

MAX WEBER MULTIDISCIPLINARY RESEARCH WORKSHOP  
Lectures Series on Health and Healthcare

## ***Turning the Tide: Contemporary Challenges to Health and Healthcare in Europe and Beyond***

Online - via Zoom

11 May 2021 | 18 May 2021 | 25 May 2021 | 1 June 2021 | 8 June 2021

### **Workshop Organizers**

Tamara Popic (MWP-SPS), Alexandru Moise (MWP-SPS), Mirjam Reutter (MWP-SPS), Katarzyna Doniec (MWP-SPS), Takuya Onoda (MWP-SPS), Aline Bertolin (MWP-LAW)

Health and healthcare issues have never been as salient as in the context of the present COVID-19 pandemics. This lecture series addresses the following questions: What are the main challenges facing population health and healthcare policies in the context of the present pandemic in Europe and beyond? How have countries dealt with these challenges? And what are the future prospects of health and healthcare in this pandemic-ridden world?

The aim of this lecture series is to explore these questions from diverse disciplinary perspectives. The lectures will cover topics of health inequalities, vaccinations, mental health, EU's health future and healthy ageing.

The event is organized as a series of lectures with renowned speakers who have worked on the topic of health and healthcare from different angles, with the Max Weber Fellows acting as moderators.

### **Location**

Zoom.us (the link will be disseminated by email).

### **Housekeeping**

- The Zoom meetings will be accessible around 5 minutes before the beginning of each session. For security reasons, please do not circulate the zoom link without prior authorization.
- Video and audio: we strongly encourage everyone to keep their video on in order to retain a feeling of presence and community; however, everyone but the presenter should mute their microphones. The presenter should open their presentation on their laptop and share their screen. In case of a video-recorded event, only the speakers will appear in the recording before the Q&A. In that specific case, we invite you to switch off your video and audio when not intervening.
- Questions: all questions should be asked during the Q&A. Please use the “raise hand” feature of Zoom (by clicking on “participants” in the bottom of your screen and then on “raise hand” in the bottom right corner), wait for the acknowledgement by the moderator, then unmute your microphone, and speak up.

Register [here](#).

## Program

### *Lecture 1 - Health Inequalities: Which Role of the Health System?*

**Terje Andreas Eikemo**

Norwegian University of Science and Technology (NTNU)

Centre for Global Health Inequalities Research (CHAIN)

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**Tuesday, 11 May 2021 | 4:00-5:00 PM**

**Moderated by Tamara Popic**

[CHAIN is the leading centre and interdisciplinary research network for global health inequalities research.](#)

It brings together expert researchers in the field of health and their social determinants (from genes to society), WHO, the GBD Study, civil society and the UN system to advance health inequalities research, especially for children's health. It seeks to monitor, explain and reduce inequalities. In this presentation, CHAIN leader Terje Andreas Eikemo will provide an example of its research through the role of health systems in understanding the social distribution of mortality.

Many of the pathways connecting social position to health can potentially be found within healthcare systems. However, it is unclear whether some systems are associated with larger socioeconomic inequalities in mortality than others. This question is particularly relevant for fatal outcomes that would have been avoided with timely and effective health care.

In order to advance research on macro-level explanations for cross-national differences in socioeconomic health inequality, we need to link country-level mechanisms to specific and system sensitive health outcomes rather than relying on general indicators of health or mortality. Supported by register data from several European populations, professor Eikemo will discuss the role that healthcare plays in the social distribution of mortality in Europe.

More specifically, he asks to what extent the magnitude of educational differences in mortality amenable to healthcare vary among between European healthcare system types. He will also address possible mechanisms connecting healthcare systems, social position, and health.

He will show that factors located within the healthcare system are relevant for health inequalities, as inequalities in mortality amenable to medical care are present in all healthcare systems, but also that important variations can be observed between the systems.

**About the speaker:** Terje Andreas Eikemo is a professor of sociology at the Norwegian University for Science and Technology (NTNU). He is directing the Centre for Global Health Inequalities Research (CHAIN) and he has been the Editor-in-Chief of the Scandinavian Journal of Public Health since 2016.

***Lecture 2 - From popular modernism to post-modern populism? Making sense of the link between anti-establishment politics and vaccine hesitancy***

**Jonathan Kennedy**

Queen Mary University of London

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**Tuesday, 18 May 2021 | 4:00-5:00 PM**

**Moderated by Katarzyna Doniec**

Vaccines and vaccination programmes are amongst the most remarkable achievements of, respectively, medical science and public health. Even though vaccines provide the only clear path out of the death and devastation caused by Covid-19, a significant minority of people in Western Europe and the North America have said they will not get vaccinated. There is a strong association between voting for anti-establishment political parties and vaccine hesitancy. This talk argues that support for populist politicians and low vaccine confidence are driven by similar dynamics: a profound distrust in elites and experts. Public health actors traditionally aim to improve vaccine uptake by raising awareness about the safety and effectiveness of vaccines. There are limits to this strategy, however. The distrust of elites and experts that is driving vaccine hesitancy will be difficult to resolve unless its underlying causes—i.e., political disenfranchisement and economic marginalisation—are also addressed.

***Lecture 3 - Another European Rescue of the Nation-State? COVID-19 and European Integration***

**Scott Greer**

University of Michigan

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**Tuesday, 25 May 2021 | 4:00-5:00 PM**

**Moderated by Alexandru Moise**

The European Union is one of the few political systems to be unequivocally changed by the COVID-19 crisis. By the end of 2020, member states had taken adopted key policies to strengthen its role in health care and public health, reinforced its role in controlling trade between member states, and in fact expanded its supportive and redistributive role in the overall fiscal policy of its member states. This article analyzes the EU's pandemic response from the perspective of comparative federalism. We argue that the EU in COVID-19 faced the same pressures as other federations in history, and responded in the same way as the successful federations: with greater assumption of collective risk. Before the pandemic, the risk to the EU was that its liberal political and economic framework would become brittle in the face of economic divergence and democratic backsliding. A brief period of disintegrative behavior in spring 2020, however, showed member state governments the impossibility of going it alone in emergency response. Workforces, populations, supply chains and member state budgets were too closely bound together, and so member states opted for joint action. It was the only way they saw to rescue the nation-state.

*Lecture 4 - Covid-19 and Mental Health in Italy*

**Veronica Grembi**

University of Milan

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**Tuesday, 1 June 2021 | 4:00-5:00 PM**

**Moderated by Mirjam Reutter**

An increasing number of studies shows the negative impact of the COVID-19 pandemic on mental health regardless of the different institutional contexts and responses to the emergency, as is apparent from evidence from the US and the UK, to name a few.

In the light of these results, the experience of some population groups, among which healthcare workers, is expected to be even more dramatic. Consistent with evidence on past disease outbreaks (e.g., severe acute respiratory syndrome – SARS) and with the effects detected in the overall population, by the end of the first wave (spring 2020) of the COVID-19 pandemic, healthcare personnel had experienced a dramatic deterioration of their mental health, showing clear signs of post-traumatic stress disorder (PTSD) and burnout.

I present the results of an experiment where we randomized the elicitation of religiosity to healthcare personnel in Italy. Religiosity is considered a coping mechanism in distress situation. Relying on a survey of more than 15,000 respondents conducted from June to August 2020, we show that priming religiosity in healthcare workers decreases by 9.5% the level of self-assessed mental distress experienced during the first wave of the COVID-19 pandemic.

Moving from the analysis of these results, I address the fact that female respondents on average show higher level of distress to provide more insights on the gap in mental health during the pandemic, within the healthcare profession and on the general population.

*Lecture 5 - The Politics of Healthy Ageing: Myths and Realities*

**Jane Gingrich**

University of Oxford

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**Tuesday, 8 June 2021 | 4:00-5:00 PM**

**Moderated by Takuya Onoda**

This book examines the idea that population ageing in Europe creates a tradeoff between supporting health care systems and pursuing policies aimed at investing in the young. We argue that the argument that ageing is likely to produce unsustainable health care costs and crowd out alternative investments rests on three mechanisms: a) mechanical response to demographic changes b) via the political actions of older people and c) via politicians who pander to older voters rather than growth creating policies. The book as a whole argues that none of these mechanisms hold under greater scrutiny: the direct costs of demographic change are over-stated, the political mobilization of the elderly is multifaceted, and politicians can - but often do not - pursue policies that spread gains across generations. Instead, building on Lynch (2006) and more recent work on social investment (Hemerijck 2017), we show that there are not sharp tradeoffs between intra and inter-generational equality, indeed, places that invest in the young often produce healthier ageing and greater inter-generational equality. The question is how to create policy coalitions that last over the long-run that invest

in both the old and young, something that has proven fragile in some contexts (e.g. the UK) but more resilient elsewhere (e.g. Nordic countries).