SOCIOLOGICAL ASPECTS OF HEALTH AND ILLNESS

Course Description

This lecture-discussion course will introduce the student to the field of the sociology of health and illness. Health care institutions are necessary parts of every society – in every culture people get sick and need care. Health itself is socially determined, not only by a society’s medical care systems, but by all of the institutions of society. These social determinants of health are defined by the World Health Organization (2009) as ...

“...the circumstances in which people grow, live, work, and age, and the systems put in place to deal with illness. The conditions in which people live and die are, in turn, shaped by political, social, and economic forces.”

In this course we will examine health, illness, and health care institutions as social phenomena, in four parts that move from the macro-social to the micro-social, and across cultures. In Part I we will learn about population trends in health and the aging of our global society, as well as the social forces that play a determining role. In Part II we will examine and compare health care institutions in the US and several industrialized countries, with special attention to the Affordable Care Act, which went fully into effect in 2014. In Part III we will study the social relationships and roles of health care providers and patients. Finally, in Part IV we take up issues of the experience of illness and the role that health plays in individual identity.

Course Requirements and Features:

1. **Prerequisite**: This course has no prerequisites.

2. **Facebook Group**: A special Facebook Group will be set up for this class, for the period of this semester. Only registered students will be allowed to join the group. Health and health care are a constant part of our news media, particularly as major new portions of the Affordable Care Act went into effect in 2014 and following the recent election. To encourage you to read the news about health and health care, and to consider what it means, we ask you to post articles from the news media, interesting web sites, blogs, editorial cartoons, or even links to academic research papers, for our Facebook group. Each post must be accompanied by a brief comment (Twitter-length is optimal). Then, read other students' posts! Like them! Comment on them! We will have an occasional "What's Trending on Facebook?" report in class. Participation on Facebook will be part (4%) of the Participation portion of your grade (20%). For full credit you should post or comment at least 4 times on Facebook before the midterm, and 4 times in the second half of the class (total at least 8 posts). Note that this activity is to encourage continuous participation, so do not do all your posts at the last minute -- this does not allow other students to benefit from your contributions (4% of grade)

3. **Thinking Aloud Pair Problem Solving (TAPPS)**: These are in-class activities that we will do on a regular (but unannounced) basis. An issue, policy problem, or data presentation that pertains to assigned course
readings or lecture material will be distributed to students in class. Students will form pairs with those nearby to read the issue (1 minute), discuss the issue (2 minutes) and write a brief response (2 minutes). In the full class discussion that follows we will identify opposing views or alternative interpretations. The paired responses will be collected and graded (worth 2 points each). (16% of grade)

4. **Minute for MCAT:** As some of you may know, the Medical College Admission Test (MCAT) began in 2015 to include questions on the social and cultural determinants of health and health outcomes. Occasionally we will begin the class with a 3-minute discussion of a sample question from the MCAT. Some of you may be preparing to take these exams, but understanding this important gateway to medical school will be a benefit to all in understanding one of the processes of selection into medical school.

5. **Primary Evidence:** What constitutes "evidence" in academic inquiry? In the social sciences, evidence usually takes the form of qualitative or quantitative data collected as official records, or survey interviews, or ethnographic observations. In this course we will stress the origins of data as well as their limitations, and you will develop your skill for interpreting quantitative data presented in tables and charts. Primary Evidence readings are articles from peer-reviewed journals written for health researchers and professionals. You are responsible for reading (at least!) the Abstract, Introduction, and Discussion sections of these articles.

6. **Guest speakers:** We will hold two panel discussions with health professions students and young professionals. For the first panel we will invite three students who are currently enrolled in Emory’s Schools of Medicine, Nursing, and Public Health to talk with you about: the experiences that motivated them to apply; their current course work, challenges, and rewards; and their career aspirations. After the midterm, a second panel will be made up of recent graduates of those same programs who will talk about their new roles in the health care institution and as members of the health care team.

7. **Lunches with students:** Once a month there will be a lunch with the professor. I will send out an email announcing the lunch, and the first five students who respond will get treated to lunch after class or on some other day. Lunch topics are agenda-free -- up to you!

8. **Short research projects:** There will be two short papers due, one before the midterm and one at the end of the semester. Specific instructions for each assignment will be provided on Canvas. One will involve the health care system and one will focus on the experience of illness. Each will require that you collect data, present it in a table, and write a summary of your findings using sources that include assigned readings and supplemental readings that you identify. (30% of grade, 15% each)

9. **Midterm and final exams:** Exams will combine multiple choice, short answer, and short essay questions based on both reading and classroom material. (50% of grade, 25% each)

10. **Class participation:** This is a lecture-discussion course, and participation by students is essential to its success. Assignments listed in the schedule should be read prior to class time and you should have reflected on them sufficiently to be ready to comment on them in class. Because this is a big class and it is not possible to have everyone speak in the classroom, the Facebook group provides a “voice” for everyone. Daily attendance will not be taken, but participating in the TAPPS exercises serves a second purpose of recording whether you are there or not. (20% of grade, made up of Facebook participation (4%) and TAPPS (16%))
11. **Class materials on Canvas**: The syllabus, PowerPoint slides, assignments, and readings that are not in the required books will be available on Canvas. Slides shown in lectures will be available on the web for you to view or print. Slides are usually class outlines, illustrations, or data only; detailed lecture notes are not posted. This means attendance is very helpful if you are to succeed in this course!

12. **Grades**: Midterm and final exams are weighted equally, 25% each. The research papers are worth 15% each, and the remaining 20% is for class participation, including Facebook (4%) and TAPPS (16%).

13. **Academic Integrity**: I abide by the Emory University Policy on Academic Integrity. Any involvement with cheating, the fabrication or invention of information used in an academic exercise, plagiarism, facilitating academic dishonesty, or denying others access to information or material may result in disciplinary action being taken. Breaches of academic integrity can result in serious consequences ranging from reprimand to expulsion. The University’s policy on academic integrity can be found at: [http://college.emory.edu/current/standards/honor_code.html](http://college.emory.edu/current/standards/honor_code.html)

**Required Reading**

The following books are available at the Emory College Bookstore. Substantial portions of these wonderful books are required reading, and they are enthusiastically recommended for purchase. They are not available on Canvas.


The following articles/chapters are also required reading. They are available on the class Canvas site.


**Class Schedule, Topics, and Reading Assignments**

January 10 Introduction to the course

**Part I. Population Health and its Social Determinants**

January 12 The demographic transition and causes of death in industrial societies
McFalls, (pp. 1-14, 32-36)

17 Aging populations
Wilkinson, Chapter 1, (pp. 1-31)
McFalls, (pp. 22-30)

19 Social determinants of health: Education and income inequality
Wilkinson, Chapter 4, (pp. 101-133 - skip last part of chapter)
*Primary Evidence*: Phelan et al., (pp.265-85)

24 Social determinants of health: Race and ethnicity
Wilkinson, Chapter 7, (pp. 215-34)

26 Social determinants of health: Which matters most -- poverty or income inequality?
Film in class: “Unnatural Causes – In Sickness and in Wealth”
Wilkinson, Chapter 6, (pp. 169-214)

31 Social determinants of health: Social ties
Wilkinson, Chapter 2, (pp. 33-56)
*Primary Evidence*: Pantell et al., (pp. 2056-62)

**Part II. Health Care Institutions**

February 2 Health care institutions as social structures
Reid, Prologue and Chapters 1-2, (pp. 1-27)

7 The varieties of health care systems: France and Germany
Reid, Chapters 3-5, (pp. 28-81)
<table>
<thead>
<tr>
<th>Week</th>
<th>Topic</th>
<th>Pages</th>
<th>References</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>The varieties of health care systems: Japan and the UK</td>
<td>82-125</td>
<td>Reid, Chapters 6-7</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>The varieties of health care systems: Canada and Out-of-Pocket</td>
<td>126-162</td>
<td>Reid, Chapters 8-9</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Primary Evidence: Katz et al., (pp. 19-31)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>America’s “exceptional” health care system</td>
<td></td>
<td>Reid, Chapters 10-11</td>
</tr>
<tr>
<td></td>
<td>Film in class: &quot;Sick Around the World&quot;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>The Affordable Care Act</td>
<td>205-225, 244-251</td>
<td>Reid, Chapters 12, Afterword</td>
</tr>
<tr>
<td></td>
<td>Primary Evidence: Antiel et al., (pp.399-403)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Prospects for US health care</td>
<td>226-243</td>
<td>Reid, Chapter 13</td>
</tr>
<tr>
<td>28</td>
<td>Health Professions Student Panel: Medicine, Nursing, and Public Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Research Assignment I due, discuss in class</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Q &amp; A for Midterm Exam</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**March 2**

**Midterm Exam**

**6-10**

**Spring Break**

**Part III. Social Relationships and Health: Patients, Providers, and Social Support**

<table>
<thead>
<tr>
<th>Week</th>
<th>Topic</th>
<th>Pages</th>
<th>References</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Physicians and patients</td>
<td></td>
<td>Fadiman, Preface and Chapters 1-4, (pp. vii-37)</td>
</tr>
<tr>
<td>16</td>
<td>The health care team</td>
<td></td>
<td>Fadiman, Chapters 5-7, (pp. 38-92)</td>
</tr>
<tr>
<td>21</td>
<td>Health literacy</td>
<td></td>
<td>Fadiman, Chapters 9, 11, 13 (pp. 106-118, 140-153, 171-180)</td>
</tr>
<tr>
<td></td>
<td>Primary Evidence: Scott et al. (pp.395-404)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Health behaviors and practices</td>
<td></td>
<td>Fadiman, Chapters 14-15, (pp. 181-224)</td>
</tr>
<tr>
<td>28</td>
<td>Families, caregiving, and social support</td>
<td></td>
<td>Fadiman, Chapters 17-19, (pp. 250-288)</td>
</tr>
<tr>
<td></td>
<td>Primary Evidence: Idler et al., (pp. 33-49)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
30  Therapeutic relationships  
    Moerman, Chapter 1-2, 4, 7, (pp. 9-21, 32-46, 89-99)

Part IV. Illness Experience and Identity

April 4  The meanings of illness and perceptions of health  
        Kleinman, Preface, Chapters 1-2, (pp. xi-xv, 3-55)

6  Pain, symptoms, and illness in daily life  
    Kleinman, Chapters 3-4, (pp. 56-87)

11  Stigma and shame  
    Kleinman, Chapters 10-11, (pp. 158-186)  
    Primary Evidence: Mustillo, (pp. 2-16)

13  Medicalization  
    Horwitz and Wakefield, Chapter 1, (pp.3-26)  
    Primary Evidence: Pratt et al., (pp. 1-7)

18  Health Professionals Panel: Medicine, Nursing, and Public Health  
    Facebook wrap-up

20  Research assignment II due, discuss in class  
    Q & A for Final Exam

May 1  Final Exam, White Hall 207, 8:00 am to 10:30 am