

Preliminary
Subject to change

University of Manitoba
Department of Sociology

77. 249 SOCIOLOGY OF HEALTH AND ILLNESS

General Information

Instructor: A. Segall
Section L01, Slot 14 Room 213 Tier Bldg
T/Th 2:30 - 3:45 p.m.
First Term, 2002-03
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Office Hours: Tuesday and Thursday, 10:00 - 11:00 a.m.
(or by appointment)

Course Information

COURSE OBJECTIVE:

This course is an introduction to the field of Health Sociology. The purpose of the course is to provide a sociological framework for understanding the social determinants of population health and the factors that shape the health and illness behaviour of Canadians.

TOPIC OUTLINE:

SOCIOLOGY OF HEALTH AND ILLNESS: AN INTRODUCTION

1. The Origins of Medical Sociology: Convergence of Sociology & Medicine
2. From Medical Sociology to Health Sociology: Transforming the Field
3. The Development of Sociology of Health in Canada
4. Health Behaviour, Illness Behaviour & Sick Role Behaviour: A Conceptual Framework
5. Adopting a Population Health Perspective

GOOD HEALTH VS. ILL HEALTH: PROBLEMS OF DEFINITION

1. Alternative Perspectives for Understanding the Meaning of Health
2. Sickness: The Presence of Disease vs. Illness Experience
3. Wellness: Good Health as More than the Absence of Illness and Disease
4. Normal Health vs. Perfect Health: Reality or Illusion?
5. The Process of Health Status Designation

ASSESSING HEALTH STATUS: PROBLEMS IN MEASUREMENT

1. Population Health vs. Personal Health
2. Standard Health Status Indicators
3. The Validity of Self-Rated Health
4. What Can We Learn About Health from Morbidity and Mortality Data?
5. Measuring Wellness and Estimating Health Expectancy

SOCIAL DETERMINANTS OF HEALTH STATUS

1. Personal and Structural Determinants of Health
2. Lay Beliefs about Illness Management and Health Maintenance
3. Maintaining a Healthy Lifestyle: Self-Health Management and Personal Health Practices
4. Sources of Inequality in Health: Class and Gender Differences in Health and Illness Behaviour
5. Understanding the Link between Social Status and Health Status:

HEALTH CARE BEHAVIOURAL PATTERNS

1. Dealing with Everyday Symptoms: The Meaning and Management of Pain
2. Making Sense of Sickness: Adapting to Chronic Illness
3. The Health Benefits of Informal Care and Social Support
4. The Use of Formal Health Care Services

KEEPING CANADIANS HEALTHY

1. Population Health Promotion: Addressing Conflicting Interests
2. Producing Health vs. Consuming Health Care
3. Reforming the Health Care System: The Vision vs. Reality
4. Canadian Health Care Policy Initiatives: Setting Attainable Population Health Promotion Goals

TEXTBOOK AND ASSIGNED READINGS:

Required Text

Segall, A. and Chappell, N. (2000). Health and Health Care in Canada. Toronto: Prentice-Hall.

Supplementary Readings

In addition to the required textbook (available at the University of Manitoba Bookstore), a number of supplementary readings have been selected from various sources (i.e., published journal articles and chapters). These readings have been duplicated and placed on **2 HOUR RESERVE** in the Elizabeth Dafoe Library.

The specific required readings for each topic include:

SOCIOLOGY OF HEALTH AND ILLNESS: AN INTRODUCTION

Segall and Chappell - Chapter 1 - An Introduction to Health Sociology (pp. 2-20).

Coburn, D. and Eakin, J. (1993) The sociology of health in Canada: First impressions. Health and Canadian Society, 1: 83-110.

GOOD HEALTH VS. ILL HEALTH: PROBLEMS OF DEFINITION

Segall and Chappell - Chapter 2 - Defining Health (pp. 21-51).

Litva, A. and Eyles, J. (1994) Health or healthy: Why people are not sick in a Southern Ontarian town. Social Science and Medicine, 39: 1083-1091.

ASSESSING HEALTH STATUS: PROBLEMS IN MEASUREMENT

Segall and Chappell - Chapter 3 - Measuring Health (pp. 52-71).

Millar, J. and Hull, C. (1997) Measuring human wellness. Social Indicators Research, 40: 147-158.

SOCIAL DETERMINANTS OF HEALTH STATUS

Segall and Chappell - Chapter 4 - General Determinants of Health (pp. 74-93).

Lay Beliefs about Health and Illness

Segall and Chappell - Chapter 5 - Health Beliefs: Accounting for Health and Illness
(pp. 94-126).

Radley, A. and Billig, M. (1996) Accounts of health and illness: Dilemmas and representations. Sociology of Health and Illness, 18: 220-240.

Healthy Lifestyle Behaviour

Segall and Chappell - Chapter 6 - Personal Health Behaviours: Adopting a Healthy Lifestyle (pp. 127-158).

Bruhn, J. (1988) Life-style and health behavior. In D. Gochman (ed.) Health Behavior: Emerging Research Perspectives (pp. 71-86). New York: Plenum Press.

Sources of Inequality in Health

Segall and Chappell - Chapter 7 - Social Structure and Health (pp. 159-182).

Macintyre, S, Ford, G. and Hunt, K. (1999) Do women 'over-report' morbidity? Men's and women's responses to structured prompting on a standard question on long standing illness. Social Science and Medicine, 48:89-98.

Kandrack, M., Grant, K. and Segall, A. (1991) Gender differences in health related behaviour: Some unanswered questions. Social Science and Medicine, 32: 579-590.

Hay, D. (1994) Social status and health status: Does money buy health? In B. Bolaria and R. Bolaria (eds.) Racial Minorities, Medicine and Health (pp. 9-51). Halifax, N.S.: Fernwood Publishers.

Badgley, R. (1991) Social and economic disparities under Canadian health

care. International Journal of Health Services, 21: 659-671.

HEALTH CARE BEHAVIOURAL PATTERNS

The Meaning and Management of Pain

Bendelow, G. and Williams, S. (1995) Transcending the dualisms: Towards a sociology of pain. Sociology of Health and Illness, 17: 139-165.

Living With Chronic Illness

Bury, M. (1991) The sociology of chronic illness: A review of research and prospects. Sociology of Health and Illness, 13: 451-468.

Informal Care, Social Support and Health

Segall and Chappell - Chapter 8 - Social Support and Health (pp. 183-207).

The Use of Formal Health Care Services

Segall and Chappell - Chapter 9 - Formal Care and Health (pp. 208-233).

KEEPING CANADIANS HEALTHY

Segall and Chappell - Chapter 10 - Creating a Health Care System (pp. 236-269).

Chappell, N. (1993) The future of health care in Canada. Journal of Social Policy, 22: 487-505.

Segall and Chappell - Chapter 11 - Health as a Personal and Societal Value (pp.270-289).

Mechanic, D. (1999) Issues in promoting health. Social Science and Medicine, 48: 711-718.

Evaluation Information

TEST/PROJECT SCHEDULE:

The formal requirements of this course consist of three term tests and a Health Diary Project. The term tests will be written during regularly scheduled class time on the dates listed below. Additional specific information will be provided in class regarding the format and the material to be covered by each of these tests.

No provision has been made for make-up tests, so it is extremely important to pay attention to the following schedule.

A separate handout will be provided later in the course (**October 17, 2002**) describing the Health Diary Project in detail. Each student will be required to keep a daily health record for the period of one week and then, using the conceptual framework provided in this course, interpret and summarize the information in an eight (8) page written report.

The due date for the Health Diary Report is also indicated on the following schedule. Late project reports will not be graded.

Dates

Percentage of Final Grade

Term Test One	Thursday, October 3, 2002	25
Term Test Two	Thursday, October 31, 2002	30
Health Diary Project	Thursday, November 14, 2002	25
Term Test Three	Tuesday, December 3, 2002	20

Voluntary withdrawal date without academic penalty is Wednesday, November 13, 2002.

GRADE DISTRIBUTION:

The grade distribution for this course is as follows:

A+ (90-100%)	C+ (65-69%)
A (80-89%)	C (60-64%)
B+ (75-79%)	D (50-59%)
B (70-74%)	F (less than 50%)

Academic Dishonesty

Students Students should acquaint themselves with the University's policy on 'plagiarism and cheating' and 'examination impersonation' found in the University of Manitoba Undergraduate Calendar.

AS/6.02