

Population health and societal transformations: an institutional approach.

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In social epidemiology, public health research, as well as in health sociology, an individualistic bias prevails. Research has, however, repeatedly shown that population health is more than the sum of individual level health conditions. This individualistic bias is obvious when focusing on the broadest field of research within the aforementioned disciplines, e.g. that of health inequalities. Income, education, social class, ethnicity, and gender are often considered to be social characteristics of individuals instead of indicators of broader macro-level institutional contexts that impact on one's health. Institutions are supra individual features, that are socially reproduced and, hence, endure across time and space. They both constrain and facilitate behaviour by generating power differences that translate into advantages for some and disadvantages for others, with obvious health consequences.

I argue for a more profound 'institutional turn' in health sociology in order to further develop a macro-sociology of health and illness. The potential of a macro-sociological approach to population health is illustrated with reference to a number of studies on population mental health, and on cancer screening participation. Not individuals' level of education, but the expansion of education is the focus of part of the research here. In addition we focus on systems of gender stratifications and their health consequences. Also, we hope to illustrate how social inequalities in cancer screening participation are generated and reproduced via the diffusion of technological innovations in cancer screening practices. Finally, we will point to the relevance of distinguishing age from cohort differences in health when studying social transformations and their impact on population health.