

**SW613 Behavioral, Psychosocial and Ecological Aspects of Health and Disease  
Winter 2015**

**Professor Linda M. Chatters, Ph.D.**

**Course location: B684 SSWB**

**Class Day/time: Monday 9-12**

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**Office hours: Wednesdays by appointment**

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### **1. Course Description**

This course will survey the distribution, determinants, and psychological and behavioral aspects of health and disease across the life span. Social, economic, environmental, and cultural variations in and determinants of health, disease, and quality of life will be addressed, including the influence of factors such as race, gender, sexual orientation, and biological and genetic factors. Barriers to access and utilization, geopolitical influences, environmental justice, social injustice and racism, historical trends, and future directions will be reviewed. Health beliefs and models of health behavior will be presented, including help-seeking and utilization of health services. Stress, coping and social support, adaptation to chronic illness, the influences of privilege, stigma and discrimination, quality of life, and death and dying will also be covered.

### **2. Course Content**

This course will provide students with an overview of major causes of mortality and morbidity in the United States, including demographic, biological, behavioral, social, and community factors affecting health, disease, and quality of life. Selective international comparisons will be made. Special emphasis will be placed on risk factors and protective factors and implications for health promotion and disease prevention over the life span. A major focus of this course will be the impact of race, ethnicity, culture, gender, and sexual orientation on health and disease, as well as the effects of poverty, discrimination, and privilege on access, utilization, and quality of care. Comparative definitions and theories of health and disease, including their evolution, strengths, limitations, and implications for social work and social welfare, will be presented. Theories and research on health behavior will be examined, including cultural differences in health beliefs and practices, use of health services, and barriers to care. Research and theory on stress, coping, and adaptation to illness over the life span will be presented, including the role of social support and the impact of discrimination and privilege on health status and disease outcomes. Implications for social work practice and social policy will be addressed throughout this course.

### **3. Course Objectives and Social Work Practice Behaviors**

Upon completion of the course, students will be able to:

#### **3.1. Describe the major causes of mortality and morbidity in the United States, and identify significant differences among various population groups. (Practice Behaviors 4.IP, 4.SPE, 4.CO, 4.MHS, 7.IP, 7.SPE, 7.CO, 7.MHS)**

**3.1.1.** Discuss the impact of diversity dimensions such as ability, age, class, color, culture, ethnicity, family structure, gender (including gender identity and gender expression), marital status, national origin, race, religion or spirituality, sex, and sexual orientation across the life span. (Practice Behaviors 4.IP, 4.SPE, 4.CO, 4.MHS, 7.IP, 7.SPE, 7.CO, 7.MHS)

**3.1.2.** Discuss the influence of social, economic, geopolitical, and environmental factors on mortality and morbidity. (Practice Behaviors 5.IP, 5.SPE, 5.CO, 5.MHS)

**3.1.3.** Discuss the ethical and social justice implications of differences in mortality and morbidity across population subgroups. (Practice Behaviors 2.IP, 2.CO, 2.SPE, 2.MHS, 5.IP, 5.SPE, 5.CO, 5.MHS)

#### **3.2. Compare concepts and definitions of health and disease, including their evolution, strengths, and limitations, as well as the implications for social work and social welfare. (Practice Behaviors 7.IP, 7.SPE, 7.CO, 7.MHS)**

**3.2.1.** Identify biological, socioeconomic, cultural, and behavioral risk and protective factors for health, disease, and quality of life across the life span. (Practice Behaviors 7.IP, 7.SPE, 7.CO, 7.MHS)

**3.2.2.** Explain the impact of poverty, discrimination, and privilege on health status and disease outcomes, including the ethical and social justice implications. (Practice Behaviors 5.IP, 5.SPE, 5.CO, 5.MHS)

**3.2.3.** Discuss the implications of concepts of health and disease for health promotion, disease prevention, treatment, and rehabilitation. (Practice Behaviors 7.IP, 7.SPE, 7.CO, 7.MHS)

### **3.3 Describe current theories and models of health behavior and their implications for health promotion, disease prevention, treatment, and rehabilitation. (Practice Behaviors 7.IP, 7.SPE, 7.CO, 7.MHS)**

**3.3.1.** Describe socioeconomic, cultural, and religious differences in health beliefs and practices, utilization of health services, and barriers to care. (Practice Behaviors 4.IP, 4.SPE, 4.CO, 4.MHS)

**3.3.2.** Describe stress, strain, coping, and adaptation as they relate to health and disease across the life span. (Practice Behaviors 7.IP, 7.SPE, 7.CO, 7.MHS)

#### **4. Course Design**

The course format will include lectures, discussion, individual and group projects, written assignments, and relevant films. Assessments will include exams and written assignments.

#### **5. Relationship of the Course to Four Curricular Themes:**

##### **5.1 Multiculturalism & Diversity**

Multiculturalism and Diversity will be addressed throughout this course and will be highlighted in content related to cultural differences in health beliefs and health behavior and the role of protective factors and social support in health status and disease outcomes. The key diversity dimensions will be examined as they relate to health beliefs and health behavior.

##### **5.2 Social Justice**

Social Justice and Social Change will be addressed in content on differences in mortality and morbidity in population subgroups and access and barriers to care.

##### **5.3 Promotion, Prevention, Treatment & Rehabilitation**

Promotion, Prevention, Treatment, and Rehabilitation will be addressed through content on concepts and definitions of health and disease, theories and models of health behavior, and stress, coping, and adaptation as they relate to health and disease across the life span.

##### **5.4 Behavioral and Social Science Research**

Behavioral and Social Science Research will be presented throughout the course and will include findings from epidemiology, demography, medical sociology, health psychology, medical anthropology, social work, public health, medicine, nursing, and health services research.

#### **6. Relationship to SW Ethics and Values**

This course will address ethical and value issues related to behavioral, psychosocial, and ecological aspects of health and disease. The NASW Code of Ethics will be used to inform practice in this area. Special emphasis will be placed on issues related to health care and the social worker's responsibility to promote the general welfare of society. In addition, ethical issues related to working with various client systems will be reviewed, such as confidentiality, privacy, rights and prerogatives of clients, the client's best interest, proper and improper relationships with clients, interruption of services, and termination. Also, please see course objectives 1c and 2b.

#### **7. Intensive Focus on PODS**

This course integrates PODS content and skills with a special emphasis on the identification of theories, practice and/or policies that promote social justice, illuminate injustices and are consistent with scientific and professional knowledge. Through the use of a variety of instructional methods, this course will support students developing a vision of social justice, learn to recognize and reduce mechanisms that support oppression and injustice, work toward social justice processes, apply intersectionality and intercultural frameworks and strengthen critical consciousness, self knowledge and self awareness to facilitate PODS learning.

#### **8. Course Requirements:**

##### **Attendance**

You are expected to attend and to be prepared to take part in each class session. Attendance is important for you to keep up with course work. Missing three unexcused classes will reduce your final grade one half grade (e.g. an A will be

reduced to an A-) and each additional absence will reduce your final grade an additional half grade. As adult learners, I expect you to make appropriate decisions about attending class. Please notify me as soon as possible if you must miss a class. It is your responsibility to get materials, handouts, or class notes from one of your classmates if you are unable to be in class. Please be aware of the disruptive nature of coming to class late; enter the classroom as quietly as possible and wait until break to catch up with what is going on. If you anticipate that you will be absent for religious observances, please let me know ahead of time so that we can plan accordingly.

### **9. General Expectations and Format for Written Work:**

Assignments are due on the dates specified. Incomplete grades and late assignments are determined only through negotiation prior to the assignment's due date. Unless an explicit and signed extension contract has been arranged and approved, any assignment that is not completed on the due date will have points deducted.

- You must use scholarly literature to support your presentation of material. You need to use multiple sources and synthesize them. Do not rely on direct quotations from your sources; instead summarize them in your own words.
- Assignments are due on the dates specified. Incomplete grades are assigned only through negotiation with me and that negotiation must occur before the paper's due date. Unless an extension contract has been arranged, any assignment that is not completed on the due dates will have points deducted.
- All papers must be typewritten.
- Written work should incorporate the standards of critical thinking, analysis and writing (described below). In evaluating your written work, I will apply these standards.
- You may find it useful to have someone who is unfamiliar with your subject read your paper before you turn it in. An outside reader can tell you if your writing is not clear, if you omitted a word or phrase, or if you used the wrong word. Spell checkers and grammar checkers are useful tools, but not as reliable as a human reader. For assistance with writing, contact The Sweetland Writing Center, 1139 Angell Hall, (734) 764-0429; <http://www.lsa.umich.edu/swc/contact.html>

All written work should adhere to the following National Association of Social Workers editorial policy:

In the interest of accurate and unbiased communication, the NASW publications program subscribe to a belief in the importance of avoiding language that might imply sexual, ethnic, or other kinds of discrimination, stereotyping, or bias. NASW is committed to the fair and equal treatment of individuals and groups, and material submitted should not promote stereotypic or discriminatory attitudes and assumptions about people. (Health and Social Work, 11:3, Summer 1986.)

### **10. Standards for Critical Thinking, Analysis and Writing:**

(From M. Scriven & R. Paul for the National Council for Excellence in Critical Thinking Instruction)

Critical thinking is the intellectually disciplined process of actively and skillfully conceptualizing, applying, analyzing, synthesizing, and/or evaluating information gathered from, or generated by, observation, experience, reflection, reasoning, or communication, as a guide to belief and action. In its exemplary form, it is based on universal intellectual values that transcend subject matter divisions: clarity, accuracy, precision, consistency, relevance, sound evidence, good reasons, depth, breadth, and fairness. As part of our activities over the course of the term, we will devote time exploring the process of critical thinking as it applies to the subject matter of this course. All written work will be evaluated in accordance with the standards of critical analysis and thinking and should strive to meet the following intellectual standards:

- CLARITY: Could you elaborate further on that point? Could you express that point in another way? Could you give an illustration? Could you give an example?
- ACCURACY: Is that really true? How could we check that? How could we find out if that is true?
- PRECISION: Could you give more details? Could you be more specific?
- RELEVANCE: How is that connected to the question? How does that bear on the issue?
- DEPTH: How does your answer address the complexities in the question? How are you taking into account the problems in the question? Is that dealing with the most significant factors?
- BREADTH: Do we need to consider another point of view? Is there another way to look at this question? What would this look like from a conservative/progressive standpoint?
- LOGIC: Does this really make sense? Does that follow from what you said? How does that follow? Before you implied this and now you are saying that; how can both be true?

## 11. Assignments, Evaluation and Grading:

Class requirements include: class participation, homework assignments, and quizzes. Instructions for the assignments will be posted on the CTools website. Your final grade will be determined by the following components:

Individual Meeting and Learning Plan	10%
Class participation	10%
Quiz	25%
Readings critique & Topic analysis	20%
Health Issue Brief	35%

Both content and format will be considered in evaluating written assignments. Though content is more heavily weighted in grading, format, and presentation are also important. Each written assignment will be evaluated using a grading rubric and given a point score.

General criteria for grading evaluates whether the assignment demonstrates:

**Grade of A** Mastery of subject content, demonstration of critical analysis, creativity and complexity in completion of assignment.

**Grade of B** Mastery of subject content beyond expected competency is evident, but has not demonstrated additional critical analysis, originality or complexity in the completion of the assignment.

**Grade of C** Mastery of subject content at level of expected competency – meets course expectations and demonstrates student learning and potential for mastery of subject content.

**Grade of D** Less than adequate competency and minimal understanding of subject content. Significant areas need improvement in order to meet course requirements.

Important: When making final grade assessments, I take into account various measures of class involvement and conduct such as level and quality of class participation, attendance record, tardiness and preparation for and involvement in class discussion and activities, and individual appointments during office hours. You are encouraged to contribute to class discussion and other class activities; 10% of the course grade will be based upon class participation.

Class participation provides the opportunity to practice speaking and persuasive skills, as well as the ability to listen effectively and contribute to the efforts of the group. Comments that are vague, repetitive, unrelated to the current topic, disrespectful of others, or without sufficient foundation will be evaluated negatively. What matters is the quality of one's contributions to the class discussion, not the number of times one speaks. Your contributions to learning process in terms of valuable suggestions, appropriate amplifications, alternative interpretations and perspectives, constructive criticism and relevant observations are encouraged.

Points	Class Participation and Grading Criteria
10-8	Regularly makes helpful, relevant contributions and observations to class discussions that challenge/encourage other participants to think about the material in new ways. Actively participates in small-group discussions. Actively attends to lectures and discussions. Attends class regularly and shows up on time. Consistently demonstrates that she/he has read the assigned material.
7-5	Often makes helpful, relevant contributions to class discussions. Often participates in small-group discussions. Often pays attention lectures and discussions. Attends class regularly and shows up on time. Demonstrates that she/he has read the assigned material.
4-2	Occasionally contributes to class discussions. Participates to some extent in small-group discussions. Is attentive to lectures and discussions. Attends class regularly and shows up on time. Demonstrates that she/he has usually read the assigned material.
1-0	Rarely contributes to or is prepared for small-group discussions. Does not attend regularly or is often tardy. Inattentive to lectures and discussions and has not read the assigned material.

## 12. Course Administrative Tasks

**12.1 Laptops and Electronic Devices:** This class involves both lecture and interactive tasks and discussion. As such, laptops, tablets, and cell phones are not permitted in the classroom. Use of these devices can be a distraction to both the user and their fellow classmates. Students are asked to refrain from their use in order to promote a more engaged classroom environment.

**12.2 Phones and Pagers:** In consideration of your classmates, and due to their disruptive nature, I request that all telephones and pagers are turned off while you are in class. This is your time and I want you to be able to protect it. If you are required to carry a pager, please set it to vibrate only.

**12.3 Accommodations for Students With Disabilities:** If you think you need an accommodation for a disability, please let me know early in the term. Some aspects of this course, the assignments, the in-class activities, and the way the course is usually taught may be modified to facilitate your participation and progress. As soon as you make me aware of your needs, we can work with the Office of Services for Students with Disabilities (SSD) to help us determine appropriate academic accommodations. SSD (734-763-3000; <http://ssd.umich.edu>) typically recommends accommodations through a Verified Individualized Services and Accommodations (VISA) form. Any information you provide is private and confidential and will be treated as such. If there are any circumstances and/or adaptations that are required for instruction or the classroom situation, please consult me.

**12.4 Religious Holidays and Academic Conflicts:** From the Provost's Office: Although the University of Michigan, as an institution, does not observe religious holidays, it has long been the University's policy that every reasonable effort should be made to help students avoid negative academic consequences when their religious obligations conflict with academic requirements. Absence from classes or examinations for religious reasons does not relieve students from responsibility for any part of the course work required during the period of absence. Students who expect to miss classes, examinations, or other assignments as a consequence of their religious observance shall be provided with a reasonable alternative opportunity to complete such academic responsibilities. It is the obligation of students to provide faculty with reasonable notice of the dates of religious holidays on which they will be absent. Such notice must be given by the drop/add deadline of the given term. Students who are absent on days of examinations or class assignments shall be offered an opportunity to make up the work, without penalty, unless it can be demonstrated that a make-up opportunity would interfere unreasonably with the delivery of the course. Should disagreement arise over any aspect of this policy, the parties involved should contact the Department Chair, the Dean of the School, or the Ombudsperson. Final appeals will be resolved by the provost. : Please notify me if religious observances conflict with class or due dates for assignments so we can make appropriate arrangements.

## 13. Academic Conduct and Integrity:

**13.1 Academic Civility.** The conduct of a student enrolled in courses offered by the School of Social Work should be consistent with that of a professional person. Courtesy, honesty, and respect should be shown by students toward faculty members, guest lecturers, administrative support staff, and fellow students. Similarly, students should expect faculty to treat them fairly, showing respect for their ideas and opinions and striving to help them achieve maximum benefits from their experience.

### University of Michigan Statement On Civility

The University of Michigan is a leader in education, research, and patient care. To sustain that leadership, we promote a healthy social and emotional work culture. We value all members of our community, and we know that a civil and considerate environment is integral to the health and well-being of students, faculty, and staff. The purpose of this statement is to foster good relationships throughout the University community.

We aspire to treat each other well, by adopting the following attitudes and behaviors:

**Choose kindness.** Always treat each other with consideration and respect, whether in person, on the phone, over email, or on social media.

**Think the best.** Assume we are all trying to do the right thing. Put yourself in the other person's shoes, and be flexible and patient with others.

**Act in a supportive way.** Encourage each other. Acknowledge each other's contributions, and lend a hand when others need help. Be inclusive and welcoming.

### 13.2 **Multicultural Ground Rules** (from The Program on Intergroup Relations, University of Michigan)

1. Our primary commitment is to learn from each other, from course materials and from our work. We acknowledge differences amongst us in backgrounds, skills, interests, values, scholarly orientations and experience.
2. We acknowledge that sexism, classism, racism, heterosexism, and other forms of discrimination (religion, age, ability, language, education, size, geographic location etc.) exist and may surface from time to time.
3. We acknowledge that one of the meanings of sexism, classism, racism is that we have been systematically taught misinformation about our own group and members of devalued groups. The same is true about elitism and other forms of prejudice or bias -we are taught misinformation about others and ourselves.
4. We will try not to blame people for the misinformation we have learned. However, we hold each other responsible for not repeating misinformation or offensive behavior after we have learned otherwise.
5. Victims should not be blamed for their oppression.
6. We assume that people are always doing the best they can, both to learn the material and to behave in non-biased and multiculturally productive ways.
7. We will share information about our groups with other members of the class, and will not demean, devalue, or "put down" people for their experiences or lack of experiences.
8. We will actively pursue opportunities to learn about our own groups and those of other groups, yet not enter or invade others' privacy when unwanted.
9. We each have an obligation to actively combat the myths and stereotypes about our own groups and other groups so that we can break down the walls which prohibit individual development, group progress and cooperation and group gain.
10. We want to create a safe atmosphere for open discussion. Members of the class may wish to make a comment verbally or in an assignment that they do not want repeated outside the classroom. Therefore, the instructor and participants will agree not to repeat the remarks outside the session that links a person with his/her identity.
11. We will challenge the idea or the practice, but not the person.
12. We will speak our discomfort.
13. Are there other ground rules that the class would like to add...?

**13.3 Academic Misconduct.** Student academic misconduct refers to behavior that may include plagiarism, cheating, fabrication, falsification of records or official documents, intentional misuse of equipment or materials (including library materials), and aiding and abetting the perpetration of such acts. The preparation of reports, papers, and examinations, assigned on an individual basis, must represent each student's own effort. Reference sources should be indicated clearly. The use of assistance from other students or aids of any kind during a written examination, except when the use of aids such as electronic devices, books or notes has been approved by an instructor, is a violation of the standard of academic conduct. Plagiarism – not referencing another's words or ideas – is a violation of academic integrity and will be grounds for failure on an assignment. In addition, papers that are completed for another course are not acceptable and will be assigned 0 points. Additional resources for discussions of academic conduct and integrity include the School of Social Work and the Center for Research on Learning and Teaching (CRLT). Please refer to the Student Guide to the Master's in Social Work Degree Program 2007-2008 for further discussion of appropriate academic conduct.

Additional resources for discussions of academic conduct and integrity and academic writing see websites:  
SSW Academic Integrity Policies <http://www.ssw.umich.edu/studentGuide/2006/page.html?id=4.03>

#### UM-Resources

<http://www.lib.umich.edu/acadintegrity/index.htm>-- Website with information about academic integrity, many resources and links

Center for Research on Learning and Teaching <http://www.lib.umich.edu/acadintegrity/students/index.htm>

<http://www.lib.umich.edu/ugl/guides/citationguide/acrobat/APA5thed.pdf> -- A guide to APA citation style—used by SSW.

<http://www.lib.umich.edu/govdocs/cite.html> - Another APA citation guide link.

<http://www.lib.umich.edu/help/refworks/#1> -- A useful bibliographic reference program that can create citations in APA style, as well as store your electronic searches.

Other APA style online resources:

<http://owl.english.purdue.edu/workshops/hypertext/apa/index.html>

<http://www.wisc.edu/writing/Handbook/DocAPA.html>

<http://www.lib.msu.edu/harris23/general/citation.htm>

<http://www.uwsp.edu/psych/apa4b.htm>

[http://www.vanguard.edu/faculty/ddegelman/index.aspx?doc\\_id=796](http://www.vanguard.edu/faculty/ddegelman/index.aspx?doc_id=796)

<http://webster.comnet.edu/apa/>

<http://www.lib.berkeley.edu/TeachingLib/Guides/APAstyle.pdf>

#### 14. Course Materials

Course Readings: Articles and chapters are available on the CTools website for the class, on-line through the U of M Electronic Journals or they can be found in print in the U of M Libraries. The entire selection of additional articles/chapters is available on the CTools website organized by class week. The CTools website contains a number of additional resources for the course. This includes websites to government agencies and organizations, links to professional organizations that are focused on population health and related issues, and other materials/resources of interest. Please contact me if you are unfamiliar with the use and operation of CTools or have any questions about how to access information.

#### 15. Resource Journals:

American Journal of Epidemiology

American Journal of Public Health

Ethnicity and Disease

Evidence-Based Social Work Practice

Gerontologist

Health and Social Work

Health Education and Behavior

Health Psychology

International Social Work

Journal of Adolescent Health

Journal of Aging and Health

Journal of Gerontology

Journal of Health and Social Behavior

Journal of Health Care for the Poor and Underserved

Journal of the American Medical Association

Journal of the National Medical Association

Journal of Psychosocial Oncology

New England Journal of Medicine

Pediatrics

Public Health Reports

Social Science and Medicine

Social Work

Social Work in Health Care

Women and Health

Social Work in Public Health

Social Work in Mental Health

## 16. Course Readings and Activities by Week

Week in Term/Themes	Assigned Readings/Activities
<b>Week 1: January 12</b> Introduction to Course and Substantive Topics	No assigned readings Participant introductions Review course syllabus Review Advanced Practice Behaviors in Health Class discussion and exercises
<b>January 19<sup>th</sup>: 25th Annual Health Sciences MLK Day Lecture: "Unity not Uniformity: A Spotlight on Health Disparities"</b> <b>Speaker: Marie Chisholm-Burns, PharmD, MPH, MBA, FCCP, FASHP</b> <b>01/19/2015 12:00 pm to 1:30 pm</b> <b>Location: Dow Auditorium/Towsley Center 1515 E. Medical Drive</b>	
<b>Week 2: January 26</b>  <b>Definitions and Measurement of Health</b>  <b>Personal vs. Social Responsibility for Health</b>	<ol style="list-style-type: none"> <li>M. Minkler. (1999). Personal responsibility for health? A review of the arguments and the evidence at century's end. <i>Health Education &amp; Behavior</i> 26 (1), 121-140.</li> <li>Freudenberg, N. (2014). Manufacturing disease. Chapter 1: <i>Lethal but legal: Corporations, consumption, and protecting public health</i>. New York: Oxford University Press.</li> <li>M. Becker (1986). The tyranny of health promotion. <i>Public Health Review</i>, 14, 15-25.</li> <li>K. Foxhall. (2006). Beginning to begin: Reports from the battle on obesity. <i>American Journal of Public Health</i>, 96(12), 2106-2112.</li> </ol>
<b>Week 3: February 2</b>  <b>Epidemiology</b>  <b>Distribution of Health and Illness</b>	<ol style="list-style-type: none"> <li>McKenzie, J.F., Pinger, R.R., and Kotecki, J.E. (2007). Chapters 3 and 4 in <i>Introduction to Community Health</i>.</li> <li>G. Taubes (9/16/2007). Do we really know what makes us healthy? <i>NYTimes.com</i>. <a href="http://www.nytimes.com/2007/09/16/magazine/16epidemiology-t.html">http://www.nytimes.com/2007/09/16/magazine/16epidemiology-t.html</a></li> <li>Markel, H. (2004). How Scary Is This Ebola Outbreak? An expert on epidemics answers your questions. <a href="http://www.newrepublic.com/article/119041/ebola-outbreak-africa-expert-epidemics-answers-your-questions">http://www.newrepublic.com/article/119041/ebola-outbreak-africa-expert-epidemics-answers-your-questions</a></li> <li>What you need to know about Ebola. <a href="http://www.cdc.gov/vhf/ebola/pdf/what-need-to-know-ebola.pdf">http://www.cdc.gov/vhf/ebola/pdf/what-need-to-know-ebola.pdf</a></li> </ol> <p><b>NOVA/PBS: Vaccines—Calling the Shots</b> <a href="http://www.pbs.org/wgbh/nova/body/vaccines-calling-shots.html">http://www.pbs.org/wgbh/nova/body/vaccines-calling-shots.html</a></p>
<b>Week 4: February 9</b>	<b>NO READINGS FOR THIS WEEK Take Home Exam Due: Content for Weeks 2 and 3</b>  <b>DVD: "In Sickness and In Wealth" from Unnatural Causes: Is Inequality Making Us Sick?</b>
<b>Week 5: February 16</b>  <b>Social Epidemiology</b>  <b>Social Determinants of Health (SDOH)</b>	<ol style="list-style-type: none"> <li>Kreiger, N. (2014). Discrimination and health inequities. Chapter 3 in Berkman et al., <i>Social Epidemiology</i> (2<sup>nd</sup> Edition). New York: Oxford University Press.</li> <li>Krieger, N. (2001). A glossary for social epidemiology. <i>Journal of Epidemiology and Community Health</i> 55, 693-700.</li> <li>Braverman, P., Egerter, S., &amp; Williams, D.R. (2010). The social determinants of health: Coming of age. <i>Annual Review of Public Health</i>, 32, 3.1-3.18.</li> <li>Zimiles, E.M. (2013). Suicide and Soul Wound: Stress, Coping, and Culture in the American Indian and Alaska Native Youth Context. <i>Columbia Social Work Review</i>, Volume IV: 57-68.</li> </ol>
<b>Week 6: February 23</b>  <b>Race/Ethnicity and Culture</b>  <b>Socioeconomic Position (SEP)</b>	<ol style="list-style-type: none"> <li>David R. Williams and Selina A. Mohammed (2013). Racism and Health I: Pathways and Scientific Evidence. <i>American Behavioral Scientist</i> 57(8) 1152–1173.</li> <li>Rowe, J. (2010). Voices from the inside: African American women's perspectives on healthy lifestyles. <i>Health Education &amp; Behavior</i>, 37, 789-800.</li> <li>Berkman and Kawachi: Chapter 2: Socioeconomic position.</li> <li>Scott, J. (2005). Life at the Top in America Isn't Just Better, It's Longer. <i>Class Matters - Social Class and Health Care in the United States of America</i>.</li> </ol> <p><b>DVD: "Bad Sugar" from Unnatural Causes: Is Inequality Making Us Sick?</b></p>



**Winter Break: March 2 - March 8**

<p><b>Week 7: March 9</b></p> <p><b>Gender and Health</b></p> <p><b>Masculinity and Health</b></p>	<ol style="list-style-type: none"> <li>1. Bird, C.E. and Rieker P.P. (2008). Chapter 2: Gender differences in health. In <i>Gender and Health: The Effects of Constrained Choices and Social Policies</i>. Cambridge: Cambridge University Press.</li> <li>2. Evans, J., Blye, F., Oliffe, J.L., and Gregory, D. (2011). Health, Illness, Men and Masculinities (HIMM): A theoretical framework for understanding men and their health. <i>Journal of Men's Health</i>, 8(1), 7-15.</li> <li>3. Pamela Jackson, David R. Williams (2006). The intersection of race, gender, and SES. Chapter 5 in <i>Gender, Race, Class, and Health: Intersectional Approaches</i>. San Francisco: Jossey-Bass.</li> <li>4. Weidner, G. (2000). Why do men get more heart disease than women? An international perspective. <i>College Health</i>, 48, 291-294.</li> </ol>
<p><b>Week 8: March 16</b></p> <p><b>LGBT/Sexual Minorities and Health</b></p> <p><b>Weight Stigma, Discrimination and Health</b></p>	<ol style="list-style-type: none"> <li>1. Institute of Medicine (2011). Chapter 1: Introduction and Chapter 2: Context for LGBT health status in the United States in <i>The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding</i>. National Academy of Sciences.</li> <li>2. Jane Simoni and Katrina Walters (2006). Victimization, substance use and HIV risk behaviors among Gay/Bisexual/Two-Spirit and heterosexual American Indian men in New York City. <i>American Journal of Public Health</i>, 96(12), 2240-2245.</li> <li>3. Fathi, F. (2011). Why weight matters: Addressing body shaming in the social justice community. <i>Columbia Social Work Review</i>, Vol. II: 23-36.</li> <li>4. Lawrence, S., Hazlett, R., and Hightower, P. (2010). Understanding and acting on the growing childhood and adolescent weight crisis: A role for social work. <i>Health &amp; Social Work</i>, 35(2): 147-153.</li> </ol>
<p><b>Week 9: March 23</b></p> <p><b>Genetics and Health</b></p> <p><b>Disabilities</b></p>	<ol style="list-style-type: none"> <li>1. Amy M. Chesire (January/February 2014 Issue). Ethics of Genetics Testing — A Social Work Perspective. <i>Social Work Today</i> 14(1): 20. <a href="http://www.socialworktoday.com/archive/012014p20.shtml">http://www.socialworktoday.com/archive/012014p20.shtml</a></li> <li>2. Werner-Lin, A. and Reed, K. (2011). Social work and genetics. In S. Gehler and T. Browne (Eds.), <i>Handbook of Health and Social Work (2<sup>nd</sup> ed.)</i>. New Jersey: Wiley and Sons.</li> <li>3. Daniel J. Kevles. (2011). From Eugenics to Patents: Genetics, Law, and Human Rights. <i>Annals of Human Genetics</i> 75,326–333.</li> <li>4. Brashler, R. (2011). Chapter 9: Social work practice and disability issues in S. Gehler and T. Browne (Eds.), <i>Handbook of Health and Social Work (2<sup>nd</sup> ed.)</i>. New Jersey: Wiley and Sons.</li> </ol> <p align="center"><b>DVD: In The Family <a href="http://www.pbs.org/pov/pov2008/inthefamily/index.html">http://www.pbs.org/pov/pov2008/inthefamily/index.html</a></b></p>
<p><b>Week 10: March 30</b></p> <p><b>Medical Care</b></p> <p><b>Biobehavioral Factors and Health</b></p>	<ol style="list-style-type: none"> <li>1. Feagin, J. &amp; Bennefield, Z. (2014). Systemic racism and U.S. health care. <i>Social Science and Medicine</i>. 103: 7-14.</li> <li>2. Jonathan M. Metzl &amp; Helena Hansen. (2014). Systemic racism and U.S. health care. <i>Social Science &amp; Medicine</i> 103:126-133.</li> <li>3. Liechty, J.M. (2011). Health Literacy: Critical Opportunities for Social Work Leadership in Health Care and Research. <i>Health &amp; Social Work</i> 36(2), 99-107.</li> <li>4. Engstrom, M. (2011). Chapter 8: Physical and mental health: Interactions, assessment and interventions in <i>Handbook of Health Social Work. (2<sup>nd</sup> ed.)</i>. New Jersey: Wiley and Sons.</li> </ol>
<p><b>Week 11: April 6</b></p> <p><b>Neighborhoods and Communities and Health</b></p>	<ol style="list-style-type: none"> <li>1. Ingram, M. et al. (2014). A Community Health Worker Intervention to Address the Social Determinants of Health Through Policy Change. <i>J Primary Prevent</i> 35:119–123.</li> <li>2. C. Masi (2011). Chapter 6: Community and health. In S. Gehler and T. Browne (Eds.), <i>Handbook of Health and Social Work (2<sup>nd</sup> ed.)</i>. New Jersey: Wiley and Sons.</li> <li>3. Policylink (2008). Designed for Disease: The Link Between Local Food Environments and Obesity and Diabetes. Policylink and the California Center for Public Health Advocacy.</li> <li>4. Williams, D.R. &amp; Collins, C. (2001). Racial Residential Segregation: A Fundamental Cause of Racial Disparities in Health. <i>Public Health Reports</i> 116: 404-416.</li> </ol> <p align="center"><b>DVD: “Place Matters” from Unnatural Causes: Is Inequality Making Us Sick?</b></p>

<p><b>Week 12: April 13</b></p> <p><b>Occupational Health and Safety</b></p> <p><b>Environmental Health</b></p>	<ol style="list-style-type: none"> <li>1. Ostlin, P. (2002). Examining work and its effects on health. Chapter 3 in <i>Engendering International Health</i>, Sen, George and Ostlin (Eds.). Cambridge, MA: MIT Press.</li> <li>2. Marianne Brown (2006). Immigrant workers: Do they fear workplace injuries more than they fear their employers? Chapter 8 in <i>Gender, Race, Class, and Health: Intersectional Approaches</i>. San Francisco: Jossey-Bass.</li> <li>3. Gilbert C. Gee and Devon C. Payne-Sturges (2004) Environmental Health Disparities: A Framework Integrating Psychosocial and Environmental Concepts. <i>Environmental Health Perspectives</i>, 112(17), 1645-1653.</li> <li>4. Jarvis, D. (2013). Environmental justice and social work: A call to expand the social work profession to include environmental justice. <i>Columbia Social Work Review</i>, Volume IV: 36-45.</li> </ol>
	<p><b>DVD: "Not Just a Paycheck" from Unnatural Causes: Is Inequality Making Us Sick?</b></p>
<p><b>Week 13: April 20</b></p> <p><b>Social Factors and Processes</b></p> <p><b>Health Behavior Theories</b></p> <p><b>Course Summary</b></p>	<ol style="list-style-type: none"> <li>1. Berkman and Glass: Chapter 7: Social integration, social networks, and social support</li> <li>2. Emmons, K. Chapter 11: Health behaviors in social context.</li> <li>3. Gehlert, S. and Bollinger, S.E. (2011). Chapter 6: Theories of health behavior. In S. Gehler and T. Browne (Eds.), <i>Handbook of Health and Social Work (2<sup>nd</sup> ed.)</i>. New Jersey: Wiley and Sons.</li> <li>4. Parker, E., Baldwin, G.T., Israel, B. and Salinas, M.A. (2004). Application of Health Promotion Theories and Models for Environmental Health. <i>Health Education &amp; Behavior</i>, 31(4), 491-509.</li> </ol>