

DEREE COLLEGE SYLLABUS FOR:	
UK LEVEL 5	
SO 3007 LE HEALTH AND SOCIETY (Updated Summer 2019)	
UK CREDITS: 15 US CREDITS: 3/0/3	
PREREQUISITES:	None
CATALOG DESCRIPTION:	Medical Sociology and contrasting Ideas about Health and Social Behavior. Epidemiological Measures and Complexity of Modern Ills. Health in relation to Age, Gender, Race, Socio-economic status, Social Stress, Health and Illness Behavior as well as Healing Options in American Society. The Sick Role, Doctor-Patient Interaction, the role of Physicians, Nurses, Midwives. The Development of Hospitals, their organization and the rising cost of Health Care Delivery. Health Care Delivery in the USA, the First world and Formerly Socialist Countries as well as in other countries.
RATIONALE:	The course is designed in order to make the student realize the important influence of Sociology in studying the social factors that are relevant to a particular health disorder as well as its contribution to the understanding of such factors as the organization, role relationships, norms, values and beliefs of medical practice as a form of social behavior
LEARNING OUTCOMES:	As a result of taking this course, the student should be able to: <ol style="list-style-type: none"> 1. Analyze ideas, concepts, themes and research findings in the field of Medical Sociology. 2. Evaluate the importance of the variety of factors involved in the etiology of disease and the impact of health-related behavior on it. 3. Demonstrate understanding of the doctor-patient relationship and the sick-role. 4. Evaluate the role of doctors in Society and their declining professional power and status. 5. Distinguish among different Health Care Delivery Systems and Policies.
METHOD OFTEACHING AND LEARNING:	In congruence with the teaching and learning strategy of the college, the following tools are used: <ul style="list-style-type: none"> ➤ Classes consist of lectures, discussions of selected issues, showing of video documentaries and in-class illustrations of various issues. ➤ Office hours: students are encouraged to make full use of the office hours of their lecturer, where they can address issues and ask questions pertinent to the course material. ➤ Use of a blackboard site, where instructors post lecture notes, assignment instructions, timely announcements, as well as additional resources.

<p>ASSESSMENT:</p>	<p>Summative:</p> <table border="1" data-bbox="597 163 1393 331"> <tr> <td>Midterm Examination: essay questions (with choice)</td> <td>40%</td> </tr> <tr> <td>Final Examination essay questions (with choice)</td> <td>60%</td> </tr> </table> <p>The midterm tests Learning Outcomes 1 and 2. The final examination tests Learning Outcomes 3, 4 and 5.</p> <p>Formative:</p> <table border="1" data-bbox="597 474 1393 548"> <tr> <td>One take-home assignment</td> <td>0%</td> </tr> <tr> <td>In-class discussion sessions</td> <td>0%</td> </tr> </table> <p>The take-home assignment involves an internet research on the provision of Health Care Services in various countries and a short classroom presentation. It carries no weight in the grade Several discussion sessions are held aiming to enhance deeper understanding and critical thinking.</p>	Midterm Examination: essay questions (with choice)	40%	Final Examination essay questions (with choice)	60%	One take-home assignment	0%	In-class discussion sessions	0%
Midterm Examination: essay questions (with choice)	40%								
Final Examination essay questions (with choice)	60%								
One take-home assignment	0%								
In-class discussion sessions	0%								
<p>INDICATIVE READING:</p>	<p>REQUIRED READING:</p> <ul style="list-style-type: none"> • Cockerham, William C. <i>Medical Sociology</i>, Pearson Prentice Hall, 14th edition 2017. ISBN 9780137017669. (core text) • Graham, Hilary, (2009). <i>Understanding health inequalities</i>, Open University Press <p>RECOMMENDED READING:</p> <ul style="list-style-type: none"> • Baggott, Rob. (2004). <i>Health and health care in Britain</i>, Palgrave Macmillan • Bhavsar, V., Bhugra, D. (2008). “Globalization: Mental Health and Social Economic Factors”, <i>Sage Journals - Global Social Policy</i>, vol. 8, 3, pp. 378-396, doi: 10.1177/ 1468018108095634 • Cockerham, William C. Ritchey, Ferris J. (1997). <i>Dictionary of medical sociology</i>, Greenwood Press • Conrad, P., Barker, K.K. (2010). “The Social Construction of Illness: Key Insights and Policy Implications” <i>Sage Journals - Journal of Health and Social Behavior</i>, vol. 51(S), pp. S67-S79, doi: /10.1177/0022146510383495 • Davies, Huw O. Tavakoli, Manouche. (c2004). <i>Health care policy, performance and finance: strategic issues in health care management</i>, Ashgate • Fraser, Mariam. Greco, Monica. (2005). <i>The body: a reader</i>, Polity • Gabe, Jonathan. Bury, Mike. Elston, Mary Ann. (2004). <i>Key concepts in medical sociology</i>. London; Thousand Oaks, CA: Sage Publications • Holman, D., (2014). “Exploring the relationship between social class, mental illness stigma and mental health literacy using British national survey data”, <i>Sage Journals - Health: An Interdisciplinary Journal for the</i> 								

	<p><i>Social Study of Health, Illness and Medicine</i>, vol. 19, 4, pp. 413-429, doi: 10.1177/ 1363459314554316.</p> <ul style="list-style-type: none"> • Iganski, Paul. Mason, David. (c2002). <i>Ethnicity, equality of opportunity, and the British National Health Service</i>, Ashgate • Leopold, L., (2016). “Cumulative Advantage in an Egalitarian Country? Socioeconomic Health Disparities over the Life Course in Sweden”, <i>Sage Journals - Journal of Health and Social Behavior</i>, vol. 57, 2, pp. 257-273, doi: 10.1177/0022146516645926 • Nettleton, Sarah. Gustafsson, Ulla. (2002), <i>The Sociology of Health and Illness Reader</i>, Polity • Pol, Louis G. Thomas, Richard K. (c2001). <i>The demography of health and health care</i>, Kluwer Academic/Plenum Publishers • Rapport, Frances. (2004). <i>New qualitative methodologies in health and social care research</i>, Routledge • Rogers, Anne. Pilgrim, David. (2005). <i>A sociology of mental health and illness</i>, Open University Press • Rogers, Anne. Pilgrim, David. (c2003). <i>Mental health and inequality</i>, Palgrave Macmillan • Shaw, Ian. Kauppinen, Kaisa. (c2004). <i>Constructions of health and illness: European perspectives</i>, Ashgate • Thoits, P.A., (2011). “Mechanisms Linking Social Ties and Support to Physical and Mental Health”, <i>Sage Journals - Journal of Health and Social Behavior</i>, vol. 52, 2, pp. 145-161, doi: 10.1177/0022146510395592 • White, K. (2002). <i>An Introduction to the Sociology of Health and Illness</i>. Sage Publications. • White, K. (2006). <i>The Sage Dictionary of Health and Society</i>. Sage Publications. • Williams, Simon J. Gabe, Jonathan. Calnan, Michael. (2000). <i>Health, Medicine and Society</i>, Routledge
<p>INDICATIVE MATERIAL: (e.g. audiovisual, digital material, etc.)</p>	<p>REQUIRED MATERIAL: N/A</p> <p>RECOMMENDED MATERIAL: N/A</p>
<p>COMMUNICATION REQUIREMENTS:</p>	<p>Verbal skills using academic / professional English.</p>
<p>SOFTWARE REQUIREMENTS:</p>	<p>Word</p>
<p>WWW RESOURCES:</p>	<p>Students will find the following websites helpful for additional material that is related to the course: www.who.int web site of World Health Organization www.euro.who.int web site of World Health Organization for Europe</p>

	<p>www.observatory.dk web site of the European Observatory on Health Care Systems</p> <p>www.ncbi.nlm.nih.gov-entrez-query web site of the National Library of Medicine at the National Institutes of Health (NIH)</p> <p>www.asanet.org web site of the American Sociological Association</p> <p>www.sociosite.net a Social Science Information System</p> <p>www.sociolog.com a Comprehensive Guide to Sociology On-Line</p> <p>www.socioweb.com an Independent Guide to Sociological Resources on the Internet</p> <p>gale.cengage.co.uk site for General Reference Books</p> <p>www.census.gov the US Census Bureau</p> <p>www.statistics.gr the Hellenic Statistical Authority</p>
<p>INDICATIVE CONTENT:</p>	<p>PART I INTRODUCTION</p> <ol style="list-style-type: none"> 1. MEDICAL SOCIOLOGY. <ul style="list-style-type: none"> The Development of Medical Sociology Defining Health Contrasting Ideas about Health and Social Behavior The Re-emergence of Infectious Diseases Bioethics 2. EPIDEMIOLOGY <ul style="list-style-type: none"> Epidemiological Measures The Development of Epidemiology Disease and Modernization The Complexity of Modern Ills: Heart Disease Pandemics: HIV/AIDS and Influenza HIV/AIDS Influenza 3. THE SOCIAL DEMOGRAPHY OF HEALTH: SOCIAL CLASS <ul style="list-style-type: none"> The Components of Social Class Modern Diseases and the Poor Equality of Care and the Social Gradient in Mortality: The British Experience Neighbourhood Disadvantage SES as a Fundamental Cause of Sickness and Mortality 4. THE SOCIAL DEMOGRAPHY OF HEALTH: GENDER, AGE, AND RACE <ul style="list-style-type: none"> Gender Age Race <p>PART II HEALTH AND ILLNESS</p> <ol style="list-style-type: none"> 5. SOCIAL STRESS AND HEALTH <ul style="list-style-type: none"> Cooley, Thomas and Goffman: Symbolic Interaction Durkheim: Functionalism Stress Social Factors and Stress Life Changes

6. HEALTH BEHAVIOR AND LIFESTYLES

Health Lifestyles
Preventive Care

7. ILLNESS BEHAVIOR

Self-Care
Sociodemographic Variables
Recognizing and Coping with Illness Symptoms

PART III SEEKING HEALTH CARE

8. THE SICK ROLE

Illness as Deviance
The Functionalist Approach to Deviance
The Sick Role
Medicalization
Criticism of the Sick Role
Labelling Theory
Sickness as Social Deviance?
Being Sick and Disabled
Stigma

9. DOCTOR-PATIENT INTERACTION

Models of Interaction
Misunderstandings in Communication
Communication and Class Background
Male Physicians and Women Patients
Women Physicians
Cultural Differences in Communication
Patient Compliance
The Future of Doctor-Patient Relations
Doctor-Patient Relations and New Technology
The New Genetics

PART IV PROVIDING HEALTH CARE

11. PHYSICIANS

The Professionalization of the Physician
The Socialization of the Physician
The Power Structure of American Medicine

12. THE PHYSICIAN IN A CHANGING SOCIETY

Social Control of Medical Practice
Countervailing Power
Government Regulation
Managed Care
The Coming of the Corporation
The Changing Physician-Patient Relationship
The De-professionalization of Physicians
The Evolution of the Organization of Medical Practice

14. THE HOSPITAL IN SOCIETY

The Development of the Hospital as a Social Institution
Hospitals in the United States
The Organization of the Nonprofit Community Hospital
The Hospital-Patient Role
The Rising Cost of Hospitalization

PART V HEALTH CARE DELIVERY SYSTEMS

15. HEALTH CARE DELIVERY AND SOCIAL POLICY IN THE UNITED STATES

Rising Costs

The Road to Health Care Reform

Equity in Health Services

Geographic Distribution of Services

Overview of Health Care Delivery

Health Care: A Right or a Privilege?

16. GLOBAL HEALTH CARE

Socialized Medicine: Canada, Great Britain and Sweden

Decentralized National Health Programs: Japan, Germany and Mexico

Socialist Medicine: Alterations in Russia and China