

BH 456: Social Justice and Health

Syllabus, FALL 2015

T/Th 10:30-12:50 (5 credits)

Room SOCC 303

Instructor: Erika Blacksher, PhD
University of Washington School of Medicine
Department of Bioethics & Humanities
Box 357120
eb2010@uw.edu

Office location: A-204M
Office hours: By appointment
Phone: 206-685-9532
Fax: 206-685-7515

COURSE DESCRIPTION

This course examines the moral grounds for the view that social inequalities in health are unjust. Using contemporary literature from moral philosophy and bioethics, case studies, and film, this course engages students in fundamental questions of social justice in public health and health policy, including: Who is responsible for health and health disparities? Which goods should be subject to considerations of justice and is health a special good?, What is a fair share of these goods?, and Who does “everyone” include? This course also explores ethical challenges to and constraints on the pursuit of health equity. The overarching goal of this course is to equip students with a better understanding of the moral considerations and complexities entailed in judgments that some types of health gaps constitute health inequities.

COURSE OBJECTIVES

By the end of the course, students will be able to:

- Describe the social gradient in health and social determinants of health
- Identify and discuss ethical questions integral to social justice in public health such as:
 - Who is responsible for health and health disparities?
 - Which goods should be subject to justice and is health special?
 - How much of these goods should everyone have?
 - Who should be included? and
 - Does the distributive aim to reduce health inequities exhaust the demands of justice?

CLASS FORMAT

Unless there is a guest lecturer or film, the class format will typically proceed as follows:

10:30 - 11:30 Didactic though interactive lecture

11:30 - 12:00 Small group discussions (case based)

12:00 - 12:50 Full group discussion and review

As the course meets over the lunch hour, please feel free to bring sustenance. We typically will take a short break about midway (after lecture and before small groups) through the class.

COURSE FEEDBACK

Constructive feedback on the course structure, requirements and readings is welcomed.

REQUIRED TEXT BOOKS

- Fleischacker Samuel. *A Short History of Distributive Justice*. Cambridge, Massachusetts: Harvard University Press 2004.
- Powers Madison, Faden Ruth. *Social Justice: The Moral Foundations of Public Health and Health Policy*. New York, New York: Oxford University Press 2006.

READING EXPECTATIONS

The amount of reading varies from week to week. However, on average, ~30 pages are assigned for *each class*, that is about 60 pages per week. Readings are particularly heavy in the first half of the quarter and begin to ebb the second half of the quarter (after the first exam). The readings draw on a range of disciplines and fields of inquiry including moral philosophy, bioethics, social epidemiology, and health policy and thus vary in density and difficulty. *Please notice whether or not you required an entire reading is required; I often specify excerpts with page ranges within an article.*

ALTERNATIVE MEDIA

Occasionally students will be asked to watch a film or film segment prior to class. A web link to the film Unnatural Causes is provided in the syllabus, indicating when and which segment to watch:

https://media.lib.washington.edu/html/uwonly/mediactr/perm_unnaturalcauses.html

The film City of God is no longer available for streaming via a UW library link. However, the film is available in the Media Center in Suzzallo Library on the 3rd floor. It is also available for streaming via Netflix and Amazon Prime should you have access to those resources. Please notify me if you anticipate having difficulty viewing this film.

TARGET AUDIENCE

BH minors and non-minors, and anyone interested in questions of social justice as they relate to systematic differences in the burden of disease and premature mortality among social groups.

PREREQUISITES None

EVALUATION

Grades for undergraduate students will be based on three types of activities: (1) quizzes (20%), (2) two essay exams (30% each, 60% total), and (3) participation (20%). The quizzes and exams address only material covered in the class and small group discussions and an in-class review precedes each exam. Participation grades are based only regular performance during discussion when class meets as well as assignments on November 5th and December 3rd and 8th (see syllabus). Graduate students will also be required to write a final 8-10 page paper. Information about the final paper for graduate students is located on the course website (click the Paper Guidelines tab). The B&H grade scale for undergraduates is posted on the course website (click the Grade Scale tab). Quizzes will not be accepted after the deadline and there will be no other opportunities to take the quiz or to take a makeup quiz.)Exceptions made only for students with documented disabilities or medical emergencies.)

	<u>Quizzes</u>	<u>Exam #1</u>	<u>Exam #2</u>	<u>Participation</u>	<u>Paper</u>
Undergraduates:	20%	30%	30%	20%	NA
Graduate students:	10%	30%	30%	10%	20%

PARTICIPATION

Engaged and thoughtful participation is expected every class session during the discussion section. This means coming to class having read the assigned materials and ready to discuss the readings and case studies with fellow students and the instructor. In addition, two other activities contribute to your participation grade, each is described in the syllabus (see Thursday, November 5 and December 3 and 8)students will not meet in class but rather be given on off-site assignment).

ATTENDANCE

One class may be missed with no questions asked or impact on your grade. If additional days must be missed, please notify instructor prior to class. Unless there are exceptional circumstances, missing more than 2 classes will begin to affect your participation grade.

CLASS SCHEDULE & READINGS

October 1, 2015 Introduction to Course & Population Health Phenomena

Introduction to social determinants of health and the social gradient in health

Required readings

- Braveman PA, Egerter SA, Mockenhaupt RE. Broadening the focus: the need to address the social determinants of health. *Am J Prev Med* 2011;40(1S1):S4-S18.
- Marmot MG, Bell R. Action on health disparities in the United States: Commission on Social Determinants of Health. *JAMA* 2009;301(11):1169-1171.
- Isaacs SL, Schroeder SA. Class – the ignored determinant of health. *NEJM* 2004;351(11):1137-1142.

Required film Prior to class, please watch a 56-minute segment (In Sickness and in Wealth, 56 min) from the film *Unnatural Causes*. The film can be accessed easily for free:

https://media.lib.washington.edu/html/uwonly/mediactr/perm_unnaturalcauses.html

October 6, 2015 Population Health Phenomena: Social Causes of Health Inequalities

Social determinants of health and their contribution, as fundamental causes, to social inequalities in health

Required readings

- Marmot MG, Friel S, Bell R, *et al.* Closing the gap in a generation: health equity through action on the social determinants of health. *Lancet* 2008;372:1661-69.
- Link BG, Phelan JC. Editorial: Understanding sociodemographic differences in health—the role of fundamental social causes. *Am J Public Health* 1996;86(4):471-473.
- Link BG, Phelan J. Social conditions as fundamental causes of disease. *Journal of Health and Social Behavior* 1995:80-94.

Required film Prior to class, please watch two film segments (Place Matters and Not Just a Paycheck, 59 min total) from the film *Unnatural Causes*. The film can be accessed easily for free:

https://media.lib.washington.edu/html/uwonly/mediactr/perm_unnaturalcauses.html

Required review of conceptual models of social determinants of health

- Robert Wood Johnson Foundation (2008) Commission to Build a Healthier America
- Dahlgren G & Whitehead M (1991) Policies and strategies to promote social equity in health. Institute for Future Studies, Stockholm (Mimeo)
- World Health Organization (2005) Commission on Social Determinants and Health. (2 versions)

Small group exercise What, if anything, is ethically problematic about social inequalities in health? Are they unfair or unjust? If so, why? If not, why not? Each group will report their findings to the class.

October 8, 2015 Modern Notions of Distributive Justice: Assumptions & Key Questions

This session examines moral assumptions and beliefs that underpin contemporary ideas about distributive justice

Required reading

Fleischacker S. *A Short History of Distributive Justice*, excerpts.

October 13, 2015 Social and Individual Causality: Who Is Responsible for Health?

This is the first of two sessions that examine the health responsibility debate and a threshold question for many contemporary theories of social justice, Who is responsible for the harm/inequality in question, in this context, poor

health and the disproportionate incidence of preventable morbidity and premature death among socially disadvantaged groups? and What do we mean by responsibility?

Required readings

- Wikler D. Who should be blamed for being sick? *Health Educ Q* 1987;14(1):11-25.
- Dworkin G. Taking risks, assessing responsibility. *Hastings Center Report* 1981;11(5):26-31.
- *From Chance to Choice: Genetics & Justice*, excerpt pp. 65-68.
- Case study reading: Steinbrook R. Imposing personal responsibility for health. *NEJM* 2006;355(8):753-756.

Case study A Medicaid Commission: Fiscal Constraints and Healthy Behavior Programs

October 15, 2015 Health Responsibility: Who Is Responsible for Poor Health (continued)?

What model of responsibility best frames the responsibility question for social inequalities in health?

Required readings

- Young IM. *Responsibility for Justice* (Oxford University Press 2011), excerpts
- Pearson SD, Lieber SR. Financial penalties for the unhealthy? Ethical guidelines for holding employees responsible for their health. *Health Affairs* 2009;28(3):845-852.
- Case study readings:
 - Schmidt H, Voigt K, Emanuel EJ. The Ethics of Not Hiring Smokers. *NEJM* 2013;368(15):1369-71.
 - Asch DA, Muller RW, Volpp KG. Conflicts and Compromises in Not Hiring Smokers. *NEJM* 2013;368(15):1371-73.

Case study Wellness Policy: Should a Health Foundation Hire (or Fire) Smokers?

October 20, 2015 Which Goods Should Be Subject to Justice?

Which goods should be subject to considerations of justice? Is health a special good that should be subject to a just distribution?

Required readings

- Powers M, Faden R. *Social Justice*, excerpts
- Nussbaum M. *Sex and Social Justice*, New York, New York: Oxford University Press 1999), excerpts
- Anand S. "The Concern for Equity in Health" in *Public Health, Ethics, and Equity*, eds. Anand S, Peter F, and Sen A. (Oxford University Press 2004), pp. 15-18.

Small group discussion Is health a "special good"? If so, why or why not?

October 22, 2015 How Much of These Goods Is Fair?

How much of these goods should everyone have? What distribution is fair?

Required reading

- Powers M, Faden R. *Social Justice*, excerpts
- Marchand S, Wikler D, Landesman B. Class, health, and justice. *Milbank Quarterly*. 1998;76(3):449-467.

Recommended reading

- Blacksher E, Rigby E, Espey C. Public Values, Health Inequality, and Alternative Notions of a "Fair" Response. *Journal of Health, Politics, Policy, and Law* 2010;35(6):889-920.

Classroom exercise Alternative Distributions of Health: Which Distribution Is Fair?

October 27, 2014 Revisiting Key Questions, How Much of Which Goods?

How we answer two central questions of justice (*how much of which goods* is fair) depends a lot on the nature of the good in question. In this class discussion, we revisit these two questions through a case study that examines racial disparities in infant mortality.

Required readings

- Mechanic D. Disadvantage, inequality, and social policy. *Health Affairs* 2002;21(2): 48-59.
- Sen A. *Inequality Reexamined*, excerpts, Chapter 5, pp. 81-82 (top of page), 85-86 (top of page), Chapter 8, pp. 121-125.
- Blacksher E, Goold SD. Black-White Infant Mortality: Disparities, Priorities, and Social Justice in Public Health. *Public Health Ethics: Cases Spanning the Globe*. Springer Press. (Accepted March 5, 2013; forthcoming 2015).

Required film Prior to class, please watch a segment from Unnatural Causes (When the Bough Breaks 29 min). The film can be accessed easily and for free via University of Washington libraries via:

https://media.lib.washington.edu/html/uwonly/mediactr/perm_unnaturalcauses.html

Case study Fairness in Black/White Infant Mortality: Maximization or Equity?

October 29, 2014 Mid-Term Review

November 3, 2015 EXAM #1

BRING A BLUE BOOK TO CLASS

November 5, 2015 Who Counts? Vulnerable Populations Near and Far

Watch *City of God* and respond in writing to the following questions (no more than 1 page total). Submit on the course website.

Required film *City of God* (2 hr 10 min) This film is no longer available for streaming via a UW library link. However, the film is available in the Media Center in Suzzallo Library on the 3rd floor on physical reserves. It is also available for streaming via Netflix and Amazon Prime should you have access to those resources.

November 10, 2015 Human Rights, Institutions, and the Social Determinants of Health

One prominent way to answer the question, Who counts? is within a framework of universal human rights. What are human rights? What sort of practical and philosophical problems challenge universal human rights as an approach to delivering health justice?

Required reading

- Universal Declaration of Human Rights
- International Covenant on Economic, Social and Cultural Rights
- Arras JD, Fenton EM. Bioethics and human rights: access to health-related goods. *Hastings Center Report* 2009;39(5): 27-38.

Small group activity Looking at the UDHR and ICESCR, and using the criterion of “genuineness” as Arras and Fenton describe it, which rights seem like “genuine” rights? Which seem more like a “wish list” of goods and opportunities?

November 12, 2015 Children’s Health: Pediatric Obesity

In considering the question, Who counts in matters of justice?, we examine the challenges to justice faced by a particularly vulnerable populations.

Required readings

- Hertzman C. The case for child development as a determinant of health. *Canadian Journal of Public Health* 1998;89(S1):S14-S19).
- Hertzman C. Commentary on the Symposium: Biological embedding, life course development, and the emergence of a new science. *Annu Rev Public Health* 2013;34:1-4.
- Case study: Blacksher E. **Blacksher E.** Obesity Prevention in Children: Media Campaigns, Stigma, and Ethical Considerations. *Public Health Ethics: Cases Spanning the Globe*. Springer Press (Accepted March 5, 2013; forthcoming 2015).

Case study discussion Childhood Obesity Prevention Campaigns and Stigma

November 17, 2015 Social Justice, Essentialism, and Universalism

Does the pursuit of social justice as a universal value neglect important cultural differences among us? Is the pursuit of social justice an imperialistic and oppressive enterprise?

Required reading

Nussbaum M. *Sex and Social Justice*, New York, New York: Oxford University Press 1999), CH 1, sections I-III (pp. 29-39) and VI-VII (pp. 47-54).

Classroom exercise What are adaptive preferences and how might they influence health and health agency?

November 19, 2015 Recognition Respect in the Pursuit of Health Equity

Does a fair distribution of important goods exhaust the demands of social justice?

Required reading

- Fraser N. Social justice in the age of identity politics: redistribution, recognition, and participation (Ch 1, pp. 7-37). *Redistribution or Recognition? A Philosophical-Political Exchange*. New York, New York: Verso, 2003.
- Case study readings:
 - Bayer R. Stigma and the ethics of public health: Not can we but should we. *Social Science Medicine* 2008;67(3):463-472.
 - Burris S. Stigma, ethics, and policy: A commentary on Bayer's "Stigma and the ethics of public health: not can we but should we." *Social Science Medicine* 2008;67(3):473-5.

Small group discussion Smoking and Stigma: Should stigmatization be used as a tool of health promotion?

November 24, 2015 Recognition, Participation, and the Pursuit of Health Equity

What does recognition respect demand in a theory of health justice and health policy?

Required reading

- Blacksher E. Redistribution and Recognition: Pursuing Social Justice in Public Health. *Cambridge Quarterly of Healthcare Ethics* 2012;21(3):320-331.
- Morgan L. Community Participation in Health: Perpetual Allure, Persistent Challenge. *Health Policy and Planning* 2001;16(3):221-230.

Case study discussion Family Planning, Religion, and Public Participation

December 1, 2015 Addressing Social Inequalities in Health: Policies, Practices, & Priorities (Step 1)

Students will come to class having read the one required reading and having chosen one specific approach or strategy for remedying health disparities (based on the other available readings) that they want to champion. In class, students will identify others who want to work on the same theme and will begin working in small groups to prepare a brief

presentation (10 minutes) that will introduce *one strategy* to the whole class. Presentations should address: (1) a description of the strategy; (2) its strengths and weaknesses as a strategy for addressing health disparities; and (3) reasons it should be prioritized as a strategy.

Required reading for everyone

- Woolf SH. Potential health and economic consequences of misplaced priorities. *JAMA* 2007;297(5):523-526.

Choose ONE reading from the following readings and build your presentation around one approach or strategy to reducing health disparities.

Articles that review more than one strategy

- Marmot M, Friel S, Bell R, *et al.* Closing the gap in a generation: health equity through action on the social determinants of health. *Lancet* 2008;372:1661-69.
- Wilensky GR, Satcher D. Don't forget about the social determinants of health. *Health Affairs*. 2009. doi 10.1377/hlthaff.28.2.w194 ©2009 Project HOPE—The People-to-People Health Foundation, Inc.
- Williams DR., Costa MV, Odunlami AO, *et al.* Moving upstream: How interventions that address the social determinant of health can improve health and reduce disparities. *Journal of Public Health Management and Practice* 2008;Supplement:S8-S17.

Articles that focus on one approach

- Bhatia R. Estimation of health benefits from a local living wage ordinance. *American Journal of Public Health*. 2001;91:1398-1402.
- Geiger HJ. Community-oriented primary care: a path to community development. *American Journal of Public Health* 2002;92(11):1713-1716.
- Sandel M, Hansen M, Kahn R, *et al.* Medical-legal partnerships: transforming primary care by addressing the legal needs of vulnerable populations. *Health Affairs* 2010;29(9):1697-1705.
- Starfield B, Shi Leiyu, Macinko J. The contribution of primary care to health systems and health. *Milbank Quarterly* 2005;83(3):457-502.
- Woolf SH, Johnson RE, Phillips RL, Philipsen M. Giving everyone the health of the educated: an examination of whether social change would save more lives than medical advances. *American Journal of Public Health*. 2007; 97(4):679-683.
- Woolf SH, Johnson RE, Fryer GE, Rust G, Satcher D. The health impact of resolving racial disparities: an analysis of U.S. mortality data. *American Journal of Public Health*. 2004;94:2078-2081.

December 3, 2015 Addressing Social Inequalities in Health: Policies, Practices, & Priorities (Step 2)

You are in charge! Small groups will make their presentations to and take questions from the whole class.

December 8, 2015 Exam #2 Review

December 10, 2015 EXAM #2 (in class)

PLEASE BRING A BLUE BOOK