Sociology 126
Health of the Public:
Medicine and Disease in Social Context

Thursday 9:25–11:15 a.m.
Fall Term 202
Location: 17 Hillhouse Ave., room 335

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Course Websites:

Links to most of the readings and other materials are on the Canvas website; other information is at http://humannaturelab.net/teaching.

Course Description:

This academic year, for the first time, HOP will be taught as a seminar, solely for freshmen and sophomores. We will also have a special focus on the ongoing COVID-19 pandemic.

This course examines the social causes and context of illness, death, longevity, and health care in the USA today. How are health and illness defined? Who stays healthy and who falls ill? Who has a long life and who has a short one? What constitutes a good death, and why do so few Americans have one? What makes for good medical care, who gets it, and why? What role do physicians play in producing health in our society? To what extent do factors outside individuals’ control (including genetics, parental traits, geography, or hospital quality) influence health and health care? How do major epidemics affect society, and how do societies respond effectively? Does socioeconomic inequality in society harm individual health? Do certain kinds of social networks or neighborhoods improve health? How do social factors “get under our skin” and literally become embodied? What are the collective constraints on individuals’ life prospects? What is the difference between an individualistic and a public health-oriented perspective on illness? Further, what issues of ethics and justice are raised by such questions? How might a different organization of society, different public expenditures, or different public policies matter?

While exploring these questions, we will also consider how social scientists, biologists, epidemiologists, public health experts, and doctors address them: how they use theory to understand them and how they make “causal inferences” based on observational or experimental data. However, students are not expected to have in-depth knowledge of social science methods
or statistics as prerequisites for this course. The readings – which are demanding – span the medical, public health, and social science literatures; and they reflect both qualitative and quantitative approaches. They also introduce the new field of biosocial science, and emerging applications of data science to health. In many ways, this course serves as an introduction to the modern state of public health as a multidisciplinary field.

**Course Requirements:**

- Attendance and class participation (you simply must do the readings – don’t wing it) (20%)
- In-class mid-term exam on October 6 (20%)
- Four-page paper (topic to be announced; due on November 10) (20%)
- Take-home final exam (12-15 pages) (40%)

Please check the above mid-term dates when you enroll in the class, to ensure that you have no (anticipated) conflicts with these examination requirements.

You can find copies of old exams at [http://humannaturelab.net/teaching](http://humannaturelab.net/teaching). The final exam will consist of 2-3 essay questions, for a total of roughly 12–15 pages. While there may be some choice, all the questions will require in-depth engagement with the major themes of the whole course. The exam will be distributed no later than the last week of class, and will likely be due one week later. We will ask you to email the exam to the instructor, or upload the exam to Canvas (we will provide instructions as the date approaches).

Since various electronic checks will be performed on all submitted papers and exams, be sure that all your written work is your own, and that you cite sources appropriately. Please do not cut and paste text from any source without attribution – this will lead to consternation and much unhappiness. It’s really depressing for all involved when this happens; it is surely embarrassing for the student; and it results in a very bad grade. We expect that you will not cheat in any way.

If you feel any exam or paper has been graded in error, please discuss this with the TF first, and please do review the exam re-grading policy on the course website beforehand.

**Student Engagement:**

The course includes a range of readings from many different fields and from many policy perspectives, some of which you and others may disagree with. This is normal and desirable at a serious university. Moreover, the students in the class will have had different life experiences (sometimes personal) with some of the topics we explore – such as serious illness, disability, suicide, gun violence, poverty, autism, medical errors, among other things. Additionally, there is likely to be a range of opinions about whether individuals or their surroundings are relatively more responsible for the various threats to public health, or what is the true cause of some particular circumstance or class of circumstances. Our approach to these matters will be evidence-based and scientific.
Course FAQ:

Answers to a selection of common questions are below, and many more are addressed at: http://humannaturelab.net/teaching and on the course website. Please check the FAQ before emailing.

- Sociology 126 also counts as Global Health 140.
- There are no prerequisites.
- Videos of past lectures are available at the Human Nature Lab website. Some of these may be required and they clarify the course material.
- If enrollment interest exceeds available class slots (18), we will ask every interested student to answer a short one- or two-paragraph essay question the first week of class, and we will notify accepted students by September 4.

Collaboration:

Discussion and the exchange of ideas are essential to academic work. However, you should ensure that any written work you submit for evaluation is the result of your own research and writing, and that it reflects your own approach to the topic. You must also properly cite any books, articles, websites, lectures, etc., that have helped you with your work (we do not care what citation format you follow, so long as you follow one); some useful information is here: https://poorvucenter.yale.edu/using-sources. Students should note well that collaboration in any way (including conversation about the questions) on the take-home final exam is not permitted.

Sections and Teaching Fellows:

Given the seminar format this year, there is no section for the class. The TF is Eric Feltham, who will hold office hours, which will be announced on Canvas. His email address is: eric.feltham@yale.edu.

Books and Readings:

Books are available for purchase online, and at the Yale Bookstore or Amazon. Readings from books and articles range from 60-200 pages per week. Readings are available online in Canvas.

Christakis, N.A. Apollo’s Arrow: The Profound and Enduring Impact of Coronavirus on the Way We Live. New York: Little Brown, 2021 [paperback version with new preface and afterword].
I. September 1
Course Introduction

In this introductory lecture (the only lecture of the semester), we will briefly review the burden of illness and death in the USA. We will touch on the costs, family effects, and the implications for people’s well-being. We will also review the leading causes of death, and how they vary with socio-demographic characteristics. We will touch on how our attention to the threats to our health is often skewed, and notably include how we neglected the risk of serious (albeit rare) pandemic disease until it was upon us. We will note geographic variation in illness and mortality. We will examine the effects of the circumstances of birth (including diverse *in utero* exposures, birthweight, birth order, parental occupation, etc.) on lifelong health. Here, we will introduce the tension between individualistic and collective perspectives on medical care that pervades the course. In particular, we will consider the case of suicide, and the extent to which it reflects either individual decision-making or collective constraints. In short, we will lay out the basic set of biosocial facts that we will subsequently explore in the course.

II. September 8
What Medical Care Has and Has Not Achieved

What are the benefits of medical care? How much do doctors actually help people? What are the relative roles of curative and preventative maneuvers in the health of the public? On the population level, what have been the benefits of “big medicine”? We will consider how the nature of illness and death has changed over the last century in the USA, and around the world, as part of the “health transition.” Finally, we will discuss some ways of defining and measuring health besides mortality.

III. September 15
The Social Distribution of Illness

We will examine how disease and survival are distributed by basic socioeconomic variables. What is the role of sex, race, ethnicity, education, income, marital status – and other social variables – with respect to patient preferences, patient risks, health care delivery, and health outcomes? What are the methodological challenges of demonstrating and interpreting the differences and inequalities in health outcomes and care? How do we distinguish the problem of unequal outcomes from that of unequal treatment, and what is the ethical implication of this difference? Further, we will also consider how neighborhoods, as a particular form of collective social structure, may influence and stratify health. In this vein, we will generally consider how local physical infrastructure and medical resources affect health.


IV. September 22
The Social Construction of Illness and Medicine

How are the seemingly objective, natural, or scientific concepts of “body,” “illness,” or “treatment” influenced and determined both by social phenomena, and the medical system itself? How does the way people come to view the world have concrete and measurable effects on their health? How do people cognitively construct medically relevant concepts, such as diagnostic categories, and how do these constructions in turn influence medical care and human experience? We will consider diverse examples, ranging from childbirth to autism to certain “culture-bound syndromes” like koro.

### V. September 29

**Iatrogenesis and Medical Error**

How common and serious are medical errors? What is the difference between harm, error, and maloccurrence? How do physicians cope with the inevitability of mistakes and harm? In what ways is “iatrogenesis” (doctor-caused injury) a widespread socio-medical phenomenon? Why does harm occur and what, if anything, can be done about it? What ethical and policy issues are raised by medical mistakes? We will also explore the nature of dying in the USA, and what might be done to improve end-of-life care. We will consider the nature of a good death, how death affects family members, and where death occurs. Lastly, we will discuss the role of physician decision-making in end-of-life care.


Classen DC, et al. ‘Global trigger tool’ shows that adverse events in hospitals may be ten times greater than previously measured. *Health Affairs* 2011; 30: 581-589.


### VI. October 6

**IN-CLASS MIDTERM**
VII. October 13
Health Behaviors

How do individuals’ choices and behaviors affect individuals’ health risks and health status? How do individuals’ choices and behaviors affect the health risks and health status of other people? We will consider a range of health-related behaviors that are socially patterned and that can have substantial effects on both individual and population health including obesity, smoking, drinking, and gun possession. We will also explore the role of broader social policies and environmental effects on individual outcomes.


VIII. October 20
NO CLASS

IX. October 27
Inequality, Social Hierarchy, Stress, and Social Support

What do baboons in the Serengeti, civil servants in London, and actors in Hollywood have in common? How does *relative* position, not just absolute position, matter to health? How can social structure itself be stressful? How can it be salubrious? What are the health consequences of stress, and how might an individual’s social support buffer the adverse effect of stress on health?


**X. November 3**

**Social Networks and Social Capital**

Can there be non-biological transmission of disease? How does the health care delivered to one person affect the health of others? Can treating depression in parents prevent asthma in their children? Can weight gain – or seatbelt use or drinking – by those close to you directly affect your health? We will consider how illness and health-related phenomena (ranging from sexual practices, to smoking, to obesity, to emotions) might spread within a social network and result in positive or negative “externalities.” We will consider new experiments that involve interventions in online and offline networks to improve health. We will also evaluate some of the ethical implications of using network methods to target public health interventions. Moreover, we will examine the foundational and widely influential concept of “social capital,” first advanced (in a sound way) by Coleman in 1988, and how this relates to “emergent” properties of social systems. How and why do groups of people come to have properties that do not inhere in the individuals themselves? And how might social capital be a “public good”?


**XI. November 10**

**The COVID-19 Pandemic**

We will explore the virology, epidemiology, and public health impact of the once-in-a-century COVID-19 pandemic we are living through. We will review the deployment of “non-pharmaceutical interventions” as well as the development of medicines and vaccines to respond to the threat. We will explore the classic social and psychological responses to epidemic disease (including grief, fear, denial, and blame of others) and the social and economic impact of the pandemic. We will position the COVID-19 pandemic in the long history of deadly outbreaks that have afflicted our species.

XII. November 17
COVID-19 Pandemic Controversies

The COVID-19 pandemic has engendered many controversies, both among scientists and the citizenry – in everything from mask wearing, the utility of “lockdowns,” the efficacy of “natural” immunity, the benefits or side effects of vaccination and boosters, to the origins of the virus itself. Science, and its interface with public policy, has become heavily politicized during COVID-19. We will review some of the latest data about these controversies and discuss the process of politicization. And we will consider the intriguing and informative fact that many of the same controversies were present during the 1918 influenza pandemic.


XIII. December 1
Behavior Genetics, Gene-Environment Interactions, and Social Epigenetics

We will consider the cutting-edge field of biosocial science. In particular, we will focus on the ways in which our genes are in conversation with our social environment. To what extent does our genetic makeup influence our behaviors? To what extent do our genes increase or decrease our risk for illness given particular environmental exposures? How might the social environment come to regulate our genome? And how do social exposures “get under our skin”? How are they literally embodied?


Wilkin S. The Mystery of Early Milk Consumptions in Europe. *Nature* 2022


***XIV. December 8***

**Public Policy and Health and Health Care**

We will examine some macro- and micro-level public policies that can affect individual and public health. As a powerful illustration, we will examine how society might respond to the emergence of new bio-technologies that promise to provide “super-human” enhancements to the human body; further, we will consider moral aspects of these developments as well as how society might regulate them. We will close by reflecting on some illustrative individual, local, and national efforts to improve the health of the public, and with a recapitulation of the fundamental tension between individual and collective perspectives on health and health care.


**Take-Home Final Exam**

The exam will be distributed no later than December 8 (probably at 5:00 p.m. that day) and will be due approximately a week later, as will be discussed in class.