Sociology of Medicine: Sociology 422, Spring, 2012
(CRN 55448), T 1:00-3:52; Room Weis 117
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Hours W 10:30-11:30; milofsky@bucknell.edu
This course is on Moodle; CAPS, EGSS

This course will be focused on the interplay between medical care and community. An important aspect of this is how social class differences and the situation of racial and ethnic minorities affects health outcomes. This is a well-researched part of the field and we have some excellent materials to read. What is less well understood is how the qualitative or ethnographic character of community life interfaces with the provision of health care services and with health outcomes outside of medical settings.

A central premise of this course is that the fields of public health and medical services have fostered neither ethnographic research nor an approach to health services delivery that engages community members who would use services to improve their health in serious dialog that empowers community residents. One of our concerns will be to ask what research that does take a careful ethnographic approach or service provision that is oriented to partnering with community have as findings. In the absence of quality scholarship it is somewhat hard to know what findings would be, but the existing literature does allow us to take some steps towards understanding.

What is more serious and puzzling is a claim that the field of public health has explicitly and self-consciously excluded qualitative approaches to its definition of what are acceptable methodologies for research. Public health exclusively favors quantitative research and a style of research that excludes building a base of variables informed by careful, qualitative observation. A result is that the field simply cannot produce the kinds of insights and theories that would allow health care to be responsive to community needs.

While this seems like a radical claim to make about the field of public health, a centerpiece of our semester will be a campus visit by medical historian Sejal Patel, an archivist at NIH, who has made this argument in her dissertation. Furthermore, Patel has recommended an edited volume on community-oriented family practice from 1982 that in her view represents the most recent, high quality statement of what community-oriented health would look like. We will also read a strong medical ethnography that helps us to understand the problems of medical system responsiveness to communities.

In parallel with this effort to develop a qualitative understanding of what a responsive medical institution would look like, students in this class will be asked to carry out original action-research projects in partnership with a community or a community agency. Some of the projects will be situated so that we can directly look at the example of a community where health care is not interactive and responsive to members—we will do a project on health maintenance and support at Bucknell. Other projects will respond to requests for help from an agency and
the connection to class goals may be somewhat unclear (we have been asked to help with a strategic planning process at the local volunteer fire company and we have been asked to help with a survey of veterans). It is valuable to do research that involves direct connection with a community and to do a project that has value to the people asking for your help. Doing this sort of work will help you to better understand what is meant by our main course focus, the idea of Community Oriented Primary Medical Care.

Other projects will be partnerships with various community projects and agencies. Some of these will involve traveling to towns in central Pennsylvania to do this partnering research. We also have some projects that can be computer-based so that they mostly would allow students to do their research on campus.

About half of our class time will be spent discussing readings and about half will be spent talking about research. At the end of the semester students will be asked to create and present a poster describing their work at a poster conference being organized for Bucknell social science research students. Students also will be asked to report on their projects in class during the last class sessions.

In addition to these research projects, students will be asked to respond to six discussion questions related to class readings over the course of the semester. Three of these discussion responses must be completed before Spring Break and students may not complete more than one discussion response in any given week. To respond to discussion questions, look at the rubric posted on Moodle.

In addition to responding to discussion questions, students will be asked to lead class discussions on questions posted for each day. Three students will be assigned to lead each day and three students will be assigned to respond on Moodle and in class to responses the “lead” students post as discussion responses on Moodle. Thus, six students will be responsible for energizing class discussion each day. You need not submit a final response to a question you were asked to lead in class. Students assigned to respond must work out among each other which student will be responding to which of the discussion questions. Failing to coordinate and lead discussion will have consequences for your participation grade.

Students must post a response to one of the questions posted before class on the day the question is listed for. Students must then revise that question and submit the revised response to the instructor via email by midnight on the following Sunday. Students are expected to master this process since questions that are not (a) posted in draft form and (b) submitted to the instructor via email will not be counted. Students may submit more than six discussion responses and only the highest grades will be counted.
In the middle part of the semester, students will meet individually or in groups with the instructor to discuss research projects. Some of these meetings will happen during our class period and students not involved in those conversations will be allowed to leave. Their class time will be made up by meeting with the instructor outside of the scheduled class time.

**Grading**

Grades will be based on the following:

- Responses to six discussion questions (8% each) 48%
- One research proposal including a project description rationale with expected learnings, plan of research 10%
- Substantive reports on your research (tailored to your project. These may be field notes, detailed reports of interviews, research on administrative information from organizations, data entry and web data reports and so on.) 22%
- One final research poster, 15%
- Participation 5%

The following readings are available in the bookstore (two of them are coursepacks):


Course Schedule

The following is a detailed schedule of assignments for the semester. This schedule is likely to be changed as we go along. The correct and updated version of the syllabus will be maintained on Moodle. The schedule will tell you the specific reading requirements you should do, the order in which they will occur, and what the writing assignment. Reading assignments are to be completed on the date they are listed. Whenever possible, bring assigned readings to class. Also, pay attention to the assignments listed in this syllabus. You are responsible for doing them if they are listed here.

1—Jan 24  Overview of course. Film: “In Sickness and in Wealth.” (56 min.) RA448.4 .U53 2008. Part I of Unnatural Causes. Is Inequality Making Us Sick?
Class discussion: what is community and why would it have anything to do with health?

Jan 25  First driver orientation class and exam (necessary if you want to use a university car for your research!). Langone Center Forum, 5 pm.

2—Jan 31  Health disparities

3—Feb 7  Race and health
**Read** Barr, Ch. 4, “Understanding how low social status leads to poor health,” pp. 73-104. Ch. 5, “Race, ethnicity, and health,” pp. 105-133. Ch. 6, “Race/ethnicity, socioeconomic status, and health: Which is more important in affecting health status?” Pp. 134-168.
**Writing** Research proposal that indicates what site and what project students wish to work on and what constraints limit their ability to work on research must be submitted.

January 22, 2012
4—Feb 14  The health care system and the treatment of minorities.  Bucknell study and 2-1-1 study students will have organizational meetings for these research projects.  2-1-1 project director Brandn Green from the Nature and Human Communities Initiative of the Environmental Center will come to class at 2:45 and will take the 2-1-1 group to the lounge across the hall for discussion and instructions at 3:15.


5—Feb 21  The trajectory of change in science and medicine. Legacy of the “golden age of physicians” and the corporatization of medicine. (2 hour class—attendance at Baker talk Feb 22 required).


**Writing** Students must submit a project proposal that indicates the scope and scale of research, what you expect to learning or find, what benefits will result from your research, and what risks might exist for human subjects and how those risks will be managed. By now students should have chosen a project and learned about a project. The immediate reason we need this proposal is to discern who must go through the IRB process and for those students to have the sort of proposal that is required for the IRB to render a judgment about the ethical acceptability of a project. If your project involves interviews of individuals or use of sensitive information, you must complete the CITI course and certification found at: https://www.citiprogram.org/default.asp?language=english. Your certificate of successful completion must be given or sent to your instructor. To learn more about IRB requirements read on Moodle: Carl Milofsky and Jo Anne Schneider, “Ethics, Risk, and Some Emotional Consequences of Field Research”, Ch. 8 in *The Field Notes Manual* (unpublished). Also consult the Bucknell Institutional Review web page at: http://bucknell.edu/x5194.xml
Feb 22  Dr. Stephen Baker talk, 4 pm, Coleman 221

6—Feb 28  Communities and health outcomes—sorting out individual and community contributions to health and illness

**Read** Patel, pp. 140-285 and on Moodle:

**Writing** A sample set of field notes or research materials must be submitted. You should negotiate with the professor to determine what things you should turn in since different products will be appropriate for different projects.

7—Mar 6  Life style patterns. Class visit from anthropologist Jo Anne Schneider.


Mar 13  Spring Break


9—Mar 27  Social class, culture, community power, and health care

**Read** Smith-Morris, Parts II & III, pp. 37-101 and on Moodle: E.G. Mishler, “The struggle between the voice of

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**Writing** A sample set of field notes or research materials must be submitted. You should negotiate with the professor to determine what things you should turn in since different products will be appropriate for different projects.

10—Apr 3 Community Oriented Primary Care: The Concept


Students present and explain the chapter and give an interpretation that situates the chapter in terms of the current health care system and how COPC is different from what we see today. **Student class leadership presentation can be treated as responses to discussion questions. Questions will be posted that fit the various readings.**

The overall goals of reading this book are to understand how communities may be involved collaboratively with health professionals in defining and serving community health needs. Related but different, we want to understand how medical problems and interventions have come to be defined as individual problems “in” the patient and also how health cost reimbursement systems and bureaucratically-centered health care systems (HMOs on the Geisinger model) undermine prevention oriented health care that both saves costs and provides more responsive care to citizens.

**Read** In *Community Oriented Primary Care*: K.W. Deuschle, “Community Oriented Primary Care: Lessons learned in three decades,” pp 6-17.

11—Apr 10 Community Oriented Primary Care: Applications
**Read** In *Community Oriented Primary Care:
D.E. Rogers, “Thoughts on community oriented primary care,” pp. 198-205.

12—Apr 17  Sajel Patel, NIH Archivist and medical historian to class  (60 minute class)
(Discussion questions will be available. Relevant readings are the Community Oriented Primary Care book and Patel’s dissertation.)

Apr 17  7:30 pm, Fasano Memorial Lecture featuring Sejal Patel
(attendance required)

13—Apr 24  Oral project reports to class. These may be group reports. (5 students) (90 minute class—attendance at Thursday poster sessions make up the other 90 minutes of class)

Apr 26  Student Poster presentations, Larison Dining Hall, 11:30-1:30
(attendance expected).

14—May 1  Course evaluation. Oral project reports to class (13 students)

May 4  5 pm. Final project papers due.