-Industrial Economies*. New York, Oxford University Press.

Esping-Andersen (2009). *The Unfinished Revolution: Welfare State Adaptation to Women's New Roles*. Cambridge UK: Polity.

Grabb, E. (2007). *Theories of Social Inequality, 5<sup>th</sup> edition*. Toronto, Thomson/Nelson.

Graham, H. (2007). *Unequal Lives: Health and Socioeconomic Inequalities*. New York, Open University Press.

Hofrichter, R. (Ed.). (2003). *Health and Social Justice: A Reader on Politics, Ideology, and Inequity in the Distribution of Disease*. San Francisco: Jossey Bass.

- McBride, S., Mahon, R., and Boychukm G. (2015). *After '08: Social Policy and the Global Financial Crisis*. Vancouver: UBC Press.
- Mills, C. W. (1959/2000). *The Sociological Imagination*. New York: Oxford.
- Navarro, V., Ed. (2002). *The Political Economy of Social Inequalities: Consequences for Health and Quality of Life*. Amityville, NY, Baywood Press.
- Navarro, V. (2007). *Neoliberalism, Globalization and Inequalities: Consequences for Health and Quality Of Life*. Amityville, New York, Baywood Publishing Company, Inc.
- Navarro, V. and C. Muntaner, Eds. (2004). *Political and Economic Determinants of Population Health and Well-being: Controversies and Developments*. Amityville NY, Baywood.
- Navarro, V. and C. Muntaner, Eds. (2014). *The Financial and Economic Crises and their Impact on Health and Social Well-being*. Amityville NY, Baywood.
- Raphael, D., Ed. (2016). *Social Determinants of Health: Canadian Perspectives, 3<sup>rd</sup> edition*. Toronto, Canadian Scholars' Press Incorporated.
- Schrecker, T. and C. Bambra (2015). *How Politics makes us Sick: Neoliberal Epidemics*. Houndsmill, Basingstoke, Palgrave Macmillan.
- Smith, K., C. Bambra, et al., Eds. (2015). *Health Inequalities: Critical Perspectives*. Oxford, Oxford University Press.
- Townsend, P., N. Davidson, et al., Eds. (1992). *Inequalities in Health: the Black Report and the Health Divide*. New York, Penguin.
- Wilson, J. (1983). *Social Theory*. Englewood Cliffs NJ: Prentice Hall.

## **Recommended Data Bases available through York Libraries:**

sourceoecd and cansim

## **Course Schedule and Required Readings**

### **1. September 13. Researching the Political Economy of Health Inequities: Methodologies**

Kawachi, I., S. V. Subramanian, et al. (2002). A glossary for health inequalities. *Journal of Epidemiology and Community Health* 56(9): 647-652.

Mantoura, P. and Morrison, V. *Policy approaches to reducing health inequalities*. Montreal: National Collaborating Centre for Healthy Public Policy.

Wilson, J. (1983). Positivism, Idealism, and Realism. In J. Wilson. *Social Theory*. Englewood Cliffs NJ: Prentice Hall.

### **2. September 20. Scanning the Landscape: Perspectives on the SDOH**

Raphael, D. (2011). A discourse analysis of the social determinants of health. *Critical Public Health*, 21, 221-226.

Bryant, T., Raphael, D., Schrecker, T., and Labonte, R. (2011). Canada: A land of missed opportunities for addressing the social determinants of health. *Health Policy*. 101, (1), 44-58.

Raphael, D. (2010). The health of Canada's children. Part I. Canadian children's health in comparative perspective. *Paediatrics and Child Health*, 15(1), 23-29.

Raphael, D. (2010). The health of Canada's children. Part II. Health mechanisms and pathways. *Paediatrics and Child Health, 15*(2), 71-76.

Raphael, D. (2010). The health of Canada's children. Part III. Public policy and the social determinants of children's health. *Paediatrics and Child Health, 15*(3), 143-149.

Raphael, D. (2010). The health of Canada's children. Part IV. Towards the future. *Paediatrics and Child Health, 15*(4), 199-204.

### 3. September 27. Defining and Assessing Health Inequities

#### Chapter 1: The Importance of Tackling Health Inequalities, Dennis Raphael

Whitehead, M. (1990). *The Concepts and Principles of Equity and Health*. Copenhagen, Denmark, World Health Organization, Regional Office for Europe.

Dahlgren, G. and M. Whitehead (1991/2007). *Policies and Strategies to Promote Equity in Health*. Copenhagen, Denmark, World Health Organization, Regional Office for Europe.

Braveman, P. and S. Gruskin (2003). Defining equity in health. *Journal of Epidemiology and Community Health* 57: 254-258.

Tjepkema, M., Wilkins, R., & Long, A. (2013). Cause-specific mortality by income adequacy in Canada: A 16-year follow-up study. *Health Reports*, 24 (7), 14-22.

### 4. October 4. Defining Political Economy

#### Chapter 2: American Experiences, Stephen Bezruchka

Coburn, D. (2010). Health and health care: A political economy perspective. In D. Raphael, T. Bryant and M. Rioux (eds.) *Staying Alive: Critical Perspectives on Health, Illness, and Health Care*, 2<sup>nd</sup> edition. Toronto, Canadian Scholars Press.

Bambra, C., Fox, D., & Scott-Samuel, A. (2005). Towards a politics of health. *Health Promotion International*, 20(2), 187-193.

Brady, D. (2003). The politics of poverty: Left political institutions, the welfare state, and poverty. *Social Forces*, 82, 557-588.

Hofrichter, R. (2003). The politics of health inequities: Contested terrain. In *Health and Social Justice: A Reader on Ideology, and Inequity in the Distribution of Disease* (pp. 1-56). San Francisco: Jossey Bass. Also available at <http://tinyurl.com/nkygk7>

### 5. October 11. Social Structures and Social Processes

#### Chapter 3: Australian Experiences, Fran Baum, Matt Fisher, and Angela Lawless

Mills, C.W. (1959/2000). The Promise. In C.W. Mills, *The Sociological Imagination*. New York: Oxford. Available at: <http://legacy.lclark.edu/~goldman/socimagination.html>.

Coburn, D. (2000). Income inequality, social cohesion and the health status of populations: The role of neo-liberalism. *Social Science & Medicine*, 51(1), 135-146.

Blaxter, M. Commentaries on Coburn's: The role of neo-liberalism, *Social Science & Medicine*, 2000, 51, (7), 991-1010.

Tarlov, A. Coburn's thesis: plausible, but we need more evidence and better measures, 993-995.

Wilkinson, R. Deeper than "neoliberalism," 997-1000.

Lynch, J. Income inequality and health: expanding the debate, 1001-1005.

Hertzman, C. Social change, market forces and health, 1007-1008.

Coburn, D. A brief response, 1009-1010

Coburn, D. (2004). Beyond the income inequality hypothesis: Globalization, neo-liberalism, and health inequalities. *Social Science & Medicine*, 58, 41-56.

Labonte, R. and Stuckler, D. (2016). The rise of neoliberalism: How bad economics imperils health and what to do about it. *Journal of Epidemiology and Community Health*, 70, 312-318.

## 6. October 18. Social Inequality and Social Exclusion

### Chapter 4: British and Northern Irish Experiences, Katherine Smith and Clare Bamba

Grabb, E. (2007). Theories of Social Inequality: An Introduction **and** Theories of Social Inequality: An Overview and Evaluation. In E. Grabb, *Theories of Social Inequality, 5<sup>th</sup> edition*. Toronto: Thomson/Nelson.

Percy-Smith, J. Introduction: The Contours of Social Exclusion. In J. Percy-Smith (ed.) *Policy Responses to Social Exclusion*. Buckingham UK: Open University Press.

Raphael, D. and Bryant, T. (2015). Power, intersectionality and the lifecourse: Identifying the political and economic structures of welfare states that support or threaten health. *Social Theory and Health, 13*, 245-266.

## 7. October 25. Welfare States I: Research Addressing Health Inequities

### Chapter 5: Canadian Experiences, Dennis Raphael

Bambra, C. (2004). The worlds of welfare: illusory and gender blind? *Social Policy and Society, 3*(3), 201-211.

Bambra, C. (2005). Worlds of welfare and the health care discrepancy. *Social Policy and Society, 4*, 31-41.

Bambra, C. (2006). Health status and the worlds of welfare. *Social Policy and Society, 5*, 53-62.

Eikemo, T. A., & Bambra, C. (2008). The welfare state: a glossary for public health. *Journal of Epidemiology and Community Health, 62*(1), 3-6.

Navarro, V., & Shi, L. (2001). The political context of social inequalities and health. *International Journal of Health Services, 31*(1), 1-21.

Swank, D. (2005). Globalisation, domestic politics, and welfare state retrenchment in capitalist democracies. *Social Policy & Society 4:2*, 183–195.

Bambra, C. (2009). Changing the world? Reflections on the interface between social science, epidemiology and public health. *Journal of Epidemiology and Community Health, 63*, 867-868.

## 8. November 1. Welfare States II: Political Traditions and Health Inequities

### Chapter 6: Finnish Experiences, Juha Mikkonen

Esping-Andersen, G. (1990). The Three Political Economies of the Welfare State and De-Commodification in Social Policy. In G. Esping-Andersen, *The Three Worlds of Welfare Capitalism*. Princeton: Princeton University Press.

Esping-Andersen, G. (1999). The Democratic Class Struggle Revisited and Social Risks and Welfare States. In G. Esping-Andersen, *Social Foundations of Post-Industrial Economies*. New York: Oxford.

Esping-Andersen, G. (2001). Women, class, and chronos. Paper presented at The Nordic Alternative, Stockholm. Available at <http://www.nnn.se/seminar/pdf/keynote.pdf>.

Navarro, V. (2009). What we mean by social determinants of health. *International Journal of Health Services, 39*, 423–441, 2009

Saint-Arnaud, S., & Bernard, P. (2003). Convergence or resilience? A hierarchical cluster analysis of the welfare regimes in advanced countries. *Current Sociology, 51*(5), 499-527.



## 9. November 8. Welfare States III: Implications for Addressing Health Inequities

### Chapter 7: Norwegian Experiences, Elisabeth Fosse

Bernard, P., & Saint-Arnaud, S. (2004). *More of the Same: The Position of the Four Largest Canadian Provinces in the World of Welfare Regimes*. Ottawa: Canadian Policy Research Networks. Available at <http://www.cprn.org/doc.cfm?doc=1116&l=en>.

Bambra, C. (2007). Going beyond The three worlds of welfare capitalism: Regime theory and public health research. *Journal of Epidemiology and Community Health*, 61(12), 1098-1102.

Arts, W. & Gelissen, J. (2002) Three worlds of welfare capitalism or more? A state-of-the-art report. *Journal of European Social Policy*, 12, No. 2, 137-158.

Raphael, D. (2013). The political economy of health promotion: Part 1, national commitments to provision of the prerequisites of health. *Health Promotion International*, 28, 95-111.

Raphael, D. (2013). The political economy of health promotion: Part 2, national provision of the prerequisites of health. *Health Promotion International*, 28, 112-132.

## 10. November 15. Canada I: Health Inequities

### Chapter 8: Swedish Experiences, Mona C. Backhans and Bo Burstrom

Butler-Jones, D. (2008). *Report on the State of Public Health in Canada 2008*. Ottawa: Public Health Agency of Canada. (read executive summary)

Health Council of Canada (2010). *Stepping it up: Moving the focus from health care in Canada to a healthier Canada*. Toronto: Author.

King, A. (2011). *Health, Not Health Care – Changing the Conversation*. Toronto: Ontario Ministry of Health and Long-Term Care.

Canadian Medical Association (2013). *Health Care in Canada, What Makes Us Sick?* Ottawa: Canadian Medical Association.

*(skim executive summaries)*

Canadian Population Health Initiative. (2008). *Reducing Gaps in Health: A Focus on Socio-Economic Status in Urban Canada*. Ottawa: Canadian Population Health Initiative.

Senate of Canada (2007-2008) Series of Reports on the Social Determinants of Health. Available at [Video 1](#) and [Video 2](#)

First Report: Population Health Policy: International Perspectives

Second Report: Maternal Health and Early Childhood Development in Cuba

Third Report: Population Health Policy: Federal, Provincial and Territorial Perspectives

Fourth Report: Population Health Policy: Issues and Options

Fifth Report: A Healthy, Productive Canada: A Determinant of Health Approach

## 11. November 22. Canada II: Barriers to Addressing Health Inequities

**Chapter 9: An Analysis of International Experiences in Tackling Health Inequalities, Dennis Raphael.**

Kirkpatrick, S. & L. McIntyre, L. (2009). The Chief Public Health Officer's report on health inequalities and inequities: What are the implications for public health practitioners and researchers? *Canadian Journal of Public Health, 100*, (2), 93-95.

Brassolotto, J., Raphael, D. and Baldeo, N. (2014). Epistemological barriers to addressing the social determinants of health among public health professionals in Ontario, Canada. *Critical Public Health, 23*, 321-336.

Langille, D. (2009). Follow the money: How business and politics shape our health. In D. Raphael (Ed.), *Social Determinants of Health: Canadian Perspectives* (2nd ed., pp. 305-317). Toronto: Canadian Scholars' Press.

Raphael, D., Curry-Stevens, A., & Bryant, T. (2008). Barriers to addressing the social determinants of health: Insights from the Canadian experience. *Health Policy, 88*, 222-235.

Raphael, D. (2014). Beyond policy analysis: The raw politics behind opposition to healthy public policy. *Health Promotion International*, doi:10.1093/heapro/dau044.

Scott-Samuel, A, & Smith, K. (2015). Fantasy paradigms of health inequalities: Utopian thinking? *Social Theory and Health, 13*, (3), 418-436.

## Recommended

Gasher, M., et al. (2007). Spreading the news: social determinants of health reportage in Canadian daily newspapers. *Canadian Journal of Communication, 32*(3), 557-574.

Hayes, M., Ross, I., Gasherc, M., Gutstein, D., Dunn, J., & Hackett, R. (2007). Telling stories: News media, health literacy and public policy in Canada. *Social Science and Medicine, 54*, 445-457.

## 12. November 29. Researching the Political Economy of Health Inequities: Issues

### Chapter 10: Applying the Lessons from International Experiences, Toba Bryant

Raphael, D., Daiski, Pilkington, B., Bryant, T., Dinca-Panaitescu, S, and Dinca-Panaitescu, M. (2011). A toxic combination of poor social policies and programmes, unfair economic arrangements, and bad politics: The experiences of poor Canadians with Type 2 Diabetes. *Critical Public Health, 22*, (2), 127–145.

Raphael, D. (2015). The political economy of health: A research agenda into means of addressing health inequalities in Canada. *Canadian Public Policy, 41*, Supplement 2, S17-S25.

### (read abstracts)

Bryant, T. and Raphael, D. (2009). Special issue of *Humanity and Society, 33*(1/2): *Social Inequalities and Health*.

1. Introduction to the Special Issue, T. Bryant & D. Raphael
2. Reflections on Lupus and the Environment in an Urban African American Community  
Edith M. Williams et al.
3. Stolen Sisters, Second Class Citizens, Poor Health: The Legacy of Colonization in Canada, Wendee Kubik, Carrie Bourassa and Mary Hampton
4. Existing on a Boundary: The Delivery of Socially Uninsured Health Services to Aboriginal Groups in Canada, Carlos R. Quiñonez and Josée G. Lavoie
5. Primary Care and Equity in Health: The Importance to Effectiveness and Equity of Responsiveness to Peoples' Needs, Barbara Starfield

6. The Elephant in the Room: The Invisibility of Poverty in Research on Type 2 Diabetes, Claudia Chaufan and Rose Weitz

7. Welfare State Regimes and the Political Economy of Health, Clare Bamba  
Social Inequalities, Public Policy, and Health, Toba Bryant

8. Reducing Social and Health Inequalities Requires Building Social and Political Movements, Dennis Raphael