

Sociology 230
Spring 2021
Tues and Thurs 11:20-12:35
Synchronous Online by Zoom

Prof. Ellen Idler
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SOCIOLOGICAL ASPECTS OF HEALTH AND ILLNESS ~ During a Pandemic ~

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 January 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**.

Every aspect of this course has had a spotlight shone on it by the historic events of the past year. Public health leaders are now household names and public health concepts are part of everyday discourse. The health care systems of different countries are under strain, with some faring better than others. Individual risk factors for illness and death are more clearly than ever attributable both to societal inequalities and to individual behaviors. We see the health consequences for Black Americans of centuries of systemic racism in the country and in the health care system in particular. The premise of this course is that society shapes us – from our most personal experiences of health and illness, to our health-related interactions with others, to our organization of health care services, to the determinants of how long we will live. We could not be studying a more relevant subject this semester.

Learning Objectives

- To become familiar with the **social determinants of health perspective** and to **recognize trends and inequalities in population health**
- To compare different **social and institutional arrangements for providing health services**
- To characterize **interpersonal relationships in health care**: professional, family, and self-care
- To understand the **subjective meanings of health and illness** and their impact on the self
- To assess the requirements and advantages of **common study designs and types of analysis**
- To be able to “put words to numbers” in **interpreting study findings**

Course Requirements and Features:

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

2. **Zoom:** This class will be taught synchronously and recorded. We will have a mix of lectures with shared screens, discussions with instant polling, and breakout rooms for paired activities and small group discussions. Students should keep their cameras on during discussion and breakout sessions.

3. **LinkedIn Group:** A special private LinkedIn Group will be set up for this class, for the period of this semester. Only students registered for this class will be allowed to join. Health and health care are a constant part of our news media, particularly as COVID-19 continues to spread and the massive task of vaccinating the population takes place. In addition, the new Biden administration will be proposing changes to the Affordable Care Act. To encourage you to read the news about health and health care in this historic time, 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 LinkedIn group. Each post must be accompanied by a substantive comment (Twitter-length is optimal) that links the news to material we are discussing in class. Then, read other students' posts! Like them! Comment on them! Participation on LinkedIn will be part (4%) of the Participation portion of your grade (20%). For full credit you should post or comment at least 2 times on LinkedIn before the midterm, and 2 times in the second half of the class (total at least 4 posts). Note that this activity is to encourage continuous participation, so do not do your posts at the last minute -- this does not allow other students to benefit from your contributions **(4% of grade)**

4. **Discussion groups:** For each of the four parts of the course, you will be part of the same group of five students. This will facilitate communication and getting to know each other during class-time breakout sessions as you discuss the topics and readings for the day. The class will have 20 groups. The TAs and professor may drop in on your group occasionally. After a breakout period of discussion your group may be asked to summarize your ideas and reactions.

5. **Thinking Aloud Pair Problem Solving (TAPPS):** These are synchronous, class-time activities that we will do on a regular (but unannounced) basis. A document with an issue, policy problem, or data presentation that pertains to assigned course readings or lecture material will be available on Google docs. Students will go into Breakout rooms to work with one other student to complete the exercise. The paired responses will be posted to Canvas and graded (worth 2 points each). **(16% of grade)**

6. **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 2-minute poll and discussion of a sample question from the MCAT. Some of you may be preparing to take this exam, but getting a glimpse of this important gateway to medical school will be a benefit to all in understanding one of the processes of selection into medical school.

7. **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.

8. Guest speakers: We will hold two panel discussions, one with health professions students and one with health professionals. For the first panel we will invite 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. Near the end of the semester, a second panel will be made up of working professionals at Emory HealthCare who will talk about their roles in the health care institution and as members of the health care team. We will also have a special lecture by Dr. Tammie Quest and Dr. Jesse Soodalter of the Emory Center for Palliative Care.

9. Lunches with students: Once a month there will be a small-group lunch with the professor. I am very sorry that I will not be able to treat some lucky students to lunch at Zoe's Kitchen, as I usually do! But we can still have lunch online together and chat. To be invited, look for an email from me announcing the lunch, and the first five students who respond can meet with me for lunch after class or on some other day. Lunch topics are agenda-free -- up to you!

10. 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)**

11. Midterm group presentation: Instead of an in-class midterm exam, this semester we will have group projects. Groups of five students will prepare and record a presentation on the health care system of another country. Details of the assignment and links to resources to get you started will be available on Canvas. Groups will prepare Powerpoint slides and post a 15-minute Zoom recorded presentation to Canvas. Students will view each others' presentations and post comments. **(25% of grade)**

12. Final exam: The final exam will be a take-home essay exam. The exam will be cumulative, and it is to be your individual work, not discussed with others. Details of the exam will be posted on Canvas. A common reading will be assigned. Students will choose material from one book or study from each of the four parts of the course and show how the semester's course material increased their understanding of and insight into the assigned reading. **(25% of grade)**

13. 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 your discussion group. In addition, the LinkedIn 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 present or not. **(20% of grade, made up of LinkedIn participation (4%) and TAPPS (16%))**

14. 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!

15. Grades: Midterm presentations and final essay exams are weighted equally, 25% each. The research papers are worth 15% each, and the remaining 20% is for class participation, including LinkedIn (4%) and

TAPPS (16%). There will be an extra credit opportunity announced later in the class.

16. 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. This is serious. Your work on exams and papers is to be strictly your own. 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

17. Accessibility and Accommodations: Emory University makes reasonable accommodations for persons with disabilities. Students should provide documentation to the Office of Accessibility Services (OAS) in 110 Administration Building of their disability related needs. For guidelines and information, please contact by email: adsrstudent@emory.edu. Any student eligible for academic accommodations based on a disability should bring the formal accommodation communication (letter or email) to the attention of the instructor. Note that accommodations are NOT granted retroactively. Please arrange a meeting with the instructor at the start of the semester or as soon as the accommodation plan has been finalized.

Required Reading

The following books are available online or 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.

Fadiman, Anne. 1997. *The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors, and the Collision of Two Cultures*. Farrar, Straus, and Giroux.

Kleinman, Arthur. 1988. *The Illness Narratives: Suffering, Healing and the Human Condition*. Basic Books.

Reid, T. R. 2010. *The Healing of America: A Global Quest for Better, Cheaper, and Fairer Health Care*. Penguin.

Wilkinson, Richard. 2005. *The Impact of Inequality: How to Make Sick Societies Healthier*. Bloomsbury Press.

The following articles/chapters are also required reading. They *are* available on the SOC 230 Canvas site.

Case, Anne, Angus Deaton. 2015. Rising morbidity and mortality in midlife among white non-Hispanic Americans in the 21st century. *Proceedings of the National Academy of Sciences* 112(49): 15078-83.

Horwitz, Allan, and Jerome Wakefield. 2007. *The Loss of Sadness: How Psychiatry Transformed Normal Sorrow into Depressive Disorder*. Oxford University Press.

Idler, Ellen, David Boulifard, Richard Contrada. 2012. "Mending broken hearts: Marriage and survival following cardiac surgery." *Journal of Health and Social Behavior* 53(1): 33-49.

Katz, Steven, Karen Cardiff, Marina Pascali, Morris Barer, Robert Evans. 2002. Phantoms in the snow: Canadians' use of health care services in the United States. *Health Affairs* 21(3): 19-31.

McFalls, Joseph A. 2003. Population: A lively introduction. *Population Bulletin* 58(4): 1-44.

Moerman, Daniel. 2002. *Meaning, Medicine, and the "Placebo Effect"*. Cambridge University Press.

Pantell, Matthew, David Rehkopf, Douglas Jutte, S. Leonard Syme, John Balmes, Nancy Adler. 2013. Social isolation: A predictor of mortality comparable to traditional clinical risk factors. *American Journal of Public Health* 103(11): 2056-62.

- Phelan, Jo C., Bruce Link, Ana Diez-Roux, Ichiro Kawachi, Bruce Levin. 2004. 'Fundamental Causes' of social inequalities in mortality: A test of the theory. *Journal of Health and Social Behavior* 45: 265-85.
- Scott, Tracy L. Julie Gazmararian, Mark Williams, David Baker. 2002. Health literacy and preventive health care use among Medicare enrollees in a managed care organization. *Medical Care* 40(5): 395-404.
- Umberson, Debra. 2017. Black deaths matter: Race, relationship loss, and effects on survivors. *Journal of Health and Social Behavior* 58(4): 405-420.
- Wilkinson, Richard, Michael Marmot, Editors. 2003. *Social Determinants of Health: The Solid Facts*, 2nd Edition. Geneva: World Health Organization.
- Winkelman, Tyler, et al. 2015. Medical students' views and knowledge of the Affordable Care Act: A survey of eight U.S. medical schools. *Journal of General Internal Medicine* 30(7):1018-1024.

Class Schedule, Topics, and Reading Assignments

- January 26 Introduction to the course
Assignment: join LinkedIn (if you are not already a member) and join "SOC 230 Spring 2021"
<https://www.linkedin.com/>

Part I. Population Health and its Social Determinants

- 28 The demographic and epidemiologic transitions
McFalls, (pp. 1-14, 32-36)
- February 2 Aging populations and causes of death in industrial societies
McFalls, (pp. 22-30)
Wilkinson, Chapter 1 (pp. 1-32)
- 4 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)
- 9 Social determinants of health: Race and ethnicity
Wilkinson, Chapter 7, (pp. 215-34)
Primary Evidence: Umberson (pp. 405-420)
- 11 Social determinants of health: Social structures and individual behaviors
Film in class: "Unnatural Causes – In Sickness and in Wealth"
Wilkinson, Chapter 6, (pp. 169-214)
- 16 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

- 18 Health care institutions as social structures
Reid, Prologue and Chapters 1-3 (pp. 1-45)
- 23 The varieties of health care systems: France, Germany, and Japan
Reid, Chapters 4-6 (pp. 46-103)
- 25 The varieties of health care systems: The UK, Canada, and Out-of-Pocket
Reid, Chapters 7-9 (pp. 104-162)
Primary Evidence: Katz et al. (pp. 19-31)
- March 2 America's "exceptional" health care system
Film in class: "Sick Around the World"
Reid, Chapters 10-11 (pp. 163-204)
- 4 The Affordable Care Act
Reid, Chapters 12, Afterword, (pp. 205-25, 244-51)
Primary Evidence: Winkelman et al., (pp.1018-1024)
Group Presentations on Country Health Care Systems due
- 9 Prospects for US health care
Reid, Chapter 13 (pp. 226-43)
- 11 Health Professions Student Panel: Medicine, Nursing, and Public Health
Research Assignment I due, discuss in class
- 16 **REST DAY – No class**

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

- 18 Physicians and patients [No Assignment Week]
- 23 The health care team
Fadiman, Preface and Chapters 1-3, (pp. vii-31), Chapters 5-7 (pp. 38-92)
- 25 Health literacy
Fadiman, Chapters 9, 11, 13 (pp. 106-18, 140-53, 171-80)
Primary Evidence: Scott et al. (pp.395-404)
- 30 Health behaviors and practices
Fadiman, Chapters 14-15 (pp. 181-224)
- April 1 Families, caregiving, and social support
Fadiman, Chapters 17-19 (pp. 250-88)
Primary Evidence: Idler et al. (pp. 33-49)

- 6 Therapeutic relationships
Moerman, Chapter 1-2, 4, 7 (pp. 9-21, 32-46, 89-99)

Part IV. Illness Experience and Identity

- 8 The meanings of illness and perceptions of health
Kleinman, Preface, Chapters 1-2 (pp. xi-xv, 3-55)
- 13 Palliative and hospice care
Guest lecturer Dr. Tammie Quest, Dr. Jesse Soodalter, Emory Palliative Care Center
Atul Gawande, "Letting Go", The New Yorker, July 26, 2010.
- 15 Pain, symptoms, and illness in daily life
Kleinman, Chapters 3-4 (pp. 56-87)
- 20 Stigma and shame
Kleinman, Chapters 10-11 (pp. 158-86)
- 22 Medicalization
Horwitz and Wakefield, Chapter 1 (pp.3-26)
Primary Evidence: Case and Deaton, (pp. 15078-83)
- 27 Health Professionals Panel: Medicine, Nursing, and Public Health
- 29 Research assignment II due, discuss in class
- 16 Final Exam due Friday May 7 12:00 noon