

“DRAFT SYLLABUS: SUBJECT TO CHANGE”

SOCIAL HEALTH JUSTICE COURSE OVERVIEW

SOC 5010-781

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This course is a premiere examination of social inequalities and patterns of social health *inequity*. Specifically, we will focus on how health outcomes are distributed by race, class and gender. In fact, the fields of Medical Sociology and Public Health depend on Sociology to better understand why health is unequally distributed. The unequal distribution of wealth and power in our society contributes to some demographic populations having worse health outcomes than wealthy or more economically privileged demographic populations.

Early studies in Social Health Disparities took note of the uneven distribution of health by population demographic. Concrete health disparities were readily apparent between third world and more developed countries. For instance, infectious diseases are more common in less industrialized and impoverished countries. This empirical fact, led many researchers to conclude that *good health follows wealth*. Today, it is well established among health researchers that those higher up the social class ladder will fewer hospital visits, communicable and chronic diseases and deaths than those who live in poverty.

WHAT IS SOCIAL HEALTH JUSTICE?

The principle of health equity is built upon the ‘justice as fairness’ principle that John Rawls (1985) theorized and it is to this day one of the most influential perspectives on how we should envision health equity in our pursuit of social health justice for every human being. The theory states that human beings possess certain basic rights and that all members of society should have equal access to opportunities, and inequalities should be limited, minimized and reduced as much as humanly possible.

The goal of this course, “Social Health Justice” is to familiarize you with social health inequities across various demographic population groups with an emphasis on how social and cultural factors such as racial, gender, class inequality, sexuality, disability, age, etc, are a matter of life and death issues. It gets grimmer than this because the poorest poor most often have few if any social justice allies and the field of Social Health Activism is *stretched thin* when it comes to the numbers of applied grassroots social health practitioners who rally for JUSTICE on behalf of those who are too weak health wise to advocate for changes in their immediate social health conditions (environmental pollution, inadequate health facilities in poor communities, etc.) and access to better health care overall.

Resolving social health disparities requires that we first understand the social determinants of health and health inequality. To accomplish this, we will focus on the following objectives:

1. We will explore how U.S. social structural patterns and hierarchies of stratification are deeply embedded in race, gender and class relations.
2. Define and describe the ‘Social Determinants of Health’ Inequities. Topics will include inequality of income and wealth, poverty, institutionalized racism, gender discrimination, globalization and capitalism, environmental hazards (For example, Flint Michigan and toxic tap water on health), employment conditions, neighborhood conditions such as toxic waste dumps in minority communities, and affordable health care (Is it really affordable for the working and lower middle class who live below or above the Affordable Care Act guidelines?)
3. We will learn about Fundamental Cause Theory (Link and Phelan, 1995) which emphasizes the deleterious impact of SES on health outcomes.
4. Social and historical patterns of Social health inequity (Tuskegee Experiments)
5. Learn about culture bound syndromes and the need for appropriate prevention and intervention with minority populations (For example, different cultures express distress and illness in different ways). To reduce health disparities among populations of color, we must properly diagnose and address the social inequalities that marginalized and oppressed groups experience and cope with daily.
6. The development of a Health Equity Model that considers intersecting systems of oppression so that we could better educate ourselves and our communities about this urgent need for *Social Health Justice and Social Health Policy Reform*.

Course Materials(Textbooks):

PUBLIC HEALTH AND SOCIAL JUSTICE: A JOSSEY-BASS READER - REQUIRED
BY DONOHOE
ISBN-13: 9781118088142

HEALTH AND SOCIAL JUSTICE: POLITICS, IDEOLOGY, AND INEQUITY IN THE DISTRIBUTION OF DISEASE- NO LONGER IN PRINT. SOME COPIES ARE STILL AVAILABLE ON AMAZON FOR LESS THAN \$20

BY HOFRICHTER
ISBN-13: 9780787967338

MEDICAL SOCIOLOGY-HIGHLY RECOMMENDED
BY COCKERHAM
ISBN-13: 9781138668324

THE SOCIOLOGY OF HEALTH, HEALING, AND ILLNESS-SECONDARY REFERENCE
BY WEISS
ISBN-13: 9781138647732

**MINORITY POPULATIONS AND HEALTH: AN INTRODUCTION TO HEALTH
DISPARITIES IN THE UNITED STATES- OPTIONAL BUT VERY INTERESTING
AND INFORMATIVE.**

BY LAVEIST

ISBN-13: 9780787964139