

**ANTHROPOLOGY 7521/8521**  
**SEMINAR IN BIOCULTURAL EPIDEMIOLOGY**  
**Spring 2009**

**Instructor:** Dr. Ruthbeth Finerman  
**Hours:** Tuesdays, 11am - 1pm or by appointment  
**Email:** finerman@memphis.edu

**Office:** Manning Hall 316  
**Phone/Voicemail:** 678-3334  
**Secretary:** 678-2080

**COURSE DESCRIPTION**

This seminar explores fundamentals uniting the fields of public health, social epidemiology and the behavioral and social health sciences. Lectures explore socio-behavioral interactions of agent, host and environmental forces influencing the causes and spread of disease within and between populations, with special attention to social disparities contributing to vulnerable hosts and environments. A key concern will be the role of global sociopolitical policy and cultural forces (i.e. traditions, beliefs and behaviors) in relation to disease risk, prevention, treatment and quality of life across populations. A range of social factors are explored in relation to disease risk. For instance, economic development is examined as it reshapes ecology, urbanization, and disease. Health disparities are also linked to social and behavioral risk factors such as ethnicity, gender, occupation, lifestyle, aging and poverty. Core principles in public health and epidemiology are evaluated for application to the behavioral and social health sciences, and for partnerships to improve local and global community health.

**COURSE GOALS**

1. To learn the relevance of public health and epidemiology principles for the applied social sciences.
2. To understand how a range of social and environmental forces interact to shape disease patterns.
3. To consider the implications of culture, development, and policy for health disparities and interventions.
4. To explore collaborative and integrative roles for applied social & behavioral scientists in public health.

**REQUIRED TEXTS**

1. Andrea Wiley & John Allen. *Medical Anthropology: A Biocultural Approach*. Oxford University Press, 2009
  2. Robert Hahn & Marcia Inhorn, editors. *Anthropology and Public Health*, 2<sup>nd</sup> edition. Oxford U. Press, 2009
- NOTE: Additional suggested readings are on reserve in Manning 316.*

**REQUIREMENTS:**

- 1) Lead group discussion on two required readings, and engage in group discussions (10% of course grade)
- 2) Two written examinations (totaling 50% of course grade)
- 3) Original community-based research project (team projects strongly encouraged), including:
  - Brief oral presentation on findings (10% of course grade)
  - Final research report (30% of course grade)

**GRADING CRITERIA:** submissions will be evaluated on the basis of three criteria:

- content (e.g., comprehensive, high quality, and original information)
- analysis (e.g., insight, innovation, and potential to advance theory and/or praxis)
- composition (e.g., writing clarity, logic, organization, and style)

**NOTE:** Active participation in respectful classroom discussion and debate is mandatory. Students must arrive on time and prepared to discuss readings; all electronic media (cell phones, computers, etc) must be turned off. Tardiness, absenteeism, and late or incomplete assignments are unprofessional and unacceptable. Note that the Graduate School will not grant "Incompletes" except in extreme and verifiable (documented) cases. Students with disabilities are welcome; please advise the instructor of special needs.

**ANTHROPOLOGY 7521/8521**  
**SEMINAR IN BIOCULTURAL EPIDEMIOLOGY**  
**\*COURSE SCHEDULE & ASSIGNMENTS**

**PART I: FUNDAMENTALS**

**WEEK, TOPIC & ASSIGNMENT**

**1/20 ORIENTATION TO PUBLIC HEALTH AND SOCIAL EPIDEMIOLOGY**

*Objective: examine historic links of public health, epidemiology, and social & behavioral health sciences*

**Required Reading: None – prepare for next week**

**1/27 CORE PRINCIPLES OF SOCIAL EPIDEMIOLOGY**

*Objective: review epidemiology's approach to understanding disease as it relates to social/behavioral sciences*

**Required Reading: Wiley & Allen Chapter 2; Hahn & Inhorn Chapter 19**

**2/3 RESEARCH METHODS IN PUBLIC HEALTH AND SOCIAL EPIDEMIOLOGY**

*Objective: reveal compatibilities between descriptive, analytical, and intervention research in epidemiology and comparable research models in the social and behavioral health sciences.*

**Required Reading: Hahn & Inhorn Chapters 4, 12**

**2/10 COMMUNICABLE DISEASE IN SOCIAL CONTEXT**

*Objective: explore how micro- and macro-level sociopolitical forces and human behavior drive modern plagues*

**Required Reading: Wiley & Allen, Chapters 8, 9, 10**

**2/17 NONCOMMUNICABLE DISEASE AND HEALTH DISPARITIES**

*Objective: assess the impact of behavior, poverty, and discrimination on “lifestyle” diseases and outcomes*

**Required Reading: Wiley & Allen, Chapter 4; Hahn & Inhorn Chapters 2, 3**

**2/24 PREVENTION, INTERVENTION, AND SOCIAL IMPACT**

*Objective: evaluate social forces underlying compliance with primary, secondary and tertiary prevention*

**Required Reading: Hahn & Inhorn Chapters 9, 11, 13, 18**

**3/3 EPIDEMIOLOGY'S TRANSITION**

*Objective: examine how “Big E” epidemiology's focus on classic epidemics gave way to more complex behavioral health issues, and then combined perspectives to explore new and reemerging epidemics.*

**Required Reading: none - study for exam**

**NOTE: Exam 1 due by today**

**3/10 SPRING BREAK – NO CLASSES**

## **PART II: SPECIAL TOPICS IN SOCIAL EPIDEMIOLOGY**

### **WEEK, TOPIC & OBJECTIVE**

#### **3/17 (SfAAs) RESEARCH PROJECT IMPLEMENTATION**

*Objective: refine and execute community-based research designs, and evaluate outcomes*

**Required Reading: none**

#### **3/24 GROWTH AND DEVELOPMENTAL HEALTH**

*Objective: consider how social conditions shape disease risk in infancy, childhood, and adolescence*

**Required Reading: Wiley & Allen, Chapter 5; Hahn & Inhorn Chapters 1, 16**

#### **3/31 REPRODUCTIVE HEALTH**

*Objective: examine how social forces shape adult sexual and reproductive health*

**Required Reading: Wiley & Allen, Chapter 6; Hahn & Inhorn Chapters 14, 15**

#### **4/7 AGING AND LIFESPAN**

*Objective: consider how social factors alter the aging process, life expectancy, and population dynamics*

**Required Reading: Wiley & Allen, Chapter 7; Hahn & Inhorn Chapter 10**

#### **4/14 URBANIZATION AND OCCUPATIONAL HEALTH**

*Objective: critique how global sociopolitical forces drive labor, living conditions, disease, and quality of life*

**Required Reading: Hahn & Inhorn, Chapters 5, 21, 22**

#### **4/21 SOCIOBEHAVIORAL FORCES AND PUBLIC MENTAL HEALTH**

*Objective: understand the role of family and community in risk, prevention, treatment, and quality of life*

**Required Reading: Wiley & Allen Chapter 12 and Hahn & Inhorn, Chapters 7 and 8**

#### **4/28 PARTNERING PUBLIC HEALTH AND APPLIED SOCIAL SCIENCES**

*Objective: identify strategies to advance public health and social/behavioral health science collaborations*

**Required Reading: Hahn & Inhorn, Chapters 19, 20, 23, and 24**

**NOTE: Exam 2 due by today**

#### **5/5 RESEARCH FORUM: ORAL PRESENTATIONS**

**NOTE: Final research projects due by today!**

## ***INSTRUCTIONS FOR RESEARCH PROJECTS***

### ***Guidelines for Planning Research Projects***

Choose a course-relevant project which fits your interests and skills, and which can be completed by the end of the semester. Students must clear topics with me to ensure feasibility and course relevance. While not required to do so, you are strongly urged to conduct local community-based research, either individually or in teams. Field data can be collected from public records (e.g. MSCHD, CDC health statistics), observation (e.g. disease risks seen in walk-throughs in a target neighborhood), and/or interviews with stakeholders (e.g. health workers, therapeutic communities, neighborhood leaders). While not required, students are encouraged to undertake collaborative fieldwork where teams divide the labor equitably and share all results (for example, different team members might be assigned to mine data, map health risks/resources, and/or interview informed gatekeepers).

### ***Guidelines for Collecting Community-Based Research Data***

See me for tailored guidance, but keep these basic points in mind when conducting research:

1. Research using human subjects must follow University IRB guidelines; avoid projects involving minors.
2. Images of sites are ok; photos/videos of subjects are allowed only if you obtain require written consent.
3. Interviewers must obtain subject consent (verbal consent is ok) and identities must be kept confidential.
4. Data collection must be systematic (e.g., organized field notes, logs, questionnaires, mapping data).
5. Data collected can be recorded in freehand, if preferable (i.e., data sets need not be transcribed/typed up).
6. Submit a copy of your data sets with your final report, but remove the names of any human subjects.

### ***Guidelines for Final Research Reports***

Individuals working solo must produce single-authored reports. Teams may prepare one collaborative final report only if each member contributes an equal effort (thus, team reports should specify the responsibilities of each member). Team members may also elect to use joint findings to develop different individual reports. For example, a team that studies infant mortality might prepare a single report which evaluates community resources available (and unavailable) for prevention and intervention. Alternately, each team member might use group findings to prepare independent reports on different issues (e.g. specific infant mortality risks in the community such as violence, substance use, or environmental contaminants; health provider views on infant mortality; impacts of infant mortality on families; community compliance with infant mortality programs; etc.). Teams should plan in advance if they anticipate preparing a single collaborative report vs. individual final reports.

### ***Guidelines for Final Research Reports***

Final reports may take the form of a research paper or professional poster, summarizing key findings plus analytical insights. All submissions must be original, and adhere to university plagiarism rules and fair use laws (e.g., properly cite; quote/paraphrase no more than 1/2 page of material from any one source; do not reproduce copyrighted tables or graphics).

Your report should include findings and reflect on how outcomes enhance our knowledge base and advance scholarly theory or challenge conventional wisdom. Also offer recommendations for applying results to public health policy/programs (e.g. interventions to reduce risk/promote health, ways to increase compliance, sustainability, best practices to make interventions culturally informed and sensitive to perceived needs). Students may collaborate, but co-authored papers or posters must meet two conditions: reports should incorporate more data than a single researcher would normally collect/analyze; and co-authors must demonstrate that they made equal contributions to the research, analysis and report production.

### **CAREFULLY PROOF YOUR WORK!**

**Report Format:** Posters have flexible formats, but typically feature all of the components of a traditional research paper, albeit in a condensed and data-dense presentation. Research papers typically run 15-30 double-spaced, typed pages (1" margins, size 12 font). Report contents should be complete and flow logically. For example, historic/temporal points should run chronologically, while disease descriptions should follow process (i.e., epidemiologic triangle; epidemiologic process). All data or quotes (web or published) must be cited. You may use any citation style (e.g. APHA, AAA, APA) so long as you are consistent throughout. A suggested report format follows, but any structure is acceptable so long as you are thorough and organized.

**Introduction:** identify your research question, explain your topic and why it is important, provide historic and/or theoretical background, and describe your initial theory/predictions.

**Methods:** describe your research setting, sampling strategy, data collection method(s), and data analysis technique(s).

**Results** (main body of your report): present detailed, organized, and original findings and identify apparent patterns or discrepancies/deficiencies in the data. Some of your original data may be presented in tables, accompanied by analysis. Again, be careful to adhere to fair use and copyright laws if adapting tables, graphics, or other work taken from secondary sources.

**Discussion:** discuss your conclusions (e.g. questions answered or remaining, patterns discovered), recommendations (e.g. interventions for improving the quality of disease prevention or health enhancement), and lessons learned (e.g. project limitations, future phases).

**Citations:** provide a systematic and complete bibliography listing all data sources. Posters may include this as a separate attachment in order to save space for text, data, and graphics.