

# **Sociology 5629**

## **Health Disparities in a Social Context**

Spring 2016  
Tuesdays & Thursdays 11:10 AM – 12:30 PM  
188 Baker Systems

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### **Course Description**

Health has long been a topic of interest for sociologists. Indeed, sociological perspectives have greatly informed, and increasingly continue to inform, efforts to understand and improve health in the United States and around the globe. This course is designed to serve as an introduction to the broad area of study termed “population health” while placing special emphasis on the exploration of health inequalities in the United States.

The overarching objective of this course is to explore the ways in which social, economic, and political processes operating on a macro or structural level influence the mental and physical health status of groups of individuals. Since other Sociology courses, namely Sociology 630, focus on the social organization of the medical care system, related topics will not be examined in-depth here.

This course contributes to the following competencies required for the Bachelor of Science Degree in Public Health. Students will enhance their ability to:

1. compare and contrast examples of major domestic and international public health issues.
2. identify political, cultural, behavioral and socioeconomic factors related to global public health issues
3. summarize major factors that contribute to human disease and compromised quality of life.
4. summarize issues of social inequality and environmental justice.
5. communicate ideas and results that solve public health problems.
6. summarize intervention and disease prevention strategies to sustain and improve quality of life.
7. seek employment for entry-level position and/or apply for advanced education and training in public health or related discipline.

### **Course Materials**

Required readings are listed below and are divided into four sub-sections: Social Distribution of Health and Illness, Dominant Yet Inadequate Explanations for Health Disparities, Contextual Factors That Influence Health Disparities, and How Social Factors Become Embodied or “Get Under the Skin”. They will be made available to you through the OSU library website and via Carmen.

In addition to selected articles and book chapters available online, you will be required to purchase the following text:

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

I suggest obtaining this book from amazon.com or Barnes & Noble. The paperback edition currently costs approximately \$10.00.

### **Format**

While I may rely on lectures to convey course material, this class will frequently be conducted using a discussion based format that relies upon active student participation. Consequently, it is incumbent upon all students to contribute to each class meeting. This includes reading the assigned material *prior* to class and arriving prepared to offer thoughts and raise questions as well as participate in all class discussions and debates. Doing so will make the course a richer experience for all. Should you wish to explore a topic further, feel free to ask me for suggestions regarding additional source material.

### **Requirements**

1. Class participation will be assessed not simply by attendance, but by the degree to which you engage the subject matter in each class meeting. You must come to class prepared! This means that you should have read the assigned readings *before* class. If it becomes apparent to me that students are not coming to class having read, digested, and critically evaluate the main points of the readings, I reserve the right to give pop quizzes.
2. You will be required to write two short papers of approximately 5-8 pages in length. The first will be a reaction paper detailing your experience in trying to change a health behavior of your choosing for a period of one week. Previous ideas have included eliminating binge drinking, increasing the frequency of exercise, and quitting smoking. However, feel free to be imaginative with this assignment. Keep in mind that you (1) need to be participating in a behavior that will improve your health and (2) should not place yourself or anyone else at any increased physical or emotional risk of harm.
3. The second paper will address how neighborhood factors and the built environment influence health inequalities. You will be assigned a specific neighborhood (or two) within the city of Columbus to visit. In order to complete this assignment, you will travel to your assigned neighborhood(s) and critically assess through careful observation how residents interact with their social environment and the ways in which these neighborhood characteristics impact their health. You should pay close attention to the following conditions: the placement and types of grocery stores, the quality of the food available within these establishments, the number and distribution of trees and parks, the extent to which neighborhood residents appear to be using neighborhood amenities, etc. You will be assigned to teams of 4-6 students to complete the visits as well as the paper.

4. There will be two in-class exams. The midterm will be held approximately half way through the semester and will assess your comprehension of topics covered since the beginning of the course. The final exam will be administered during finals week after the official end of classes and will be cumulative. Both exams will be comprised of short answer as well as essay questions. Each student is expected to work independently and will not be allowed to turn in the same or similar answers. Both the midterm and final will require critical thought, precise writing, and explanation of evidence to support your arguments. Graduate students will have the option of turning in a research proposal or paper in lieu of a final exam. Please see me if you would like to pursue this option.

### **Grading**

Class Participation 10%  
Health Behavior Chang Paper 20%  
Neighborhoods & Health Paper 20%  
Midterm Exam 20%  
Final Exam 30%

I use the following schema to determine final grades in this class:  
Letter Grade Starting Value (%)

| Letter Grade | Starting Value (%) |
|--------------|--------------------|
| A            | 93                 |
| A-           | 90                 |
| B+           | 87                 |
| B            | 83                 |
| B-           | 80                 |
| C+           | 77                 |
| C            | 73                 |
| C-           | 70                 |
| D+           | 67                 |
| D            | 63                 |
| D-           | 60                 |
| E            | 0                  |

### **Prerequisites**

Sociology 487 & 488 or Graduate Standing

### **Core Competencies for the BSPH**

All graduates of the BSPH degree program will be prepared to:

1. Summarize the historic milestones in public health.
2. Compare and contrast examples of major domestic and international public health issues.
3. Discuss various approaches/strategies for identification, response and intervention to address and attempt to resolve common public health issues.

4. Identify political, cultural, behavioral and socioeconomic factors related to global public health issues.
5. Apply the fundamental principles of the five core disciplines of public health (biostatistics; environmental health; epidemiology; health administration; health behavior/promotion) to domestic and international population issues.

### **Additional Notes**

*Extra Credit:* I will not be providing opportunities to receive extra credit. There are no exceptions.

*Religious Holidays:* Please contact me regarding any conflict between religious observance dates and course examinations or assignments.

*Disability Statement:* If you have a documented disability, please register with Student Life Disability Services. After registration, make arrangements with me as soon as possible to discuss your accommodations, so they may be implemented in a timely fashion. If you have any questions about this process, please contact Disability Services at 614-292-3307 or [slds@osu.edu](mailto:slds@osu.edu).

*Academic Misconduct:* The term academic misconduct is defined by the Ohio State University's Code of Student Conduct as, "any activity that tends to compromise the academic integrity of the university, or subvert the educational process." Examples of academic misconduct include, but are not limited to:

1. Violation of course rules as contained in the course syllabus or other information provided to the student; violation of program regulations as established by departmental committees and made available to students;
2. Knowingly providing or receiving information during examinations such as course examinations and candidacy examinations; or the possession and/or use of unauthorized materials during those examinations;
3. Knowingly providing or using assistance in the laboratory, on field work, or on a course assignment unless such assistance has specifically been authorized;
4. Submitting plagiarized work for an academic requirement. Plagiarism is the representation of another's work or ideas as one's own; it includes the unacknowledged word-for-word use and/or paraphrasing of another person's work, and/or the inappropriate unacknowledged use of another person's ideas;
5. Submitting substantially the same work to satisfy requirements for one course that has been submitted in satisfaction of requirements for another course, without permission of the instructor of the course for which the work is being submitted;
6. Falsification, fabrication, or dishonesty in reporting laboratory and/or research results;
7. Serving as, or enlisting the assistance of a substitute for a student in the taking of examinations;
8. Alteration of grades or marks by the student in an effort to change the earned grade or credit;

9. Alteration of academically-related university forms or records, or unauthorized use of those forms;
10. Engaging in activities that unfairly place other students at a disadvantage, such as taking, hiding or altering resource material, or manipulating a grading system.

Please make sure that you understand what may constitute academic misconduct. It is my policy to report all violations.

## List of Required Readings

### The Social Distribution of Health and Illness

#### **January 12th**

Introduction to the Course

#### **January 14<sup>th</sup>**

Introduction to Population Health

Kindig D & G Stoddart. 2003. What is population health? *American Journal of Public Health* 93:380-383.

#### **January 19<sup>th</sup>**

SES and Health – The Challenge of the Gradient

Backlund E, PD Sorlie, NJ Johnson. 1996. The shape of the relationship between income and mortality in the United States: evidence from the National Longitudinal Mortality Study. *Annals of Epidemiology* 6:12-20.

Lynch, J & G Kaplan. 2000. Socioeconomic position. Pp. 13-35, in *Social Epidemiology*, Lisa Berkman and Ichiro Kawachi, Eds., Oxford, UK: Oxford University Press. **On Carmen.**

#### **January 21<sup>st</sup>**

SES and Health – Absolute vs. Relative SES

Marmot, M. 2004. *The Status Syndrome: How Social Standing Affects Our Health and Longevity*. New York, NY: Henry Holt. Selected chapters. **On Carmen.**

Phelan JC, BG Link, A Diez-Roux, I Kawachi & B Levin. 2004. “Fundamental causes” of social inequalities in mortality: a test of the theory. *Journal of Health and Social Behavior* 45:265-285.

#### **January 26<sup>th</sup>**

Race and Health – The Health of African Americans

LaVeist, T. A. 2005. Disentangling race and socioeconomic status: a key to understanding health inequalities. *Journal of Urban Health*, 82, iii26-iii34.

Murray, C. J., Kulkarni, S. C., Michaud, C., Tomijima, N., Bulzacchelli, M. T., Iandiorio, T. J., & Ezzati, M. 2006. Eight Americas: investigating mortality disparities across races, counties, and race-counties in the United States. *PLoS Medicine*, 3(9), e260.

## **January 28<sup>th</sup>**

Race and Health – The Health of African Americans

Lauderdale DS. 2006. Birth outcomes for Arabic-named women in California before and after September 11. *Demography* 43:185-201

Mustillo S, N Krieger, EP Gunderson, S Sidney, H McCreath & CI Kiefe. 2004. Self-reported experiences of racial discrimination and Black-White differences in preterm and low-birthweight deliveries: the CARDIA Study. *American Journal of Public Health* 94:2125-2131.

## **February 2<sup>nd</sup>**

Race and Health – The Hispanic “Paradox”

Acevedo-Garcia, D., & Bates, L. M. (2008). Latino health paradoxes: empirical evidence, explanations, future research, and implications. In *Latinas/os in the United States: Changing the face of America* (pp. 101-113). Springer US.

## **February 4<sup>th</sup>**

Gender and Health

Bird, C. E., & Rieker, P. P. (2008). *Gender and health: The effects of constrained choices and social policies*. Cambridge University Press. Selected chapters. **On Carmen.**

Courtenay, WH. 2000. Constructions of masculinity and their influence on men’s wellbeing: a theory of gender & health. *Social Science and Medicine* 50:1385-1401.

Kindig, D. A., & Cheng, E. R. (2013). Even as mortality fell in most US counties, female mortality nonetheless rose in 42.8 percent of counties from 1992 to 2006. *Health Affairs*, 32(3), 451-458.

## **February 9<sup>th</sup>**

Gender and Health

In Class Viewing of Film: *The Business of Being Born* by Ricki Lake and Abby Epstein

## **February 11<sup>th</sup>**

Gender and Health

Panel Discussion with Midwives from OSU and Choice

## Dominant Yet Inadequate Explanations for Health Disparities

### **February 16<sup>th</sup>**

#### Health Behaviors

Emmons, K. M. 2000. Health behaviors in a social context, Pp. 242-266 in *Social Epidemiology*, Lisa Berkman and Ichiro Kawachi, Eds., Oxford, UK: Oxford University Press. **On Carmen.**

Lutfey, K., & Freese, J. (2005). Toward Some Fundamentals of Fundamental Causality: Socioeconomic Status and Health in the Routine Clinic Visit for Diabetes1. *American Journal of Sociology*, 110(5), 1326-1372.

### **February 18<sup>th</sup>**

Krueger PM & VW Chang. 2008. Being poor and coping with stress: health behaviors and the risk of death. *American Journal of Public Health* 98:889-896.

Lantz et al. 2001. Socioeconomic disparities in health change in a longitudinal study of US adults: the role of health-risk behaviors. *Social Science & Medicine* 53:29-40.

### **February 23<sup>rd</sup>**

#### Access to Health Care – Health Insurance & the ACA

Koh, H. K., & Sebelius, K. G. (2010). Promoting prevention through the affordable care act. *New England Journal of Medicine*, 363(14), 1296-1299.

Richman BD. 2007. Insurance expansions: do they hurt those they are designed to help? *Health Affairs* 26:1345-1357.

Sudano JJ and DW Baker. 2006. Explaining US racial/ethnic disparities in health declines and mortality in late middle age: the roles of socioeconomic status, health behaviors, and health insurance. *Social Science and Medicine* 62:909-922.

### **February 25<sup>th</sup>**

#### Access to Health Care – Big Pharma & Drug Development

Angell, Marcia. 2005. *The Truth About the Drug Companies: How They Deceive Us and What To Do About It*. New York, NY: Random House. Selected Chapters. **On Carmen.**

### **March 1<sup>st</sup>**

#### Genetics, Race & Health

Jones, J. H. (1993). *Bad blood*. Simon and Schuster. Selected Chapters. **On Carmen.**

Phelan JC, BG Link & NM Feldman. 2013. The genomic revolution and beliefs about essential racial differences: a backdoor to eugenics? *American Sociological Review* 78:167-191.

Sankar, P & J Kahn. 2005. BiDil: race medicine or race marketing? *Health Affairs*. 24(W5):455-463.

#### Contextual Factors That Influence Health Disparities

### **March 3<sup>rd</sup>**

#### Medicalization and Stigma

Conrad P. 2005. The shifting engines of medicalization. *Journal of Health and Social Behavior* 46:3-14.

Stuber JS, Galea S & BG Link. 2008. Smoking and the emergence of a stigmatized social status. *Social Science & Medicine* 67:420-430.

### **March 8<sup>th</sup>**

#### Medicalization and Stigma

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

### **March 10<sup>th</sup>**

#### Social Support and Health

Berkman LF, T Glass, I Brissette & TE Seeman. From social integration to health: Durkheim in the new millennium. *Social Science & Medicine* 51:843-857.

### **March 22<sup>nd</sup>**

#### Social Networks and Health

Bruckner, H and P Bearman. 2005. After the promise: the STD consequences of adolescent virginity pledges. *Journal of Adolescent Health* 36:271-278.

Christakis, NA and JH Fowler. 2007. The spread of obesity in a large social network over 32 years. *New England Journal of Medicine* 357:370-379.

### **March 24<sup>th</sup>**

The Importance of Place

Klinenberg E. 2002. *Heat Wave: A Social Autopsy of Disaster in Chicago*. Chicago, IL: University of Chicago Press. Selected Chapters. **On Carmen.**

### **March 29<sup>th</sup>**

The Importance of Place

LaVeist T, K Pollack, R Thorpe, R Fesahazion & D Gaskin. 2011. Place, not race: disparities dissipate in southwest Baltimore when blacks and whites live under similar conditions. *Health Affairs* 30:1880-1887.

Williams, DR & C Collins. 2001. Racial residential segregation: a fundamental cause of racial disparities in health. *Public Health Reports* 116:404-416.

### **March 31<sup>st</sup>**

Unexpected Health Consequences of Gentrification

In Class Viewing of Film: *Flag Wars* by Linda Goode Bryant & Laura Poitras

### **April 5<sup>th</sup>**

Unexpected Health Consequences of Gentrification

Fullilove, MT. 2004. *Root Shock: How Tearing Up City Neighborhoods Hurts America and What We Can Do About It*. New York, NY: Random House. Pp. 3-20 & 52-100. **On Carmen.**

How Do Social Factors Become Embodied and “Get Under the Skin”?

### **April 7<sup>th</sup>**

The Stress Process

Lantz PM, JS House, RP Mero & DR Williams. 2005. Stress, life events, and socioeconomic disparities in health: results from the Americans' Changing Lives Study. *Journal of Health & Social Behavior* 46:274-288.

Pearlin LI. 1999. The stress process revisited: reflections on concepts and their interrelationships. In Carol S. Aneshensel and Jo C. Phelan (Eds.), *Handbook of the Sociology of Mental Health*. Pp. 395-415. New York, NY: Kluwer Academic/Plenum Publishers. **On Carmen.**

**April 12<sup>th</sup>**

Allostatic Load

Sapolsky RM. 2004. *Why Zebras Don't Get Ulcers*. 3rd Edition. New York, NY: Henry Holt & Company. Selected Chapters. **On Carmen.**

**April 14<sup>th</sup>**

Allostatic Load

McEwen, BS. 1998. Protective and damaging effects of stress mediators. *New England Journal of Medicine* 338:171-179.

**April 19<sup>th</sup>**

The Weathering Hypothesis

Geronimus AT, M Hicken, D Keene, & J Bound. 2006. "Weathering" and age patterns of allostatic load scores among Blacks and Whites in the United States. *American Journal of Public Health* 96:826-833.

AT Geronimus, MT Hicken, JA Pearson et al. 2010. Do U.S. Black women experience stress-related accelerated biological aging? *Human Nature* 21:19-38.

**April 21<sup>st</sup>**

Review for the Final Exam

**Note: Final exam is scheduled for Monday, May 2<sup>nd</sup> from 10:00am until 11:45am.**