

SOC 367/567: Social Epidemiology

Instructor: Dr. Maggie Bohm-Jordan
Lecture: Monday 2:00-4:45pm SCI. D217
My Office: Science Building B333
Office Hours: T/R/F 9:00-12:00pm or by appointment
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COURSE DESCRIPTION AND OBJECTIVES

This course examines theories/concepts, empirical evidence, methods, interventions, and policies concerning social determinants of health in the United States and other countries. The course examines how social determinants, such as, race/ethnicity, socioeconomic status, discrimination, social capital, and characteristics of various social contexts contribute to the distribution of population health. The course helps students recognize that health and disease are shaped by multiple determinants operating at multiple levels of influence, and that social conditions shape an individual's exposure to disease risk and awareness of and access to health promoting resources.

This course fulfills the requirement for "Social Sciences" and "U.S. Diversity" in the General Education Program (GEP).

GEP Category:	Upon completing this requirement, students will be able to:
Social Sciences	<ol style="list-style-type: none">1. Explain or apply major concepts, methods or theories used in the social sciences to investigate, analyze, or predict human behavior.2. Examine and explain how social, cultural, or political institutions influence individuals or groups.
U.S. Diversity	<ol style="list-style-type: none">1. Describe how people or institutions in the United States have constructed diverse identities and cultures based on ability, ethnicity, gender, language, nationality, race, religion, sexuality, socio-economic status, etc.2. Explain how individuals or groups in the United States have responded to the experience of discrimination and inequality.3. Demonstrate understanding of and empathetic insight about diverse cultural perspectives in the United States.

Course Learning Outcomes: *Upon successful completion of this course, students will be able to:*

1. Explain and apply major concepts, methods, and theories used in social epidemiology to investigate analyze, and/or predict human behavior. (SS1)
2. Examine and explain how social epidemiology influence individual/groups across social, cultural, or political institutions in the United States and globally. (SS2)
3. Identify issues related to measurement and meaning in social determinants of health, such as socioeconomic position, race, ethnicity, gender, sexuality, religion, etc., influence health at the micro/meso/macro level in the United States. (USD1)
4. Explain how social determinants of health relate to individual/groups experience(s) in inequality and discrimination in the United States. (USD2)
5. Evaluate and demonstrate understanding of marginalization, challenges in policies, and empathetic insight about health outcomes among diverse cultures. (USD3)

Textbook (Required)

Berkman L., Kawachi I., Glymour M. (2014). Social Epidemiology. Second Edition. Oxford University Press. ISBN: 9780199395330

Supplemental Readings.

Mark Edberg, 2007, Essentials of Health Behavior: Social and Behavioral Theory in Public Health. Jones and Bartlett Publishing. (Canvas)

Gordis, L. (2013). *Epidemiology*. 5th edition. Philadelphia: Elsevier Saunders
https://ak.sbmu.ac.ir/uploads/epidemiology_gordis_5_edition.pdf

Additional Course Materials are available for download in Canvas.

Grading

SDOH debate topics	50% (10%/each)	A: 93-100, A- :90-92.99
SDOH presentations	25% (5%/each)	B+: 87-89.99, B: 83-86.99, B- : 80-82.99
Public health Project	20%	C+: 77-79.99, C: 73-76.99, C- : 70-72.99
PHP Presentation	5%	D+: 67-69.99, D: 63-66.99, D- : 60-62.99

Grade Posting: Student grades are posted in Canvas as soon as they become available.

Assignments

Social Determinants of Health Debate and Presentation (50%- 10% each and 25% - 5% each presentation)

Social determinants of health examine health disparities and inequalities. The questions in why it exists and how can we minimize it. This is a group project (2-3 in a group). Each student will turn in their own paper. There is no page limit. Each student will need to include at least 3 scholarly journal articles to support their argument. A Powerpoint presentation of the group's debate will be present to the class (presentation details in Canvas).

Debate topics (additional resources: <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>)

- Debate 1: Community and Social Context
- Debate 2: Economic Stability
- Debate 3: Neighborhood and Physical Environment
- Debate 4: Education & Food
- Debate 5: Health care systems

Each member needs to write/discuss the following in their paper:

1. Debate topic/issue (Which side/perspective did you choose (support or reject)
2. Significance (why is this topic important?)
3. Which theories/perspectives best fit this topic/issue
4. Describing health or health-related disparities (include the literature review)
5. Reflection
 - a. Inequality or issue surrounding health
 - b. Empathetic insight did you learn from this debate
6. References

Group Presentation with Powerpoints (there should be at least 7 slides):

1. Debate topic/issue
2. Significance: Brief background of the topic
3. Both sides/perspectives of the topic/issue
 - a. Describing health or health-related disparities
 - b. Which theories/perspectives best fit this topic/issue
4. Potential solutions or no changes needed
5. Future implications
6. References

Public Health Expert Project and Presentation (20% and 5% presentation)

Students will act as public health experts advising your city's officials on ways to address a health-related problem using a social epidemiologic framework. There is no page limit. Each student will need to include at least 5 scholarly journal articles to support their advice/argument.

1. Who do you represent? (WHO, CDC, local health department, etc?)
2. What is your selected health-related problem?
3. Why is it important to address this problem in your city?
4. Is this problem contained or spreading?
5. What is your expert advice to the city?
6. What are pros/cons if the city follow/ not follow the advice?
7. References

Make-Up Assignments

Only proper documentation can be accepted as justification for make-up assignments (without late penalty), such as a doctor/coach/supervisor's note, a subpoena, etc. A simple self-narration of an emergency or a special occasion whether in oral or written forms, cannot be accepted as proper documentation and thus will not justify a make-up assignment. Late work will start from 50% of the grade.

Class Participation

Students are encouraged to participate in class. In addition to the in-class assignments, very often students are presented with discussion topics or other opportunities to contribute to the class, which is designed to help students connect what they have learned in the classroom and their lives as members of various communities. I value class discussion and interactive learning, and expect students to be actively involved in the learning process.

Use of Technology

Any form of audio or video recording in the classroom is strictly prohibited. If a student has a legitimate need to record the instructor's lecture in audio or video format, then the student shall obtain the pertinent accommodation authorization AND the instructor's permission beforehand.

Classroom Etiquette

The classroom is a learning environment and community, and as such, it is expected that students do their best to minimize disruptions that can distract from their learning and that of their peers. Students are expected to come to class on time and not to leave except in the case of emergency.

situations. The instructor reserves the right to request a student to leave the classroom or have the security personnel remove the student from the classroom if the student behaves in a way that interferes with the academic or administrative functions of the class.

Academic Integrity

Academic integrity is central to the mission of this institution. Academic dishonesty in any form will not be tolerated and will receive disciplinary sanctions per the UWSP policies. The UWSP policies regarding student academic standards and disciplinary procedures can be found here: <http://www.uwsp.edu/stuaffairs/Documents/RightsRespons/SRR-2010/rightsChap14.pdf>. If I observe academic misconduct, or if suspicions of academic dishonesty are reported to me, I will request that the identified parties come to my office to discuss the situation, and then the procedures set out in UWS/UWSP Chapter 14 will be followed. Students can visit the UWSP Tutoring-Learning Center <http://www.uwsp.edu/tlc/Pages/writingReadingTutorials.aspx> and the Purdue Online Writing Lab for further resources: <https://owl.english.purdue.edu/owl/resource/589/01/>

Diversity and Inclusion

UWSP supports an inclusive learning environment where diversity and individual differences are understood, respected, and appreciated. These differences include race/ethnicity, gender, class, political view, religion, color, national origin, sexual orientation, disability, age, marital or family status, as well as personality, learning styles, and life experiences. We expect that students, faculty, administrators, and staff will respect differences and demonstrate diligence in understanding how other peoples' perspectives, behaviors, experiences, and worldviews may be different from their own.

Disability Support Services

The Americans with Disabilities Act (ADA) requires educational institutions to provide reasonable accommodations for students with disabilities. For more information about UWSP policies, go <http://www.uwsp.edu/stuaffairs/Documents/RightsRespons/ADA/rightsADAPolicyinfo.pdf>. If you have a disability and require classroom and/or exam accommodations, please register with the Disability and Assistive Technology Center and then contact me at the beginning of the course. For more information, please visit the Disability and Assistive Technology Center, located on the 6th floor of the Learning Resource Center (the Library). You can also find more information here: <http://www4.uwsp.edu/special/disability>

COURSE OUTLINE

DATES	TOPIC/ACTIVITY	Due dates Friday 11:59pm
Week 1 Jan 24	<ul style="list-style-type: none"> • Introductions & Syllabus <p style="text-align: center;"><u>SOCIAL DETERMINANTS OF HEALTH</u></p> <ul style="list-style-type: none"> • World Health Organization https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1 • Healthy People 2030: Social Determinants of Health https://health.gov/healthypeople/objectives-and-data/social-determinants-health • CDC: Social Determinants of Health https://www.cdc.gov/socialdeterminants/index.htm • Fink, D. et al. (2016). "Social Determinants of Population Health: A Systems Sciences Approach." <i>Current epidemiology Reports</i> 3:98-105. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5025257/ <p>Documentary: Becoming American</p>	
Week 2 Jan 31	<p style="text-align: center;"><u>HISTORY OF SOCIAL EPIDEMIOLOGY</u></p> <ul style="list-style-type: none"> • Chapter 1, "A Historical Framework for Social Epidemiology" <p style="text-align: center;"><u>SOCIAL EPIDEMIOLOGY THEORY</u></p> <ul style="list-style-type: none"> • Phelan, J.C. et al. (2010). "Social conditions as fundamental causes of health inequalities theory, evidence, and policy implications." <i>Journal of Health and Social Behavior</i>, 51:S28-S40. • Krieger, N. (2001). "Theories for social epidemiology in the 21st century: an ecosocial perspective." <i>International Journal of Social Epidemiology</i> 30: 668-677 • Krieger, N. (2014). "Got theory? On the 21st c. CE rise of explicit use of epidemiologic theories of disease distribution: A review and ecosocial analysis." <i>Current Epidemiology Reports</i> 1:45-56. 	
Week 3 Feb 7	<p style="text-align: center;"><u>RACE, ETHNICITY, & NATIONALITY</u></p> <ul style="list-style-type: none"> • Chapter 3, "Discrimination and Health Inequities" • Mendez, D.D., et al. (2014). "Institutional racism, neighborhood factors, stress, and preterm birth." <i>Ethnicity & Health</i> 19(5):479-499. • Wildeman, C. et al. (2017). "Mass incarceration, public health, and widening inequality in the USA." <i>The Lancet</i>, 389(10077):1464-1474. 	

	<p style="text-align: center;"><u>SEX, GENDER, & SEXUALITY</u></p> <ul style="list-style-type: none"> • Bowleg, L., (2012). The problem with the phrase women and minorities: intersectionality—an important theoretical framework for public health. <i>American journal of public health</i>, 102(7):1267-1273. • Krieger, N. (2003). Genders, sexes, and health: what are the connections— and why does it matter? <i>International Journal of Epidemiology</i> 32:652–657. • Matthews D. (2015) “How gender influences health inequalities. <i>Nursing Times</i>. 111(43):21-23. • Phillips, S. P. (2005). “Defining and measuring gender: A social determinant of health whose time has come.” <i>International Journal for Equity in Health</i> 4(11):1–4. • Phillips, S. P. (2008). “Measuring the health effects of gender.” <i>Journal of Epidemiology and Community Health</i> 62(4):368–371. <p>Documentary: When the Bough Breaks</p>	
Week 4 Feb 14	Debate 1: Community and Social Context	Debate 1 paper and presentation
Week 5 Feb 21	<p style="text-align: center;"><u>SOCIOECONOMIC STATUS & INEQUALITY</u></p> <ul style="list-style-type: none"> • Chapter 2, “Socioeconomic Status and Health” • Chapter 4, “Income Inequality” • Bor, J., et al. (2017). “Population health in an era of rising income inequality: USA, 1980–2015.” <i>The Lancet</i> 389(10077):1475-1490. • Braveman, P.A. et al. (2010). “Socioeconomic disparities in health in the United States: what the patterns tell us.” <i>American Journal of Public Health</i>, 100(S1): S186-S196. <p style="text-align: center;"><u>WORKING CONDITIONS, & ENVIRONMENTS</u></p> <ul style="list-style-type: none"> • Chapter 5, “Working Conditions and Health” • Chapter 6, “Labor Markets, Employment Practices, and Health” • Evans, G.W. et al. (2002). “Socioeconomic status and health: the potential role of environmental risk exposure.” <i>Annual Review of Public Health</i> 23:303-331. • Lovasi, G.S., et al. (2009). “Built environments and obesity in disadvantaged populations.” <i>Epidemiologic Reviews</i>, 31:7-20. <p>Documentary: Not just a paycheck</p>	
Week 6 Feb 28	Debate 2: Economic Stability	Debate 2 paper and presentation

<p>Week 7 March 7</p>	<p style="text-align: center;"><u>SOCIAL NETWORKS & SOCIAL CAPITAL</u></p> <ul style="list-style-type: none"> • Chapter 7, “Social Network Epidemiology” • Chapter 8, “Social Capital, Social Cohesion, and Health” • Cattell, V. (2001). “Poor people, poor places, and poor health: the mediating role of social networks and social capital.” <i>Social Science and Medicine</i> 52(10):1501-1516. • Christakis, N.A. et al. (2007). “The spread of obesity in a large social network over 32 years. <i>New England Journal of Medicine</i> 357:370-379. <p>Documentary: Places Matters</p>	
<p>Week 8 March 14</p>	<p>Debate 3: Neighborhood and Physical Environment</p>	<p>Debate 3 paper and presentation</p>
<p>Week 9 March 28</p>	<p style="text-align: center;"><u>SOCIAL BEHAVIORS & BIOLOGIC FACTORS</u></p> <ul style="list-style-type: none"> • Chapter 9, “Affective States and Health” • Chapter 14, “Biological Pathways Linking Social Conditions and Health” • Jackson, J.S., et al. (2010). “Race and unhealthy behaviors: chronic stress, the HPA axis, and physical and mental health disparities over the life course.” <i>American Journal of Public Health</i>, 100(5):933-939. • Kessler, R.C., et al. (2014). “Associations of housing mobility interventions for children in high-poverty neighborhoods with subsequent mental disorders during adolescence.” <i>Journal of the American Medical Association</i> 311(9):937-947. • Natassia R, et al. (2021). “The Biological and Social Determinants of Childhood Obesity: Comparison of 2 Cohorts 50 Years Apart.” <i>The Journal of Pediatrics</i> 228:138-146 <p>Documentary: Bad sugar</p>	
<p>Week 10 April 4</p>	<p>Debate 4: Education & Food</p>	<p>Debate 4 paper and presentation</p>
<p>Week 11 April 11</p>	<p style="text-align: center;"><u>INTERVENTIONS & TRANSLATION: BEHAVIOR CHANGE</u></p> <ul style="list-style-type: none"> • Chapter 10, “Changing Health Behaviors in a Social Context” • Chapter 13, “Applications of Behavioral Economics to Improve Health” • Wallerstein, N.B. et al. (2011). “Integration of social epidemiology and community-engaged interventions to improve health equity.” <i>American Journal of Public Health</i> 101(5):822-830. • Robert Wood Johnson Foundation. “What works for Health”. County Health Rankings and Roadmaps. www.countyhealthrankings.org/roadmaps/what-works-for-health 	

	Documentary: Collateral damage	
Week 12 April 18	Debate 5: Health care systems	Debate 5 paper and presentation
Week 13 April 25	<p style="text-align: center;"><u>INTERVENTIONS & TRANSLATION: POLICIES</u></p> <ul style="list-style-type: none"> • Chapter 12, “Policies as Tools for Research and Translation in Social Epidemiology” • Chapter 15, “From Science to Policy” • Woolf, S.H. et al. (2011). “Where health disparities begin: the role of social and economic determinants—and why current policies may make matters worse.” <i>Health affairs</i> 30(10):1852-1859. • Robert Wood Johnson Foundation. “What works for Health”. County Health Rankings and Roadmaps. www.countyhealthrankings.org/roadmaps/what-works-for-health 	
Week 14 May 2	Public Health Expert Project Presentation	
Week 15 May 9	Public Health Expert Project Presentation	
	Public Health Expert Project Presentation due May 16 th	

Unforeseen circumstances may necessitate changes in the course requirements and/or schedules. Any changes will be announced in advance. *Additional reading are posted on Canvas

Documentary: “Unnatural causes: is inequality making us sick?”

<https://uwsp.kanopy.com/video/unnatural-causes-series>

Documentary citation: Smith, Llewellyn Narrator; Adelman, Larry Creator; Adelman, Larry Executive producer; Vital Pictures (Firm) Producer; National Minority Consortia (U.S.) Publisher; California Newsreel (Firm) Distributor. 2008. California Newsreel Collection.

1. **When the Bough Breaks:** African American infant mortality rates remain twice as high as for white Americans. African American mothers with college degrees or higher face the same risk of having low birth-weight babies as white women who haven't finished high school. How might the chronic stress of racism over the life course become embedded in our bodies and increase risks? (29min)
<https://uwsp.kanopy.com/video/when-bough-breaks-0>
2. **Becoming American:** Recent Mexican immigrants tend to be healthier than the average American. But those health advantages erode the longer they've been here. What causes health to worsen as immigrants become American? What can we all learn about improved well-being from new immigrant communities? (29min)
<https://uwsp.kanopy.com/video/becoming-american>
3. **Bad Sugar:** O'odham Indians, living on reservations in southern Arizona, have perhaps the highest rate of Type 2 diabetes in the world. Some researchers see this as the literal 'embodiment' of decades of poverty, oppression, and loss. A new approach suggests that communities may regain control over their health if they can regain control over their futures. (29min) <https://uwsp.kanopy.com/video/bad-sugar>
4. **Place Matters:** Increasingly, recent Southeast Asian immigrants, along with Latinos, are moving into long-neglected African American urban neighborhoods, and now their health is being eroded as a result. What policies and investment decisions create living environments that harm, or enhance, the health of residents? What actions can make a difference? (29min) <https://uwsp.kanopy.com/video/place-matters>
5. **Collateral Damage:** In the Marshall Islands, local populations have been displaced from their traditional way of life by the American military presence and globalization. Now they must contend with the worst of the "developing" and industrialized worlds: infectious diseases such as tuberculosis due to crowded living conditions, and extreme poverty and chronic disease, stemming in part from the stress of dislocation and loss. (29min) <https://uwsp.kanopy.com/video/collateral-damage>
6. **Not just a Paycheck:** Residents of Western Michigan struggle against depression, domestic violence and higher rates of heart disease and diabetes after the largest refrigerator factory in the country shuts down. Ironically, the plant is owned by a company in Sweden, where mass layoffs, far from devastating lives, are relatively benign because of government policies that protect and retrain workers. (30min)
<https://uwsp.kanopy.com/video/not-just-paycheck>