

HLTH AGE 701: SOCIAL SCIENCE PERSPECTIVES ON HEALTH & AGING Fall 2020

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Course Description

This course builds an appreciation of the main social sciences involved in critical health studies and social gerontology, and the ways in which they have related and communicated, empirically, theoretically, methodologically and otherwise. Critical attention is given to the nature of disciplines and particularly to forms of collective 'multi'-, 'inter'- and 'trans'-disciplinarity. Questions include: What are the benefits of drawing on more than one discipline? What insights does it provide? What challenges and issues arise?

Beyond this, the course introduces theoretical approaches in the social sciences that crosscut the fields of health studies and social gerontology and the disciplines that constitute them. Questions include: What are the conceptual foundations in each of these fields? What are the main debates regarding the importance and use of theory in each of these fields?

Course Objectives

By the end of the course students should possess a deeper understanding of health and aging research as a complex and often contested mosaic of perspectives, theories and approaches. Such understanding will undoubtedly assist students as they move onto future research and employment.

Required Materials and Texts

(Students will receive copies of certain chapters ahead of class)

- Orla McDonnell, Maria Lohan, Abby Hyde and Sam Porter (2009) *Social theory, health and health care*: Palgrave Macmillan ISBN-13: 978-14039-8953-6 ISBN-10: 1-4039-8953-2
- Carroll Estes, Simon Biggs, Chris Phillipson (2003) *Social theory, social policy and ageing*. Open University Press ISBN 0 335 20906 8

The texts are paraphrased in the remainder of this document as 'theory and health', and 'theory and aging'.

Class Format

Synchronous Online Seminars (students will be sent both Zoom links and my detailed lecture notes ahead of time)

As an introduction, the first three seminars explore the emerging nature of disciplinarity in research and in the many 'applied' sectors relating to health and aging. The following three seminars focus on specific social science disciplines, highlight the key changes they have gone through over time, their connections to other disciplines, and the

moments where they have been contested from 'within' and 'without'. The final seminars each focus on a particular empirical field and examine how inter-disciplinarity has impacted on, and enriched knowledge. Students will also present readings at each seminar (further information on this below).

Course Evaluation – Overview

1. Participation 5%
2. Written Assignment One 35%
3. Weekly Presentations 25%
4. Written Assignment Two 35%

Course Evaluation – Details

Participation (5% of final grade)

Marks will be based on the student's attendance, engagement in class discussions, and contribution to the learning of all group members throughout the term.

Written Assignment One: Disciplines (35% of final grade)

An electronic copy to be submitted to the instructor via email on or before **October 21**.

Students will choose an area of aging, health or health care and evaluate the different disciplines – both social and health sciences - involved in studying it. The area might be a particular client group (such as older people or children), disease (such as TB or chronic back pain), public health issue (such as smoking, obesity), role, practice or intervention (such as nursing or homecare). More theoretically it might be a concept, or idea or goal (such as empowerment, active aging, quality of life). Students will discuss the contributions of different disciplines and the extent and advantages/disadvantages of interdisciplinarity.

The paper should be no more than 12 pages long (excluding references), typed and double spaced.

Bi-Weekly Presentations and Class Discussion (25% of final grade)

Students will find an article or chapter on that week's topic and present a brief summary of the article (the class will be split into two, half the class presenting one week, the other half the next; this alternating throughout the term). For missed presentations students may submit a two page summary at a later date.

Students may talk about one of the week's particular nominated/listed readings BUT must check with the class so that not more than one student covers each (+ they should not talk about the book chapters in the required texts).

*Students may also present articles related to Week One in Week Two.

Written Assignment Two: Theories (35% of final grade)

An electronic copy to be submitted to the instructor via email on or before **December 2**.

Students will compare how a topic of their choice (either the same area of aging, health or health care tackled in assignment one, or a new one) would be conceptualized using two different theoretical approaches.

The paper should be no more than 12 pages long (excluding references), typed and double spaced.

Weekly Course Schedule and Readings (read at least two each week)

Week 1 (September 16)

Introduction: 'multi-', 'inter-', 'trans-' disciplinary turns in the social sciences

The first part of this introductory lecture runs through the main social sciences involved in health and aging research, the perspectives they take and issues they explore. The second part builds on this basic understanding. From multi-disciplinarity to inter-disciplinarity and now to trans-disciplinarity, recent years have witnessed the emergence of - and progression through - approaches that signify research using more than one single disciplinary perspective. This lecture explores the arguments for and against these approaches, their origins, definitions, aims and objectives and changing emphasis over time.

The lecture also considers the key ingredients of a critical approach in health and aging research.

Readings:

- Rosenfield P L (1992) The potential of transdisciplinary research for sustaining and extending linkages between the health and social sciences. *Social Science and Medicine*, 35, 11, 1343-1357
- Mechanic D (1995) Emerging trends in the application of the social sciences to health and medicine. *Social Science and Medicine*, 40, 11, 1491-1496
- Pohl, C. (2011). What is progress in transdisciplinary research? *Futures*, 43(6), 618-626.
- Kearns R A (2007) Creating a place for population health: interpreting the spaces of a new School in Auckland, New Zealand. *Social Science and Medicine* 65, 1, 125-137

- Skinner, J. H. (2001). Transitioning from multidisciplinary to interdisciplinary education in gerontology and geriatrics. *Gerontology & Geriatrics Education*, 21(3), 73-85.
- McGarvey, S. T. (2009). Interdisciplinary translational research in anthropology, nutrition, and public health. *Annual Review of Anthropology*, 38, 233-249.

Week 2 (September 23)

The need for interdisciplinary perspectives i: complexity in the 'new' health and social care ii: the extension and mixing of disciplines in health and aging sectors

This lecture explores key features the 'new' health and social care. In the context of rapid technological advances and unprecedented complexity and diversification, new and ever complex questions arise that are best answered using – and perhaps even demand - multiple social science perspectives. In addition the emerging social model of health demands multiple entry points to unpack 'the social'.

The lecture also explores how has interdisciplinarity surfaced structurally, both in academia and in the contexts academics research. For example in research funding bodies, academic journals and other publications, academic units and centres, housing and welfare services, hospital and community-based care, in health specialisms and professions.

Readings:

- Andrews G J and Evans J (2008) Understanding the reproduction of health care: towards geographies in health care work. *Progress in Human Geography* 32, 6, 759-780
*(middle section on 'understanding the new health care')
- McKeever, P., Coyte, P., (2002). Here, there and everywhere. University of Toronto Bulletin, March 25, page 16 (online at UofT)
- Lehoux P (2008) Why examining the desirability of health technology matters. *Healthcare Policy*, 3, 3, 29-39
- Webster, A (2002) Innovative health technology and the social: redefining health, medicine and the body. *Current Sociology*, 50, 3, 443-457
- Nolan M (1995) Towards an ethos of interdisciplinary practice. *British Medical Journal*, 311, 305-307

Week 3 (September 30)

A look at some specific disciplinary trajectories

This lecture considers some different disciplinary trajectories and relationships, the case study being 'the sociology of health economics'. The lecture considers origins and histories and the times where disciplines have connected, departed, borrowed from or followed each other, or run parallel courses.

Readings:

- Kitchin R M, Blades M and Golledge R G (1997) Relations between psychology and geography. *Environment and Behavior*, 29, 4, 554-573
- Harris J (1987) QALYfying the value of life. *Journal of Medical Ethics*, 13, 117-123
- Robinson R (1993a) Economic evaluation in health care: what does it mean? *BMJ* 307: 670-673
- M Ashmore, Mulkey M & T Pinch (1989) *Health and Efficiency, a Sociology of Health Economics*. Open University Press
- Davis, J. B., & McMaster, R. (2015). Situating care in mainstream health economics: an ethical dilemma?. *Journal of Institutional Economics*, 11(4), 749-767.

Week 4 (October 7)

The need for theory

The lecture will introduce the topic.

Readings:

- Theory and health: introduction
- Theory and aging: chapters 1 and 2
- Bengtson, V. L., Burgess, E. O., & Parrott, T. M. (1997). Theory, explanation, and a third generation of theoretical development in social gerontology. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 52(2), S72-S88.
- Biggs, S., Lowenstein, A., & Hendricks, J. (Eds.). (2003). *The need for theory: Critical approaches to social gerontology*. Baywood Publishing Company.

- Alley, D. E., Putney, N. M., Rice, M., & Bengtson, V. L. (2010). The increasing use of theory in social gerontology: 1990–2004. *Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 65(5), 583-590.
- Hendricks, J., Applebaum, R., & Kunkel, S. (2010). A world apart? Bridging the gap between theory and applied social gerontology. *The Gerontologist*, 50(3), 284-293.

Week 5 (October 14)

Cancelled (mid-term recess)

Week 6 (October 21)

Interactionism and structural functionalism

The lecture will introduce the topics.

Notes: **First assignment due**

Readings:

- Theory and health: chapters 1 and 3
- Kunitz, S. J. (2004). Social capital and health. *British Medical Bulletin*, 69(1), 61-73.
- Mohan, G., & Mohan, J. (2002). Placing social capital. *Progress in human geography*, 26(2), 191-210.

Week 7 (October 28)

Feminism and identity politics

The lecture will introduce the topic.

Readings:

- Theory and health: chapter 6
- Theory and aging: chapter 4
- Garner, J. D. (1999). Feminism and feminist gerontology. *Journal of Women & Aging*, 11(2-3), 3-12.

- Ray, R. E., & Fine, M. (1999). Researching to transgress: The need for critical feminism in gerontology. *Journal of Women & Aging*, 11(2-3), 171-184.
- Dyck, I. (2003). Feminism and Health Geography: twin tracks or divergent agendas?. *Gender, place and culture*, 10(4), 361-368.
- Annandale, E., & Clark, J. (1996). What is gender? Feminist theory and the sociology of human reproduction. *Sociology of Health & Illness*, 18(1), 17-44.

Week 8 (November 4)

Poststructuralism

The lecture will introduce the topic.

Readings:

- Theory and health: chapter 4
- Theory and aging: chapter 5
- Philo, C. (2000). The birth of the clinic: an unknown work of medical geography. *Area*, 32(1), 11-19.
- Bunton, R., & Petersen, A. (Eds.). (2002). *Foucault, health and medicine*. Routledge.
- Andrews, G. J., & Shaw, D. (2010). "So we started talking about a beach in Barbados": Visualization practices and needle phobia. *Social Science & Medicine*, 71(10), 1804-1810.
- Andrews, G. J., Chen, S., & Myers, S. (2014). The 'taking place' of health and wellbeing: Towards non-representational theory. *Social Science & Medicine*, 108, 210-222.

Week 9 (November 11)

Political economy

The lecture will introduce the topic.

Readings:

- Theory and health: chapter 2

- Theory and aging: chapter 6
- Estes, C. L., Swan, J. H., & Gerard, L. E. (1982). Dominant and competing paradigms in gerontology: Towards a political economy of ageing. *Ageing & Society*, 2(2), 151-164.
- Walker, A. (1981). Towards a political economy of old age. *Ageing & Society*, 1(1), 73-94.
- Andrews, G. J., & Phillips, D. R. (2002). Changing local geographies of private residential care for older people 1983–1999: lessons for social policy in England and Wales. *Social Science & Medicine*, 55(1), 63-78.
- Szreter, S., & Woolcock, M. (2004). Health by association? Social capital, social theory, and the political economy of public health. *International journal of epidemiology*, 33(4), 650-667.

Week 10 (November 18)

Globalization

The lecture will introduce the topic.

Readings:

- Theory and aging: chapter 7
- Labonté, R., Schrecker, T., Packer, C., & Runnels, V. (Eds.). (2009). *Globalization and health: pathways, evidence and policy*. Routledge.
- Browne, C. V., & Braun, K. L. (2008). Globalization, women's migration, and the long-term-care workforce. *The Gerontologist*, 48(1), 16-24.
- Affonso, D. D., Andrews, G. J., & Jeffs, L. (2004). The urban geography of SARS: paradoxes and dilemmas in Toronto's health care. *Journal of Advanced Nursing*, 45(6), 568-578.
- Brown, T. (2011). 'Vulnerability is universal': Considering the place of 'security' and 'vulnerability' within contemporary global health discourse. *Social Science & Medicine*, 72(3), 319-326.
- Brown, T., Craddock, S., & Ingram, A. (2012). Critical interventions in global health: Governmentality, risk, and assemblage. *Annals of the Association of American Geographers*, 102(5), 1182-1189.

Week 11 (November 25)

Technology and actor network theory

The lecture will introduce the topic.

Readings:

- Theory and health: chapter 7
- Prout, A. (1996). Actor-network theory, technology and medical sociology: an illustrative analysis of the metered dose inhaler. *Sociology of Health & Illness*, 18(2), 198-219.
- Andrews, G. J., Evans, J., & McAlister, S. (2013). 'Creating the right therapy vibe': Relational performances in holistic medicine. *Social Science & Medicine*, 83, 99-109.
- Hall, E. (2005). The 'geneticisation' of heart disease: a network analysis of the production of new genetic knowledge. *Social Science & Medicine*, 60(12), 2673-2683.

Week 12 (December 2)

Politics and social movements

The lecture will introduce the topic.

Notes: **Second assignment due**

Readings:

- Theory and aging: chapter 8
- Burawoy, M. (2005). For public sociology. *American sociological review*, 70(1), 4-28.
- Putney, N. M., Alley, D. E., & Bengtson, V. L. (2005). Social gerontology as public sociology in action. *The American Sociologist*, 36(3-4), 88-104.
- Andrews, G. J., Kearns, R. A., Kingsbury, P., & Carr, E. R. (2011). Cool aid? Health, wellbeing and place in the work of Bono and U2. *Health & place*, 17(1), 185-194.

Week 13 (December 9) Reserve Lecture/Subject

Meta-theoretical debates

The lecture will introduce the topic.

Readings:

- Theory and health: chapter 5
- Theory and aging: chapter 9

Course Policies

Submission of Assignments

12pt font, double spaced, referenced consistently in a recognized format. An electronic copy of the assignments to be submitted to the instructor via email on or before the specified assignment due date.

Grades

Grades will be based on the McMaster University grading scale:

MARK	GRADE
90-100	A+
85-90	A
80-84	A-
77-79	B+
73-76	B
70-72	B-
0-69	F

Late Assignments

A penalty of 2% points per day will be deducted for assignments not submitted on or before the due date.

Absences, Missed Work, Illness

Students must discuss absences, missed work and illness with the instructor.

Courses with an Online Element

This course may use online elements (e.g., e-mail, Zoom). Students should be aware that, when they access the electronic components of a course using these elements, private information such as first and last names, user names for the McMaster e-mail accounts, and program affiliation may become apparent to all other students in the same course. The available information is dependent on the technology used.

Continuation in a course that uses online elements will be deemed consent to this disclosure. If you have any questions or concerns about such disclosure, please discuss this with the course instructor.

University Policies

Academic Integrity Statement

You are expected to exhibit honesty and use ethical behavior in all aspects of the learning process. Academic credentials you earn are rooted in principles of honesty and academic integrity. **It is your responsibility to understand what constitutes academic dishonesty.**

Academic dishonesty is to knowingly act or fail to act in a way that results or could result in unearned academic credit or advantage. This behaviour can result in serious consequences, e.g. the grade of zero on an assignment, loss of credit with a notation on the transcript (notation reads: “Grade of F assigned for academic dishonesty”), and/or suspension or expulsion from the university.

For information on the various types of academic dishonesty please refer to the [Academic Integrity Policy](https://secretariat.mcmaster.ca/university-policies-procedures-guidelines/), located at <https://secretariat.mcmaster.ca/university-policies-procedures-guidelines/>.

The following illustrates only three forms of academic dishonesty:

1. Plagiarism, e.g. the submission of work that is not one’s own or for which credit has been obtained.
2. Improper collaboration in group work.
3. Copying or using unauthorized aids in tests and examinations.

Conduct Expectations

As a McMaster student, you have the right to experience, and the responsibility to demonstrate, respectful and dignified interactions within all of our living, learning and working communities. These expectations are described in the [Code of Student Rights & Responsibilities](#) (the “Code”). All students share the responsibility of maintaining a positive environment for the academic and personal growth of all McMaster community members, **whether in person or online.**

It is essential that students be mindful of their interactions online, as the Code remains in effect in virtual learning environments. The Code applies to any interactions that adversely affect, disrupt, or interfere with reasonable participation in University activities. Student disruptions or behaviours that interfere with university functions on online platforms (e.g., use of Avenue 2 Learn, WebEx or Zoom for delivery), will be taken very seriously and will be investigated. Outcomes may include restriction or removal of the involved students’ access to these platforms.

Academic Accommodation of Students with Disabilities

Students who require academic accommodation must contact [Student Accessibility Services \(SAS\)](#) to make arrangements with a Program Coordinator. Student Accessibility Services can be contacted by phone 905-525-9140 ext. 28652 or e-mail

sas@mcmaster.ca. For further information, consult McMaster University's [Academic Accommodation of Students with Disabilities](#) policy.

Academic Accommodation for Religious, Indigenous or Spiritual Observances (RISO)

Students requiring academic accommodation based on religious, indigenous or spiritual observances should follow the procedures set out in the [RISO](#) policy. Students should submit their request to their Faculty Office **normally within 10 working days** of the beginning of term in which they anticipate a need for accommodation or to the Registrar's Office prior to their examinations. Students should also contact their instructors as soon as possible to make alternative arrangements for classes, assignments, and tests.

Copyright and Recording

Students are advised that lectures, demonstrations, performances, and any other course material provided by an instructor include copyright protected works. The Copyright Act and copyright law protect every original literary, dramatic, musical and artistic work, **including lectures** by University instructors.

The recording of lectures, tutorials, or other methods of instruction may occur during a course. Recording may be done by either the instructor for the purpose of authorized distribution, or by a student for the purpose of personal study. Students should be aware that their voice and/or image may be recorded by others during the class. Please speak with the instructor if this is a concern for you.

Faculty of Social Sciences E-mail Communication Policy

Effective September 1, 2010, it is the policy of the Faculty of Social Sciences that all e-mail communication sent from students to instructors (including TAs), and from students to staff, must originate from the student's own McMaster University e-mail account. This policy protects confidentiality and confirms the identity of the student. It is the student's responsibility to ensure that communication is sent to the university from a McMaster account. If an instructor becomes aware that a communication has come from an alternate address, the instructor may not reply at his or her discretion.

Course Modification

The instructor and university reserve the right to modify elements of the course during the term. The university may change the dates and deadlines for any or all courses in extreme circumstances. If either type of modification becomes necessary, reasonable notice and communication with the students will be given with explanation and the opportunity to comment on changes. It is the responsibility of the student to check his/her McMaster email and course websites weekly during the term and to note any changes.

Extreme Circumstances

The University reserves the right to change the dates and deadlines for any or all courses in extreme circumstances (e.g., severe weather, labour disruptions, etc.). Changes will be communicated through regular McMaster communication channels, such as McMaster Daily News, A2L and/or McMaster email.