

WGST 150 Health and Society
Wellesley College
Fall 2019 Women's and Gender Studies Department
Dr. Jenny O'Donnell
Mondays/Thursdays
8:30am-9:40am Founders Hall 423

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COURSE DESCRIPTION:

The rapid global growth of things “health”—policy, public health, health care institutions, biomedical sciences and technology—is all around us. But any serious examination of health and health issues in the United States today must be in conversation with social dynamics and inequalities, such as those related gender, race, socioeconomic status, and sexuality. Anchored in the public health framework, but in conversation with other disciplines, this course establishes a foundation for discourse on health; explores identity, oppression, and health; and focuses on the example of women’s reproductive health for a deeper, interdisciplinary discussion. Other key subjects including how health problems are defined, various theoretical approaches for understanding illness and disease, and the population health perspective. Additionally this course seeks to prepare students with a basic understanding of different methods of inquiry in the public health and associated disciplines, in order to better understand their contributions to the health discourse.

Prerequisite: Open to first-years and sophomores; juniors and seniors may only enroll only with permission of the instructor.

Distribution: Social and Behavioral Analysis

GENERAL SESSION FORMAT:

Each session include lecture, small group discussion in reading groups, and class discussion.

MATERIALS

All materials (readings, media, etc) are available on the course website in Sakai. This course does not require the purchase of any books.

COURSE ASSIGNMENTS AND ASSESSMENT:

See page 12 for full details on course assignments. An overview of assignments and their relative weight in the course’s assessment is as follows:

<i>Assignment</i>	<i>Course Weight</i>	<i>Due Date</i>
Building block paper #1	10%	9/23
Building block paper #2	15%	10/31
Building block paper #3	15%	11/18
Final paper	40%	12/20
Class participation	20%	Ongoing

CREATING OUR FOUNDATION

Session 1 – Why this class? And what to expect

This session will include the ‘why’ of this course (including a ‘back-of-the-envelope’ sketch of the individual and population perspective on health), lay out instructor and student aims, and outline the course schedule and deliverables.

Session 2 – Basic terms, introduction to course key questions, and HPV case study

This session will introduce basic terms and course key questions. We will apply the terms and the key questions to a case study of human papillomavirus (HPV) vaccination.

To read:

- Steven Jonas, Raymond L. Goldsteen, and Karen Goldsteen, Introduction to the U.S. Health Care System (6th Edition) (New York: Springer, 2007), Chapter 1, “Introduction,” 1-30.
- Ellen M. Daley, Cheryl A. Vamos, Gregory D. Zimet, Zeev Rosberger, Erika L. Thompson, and Laura Merrell, 2016: The Feminization of HPV: Reversing Gender Biases in US Human Papillomavirus Vaccine Policy. American Journal of Public Health 106, 983-984.
- Daley EM, Vamos CA, Thompson EL, Zimet GD, Rosberger Z, Merrell L, Kline NS. The feminization of HPV: How science, politics, economics and gender norms shaped U.S. HPV vaccine implementation. Papillomavirus Res. 2017 Jun;3:142-148.

Session 3 – Health, at the intersection of disciplines

This session will use the example of oral contraceptives to illustrate different disciplinary approaches to a public health topic.

To read:

- *Historical:* Why the Oral Contraceptive is just Known as The Pill
 - <https://www.smithsonianmag.com/history/why-the-oral-contraceptive-is-just-known-as-the-pill-4337831/>
- *Sociological:* Socioeconomic and Cultural Influences on Contraceptive Use (pages 183-217)
 - Institute of Medicine. 1995. *The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/4903>.
 - <https://www.nap.edu/read/4903/chapter/9>
- *Public Health:*
 - Trussell J. Contraceptive failure in the United States. Contraception. 2011;83(5):397-404.

To browse:

- *Policy:* Free the Pill
 - <http://freethepill.org/>

Session 4 – Where did the field of Public Health come from? A brief history of the field and its relationship to social inequalities

Is public health just about counting of cases of an epidemic? Or is it in conversation with social inequalities? This session will provide background on the history of public health as a field and how it has, and has not, engaged with the social context. Included in this session is a 'lightening round' on different methods of inquiry and their influence on the type of knowledge they create.

To read:

- Krieger, N. Epidemiology and the people's health. Chapter 2, "Health in Balance: Early Theories about Patterns of Disease Occurrence," pg 42-58.
- Krieger N, Birn AE. A vision of social justice as the foundation of public health: commemorating 150 years of the spirit of 1848. American journal of public health. 1998;88(11):1603-6.

Session 5 – Why people get sick: different theories of yield different answers

This session will offer an overview of established frameworks for understanding health problems and explore how the framing of a health problem shapes our response to it.

To read:

- Krieger N. The making of public health data: paradigms, politics, and policy. Journal of public health policy. 1992;13(4):412-27.

Session 6 – Health theory, when it harms and when it helps

Building off the previous session, this session will examine two examples of theory shaped a health issues. To explore an example of where it did 'harm,' we will use the example of hormone therapy, cardiovascular disease, and breast cancer. To explore an example of where it 'helped,' we will use the example of research exposing discrimination as a determinant of health inequities.

To read:

- Petitti D. Commentary: hormone replacement therapy and coronary heart disease: four lessons. International journal of epidemiology. 2004;33(3):461-3.
- Gravlee CC. How race becomes biology: embodiment of social inequality. American journal of physical anthropology. 2009;139(1):47-57.

Session 7 – Introducing -isms and health

Any serious examination of health and health issues in the United States today must be in conversation with social dynamics and inequities, such as those related gender, race, socioeconomic status, and sexuality. This session connects the foundation we will have created in the first phase of the course with the deeper exploration of identity, oppression, and health to follow.

To read:

- Link, BG, Phelan, J (1995). Social conditions as fundamental causes of disease. Journal of Health

and Social Behavior; Extra Issue: 80-94.

To watch:

- Crenshaw K. The urgency of intersectionality. 2016.
 - https://www.ted.com/talks/kimberle_crenshaw_the_urgency_of_intersectionality#t-173089

IDENTITY, OPPRESSION, AND HEALTH

Session 8 – Racism

This session will introduce racism as a force that shapes health.

To read:

- Jones CP. Levels of racism: a theoretic framework and a gardener's tale. *American journal of public health*. 2000;90(8):1212-5.
- Smedley A, Smedley BD. Race as biology is fiction, racism as a social problem is real: Anthropological and historical perspectives on the social construction of race. *The American psychologist*. 2005;60(1):16-26.
- Krieger, N. "Discrimination and Health," in *Social Epidemiology* eds. Lisa Berkman and Ichiro Kawachi (Oxford: Oxford University Press, 2000), 13-35.
- Francis E. Kendall, "Understanding White Privilege," 2002.

To listen:

- APHA Webinar # 1 | Naming and Addressing Racism: A Primer.
Shiriki Kumanyika, PhD, MPH, and Camara P. Jones, MD, MPH, PhD
 - <https://www.apha.org/events-and-meetings/webinars/racism-and-health>

Session 9 – Maternal mortality: a case study on racism in health

Building on the previous session, this session will use maternal mortality in the United States as a case study on race and health.

To listen:

- Black Mothers Keep Dying After Giving Birth. Shalon Irving's Story Explains Why
 - <https://www.npr.org/2017/12/07/568948782/black-mothers-keep-dying-after-giving-birth-shalon-irvings-story-explains-why>

To read:

- Creanga AA, Berg CJ, Ko JY, Farr SL, Tong VT, Bruce FC, et al. Maternal mortality and morbidity in the United States: where are we now? *Journal of women's health* (2002). 2014;23(1):3-9.
- Maternal Mortality and the Devaluation of Black Motherhood. Jamila Taylor, PhD.

- <https://www.americanprogress.org/issues/women/news/2018/04/11/449405/maternal-mortality-devaluation-black-motherhood/>

Session 10 – Sexism

This session will introduce sexism as a force that shapes health.

To read:

- Doyal, L. “In sickness and in health,” in *What Makes Women Sick: Gender and the Political Economy of Health* (New Brunswick, NJ: Rutgers University Press, 1995), 1-26.
- Krieger N. Genders, sexes, and health: what are the connections--and why does it matter? *International journal of epidemiology*. 2003;32(4):652-7.

Session 11 – Heart disease: a case study on gender and health

Building on the previous session, this session will use heart disease in the United States as a case study on gender and health.

To read:

- Vidhi Doshi, “Why Doctors Still Misunderstand *Heart Disease* in Women,” *The Atlantic*, Oct 26, 2015.
 - <https://www.theatlantic.com/health/archive/2015/10/heart-disease-women/412495/>
- Healy B. The Yentl syndrome. *The New England journal of medicine*. 1991;325(4):274-6.

Session 12 – Training with research librarian

Sarah Moazeni, Wellesley College Research and Instruction Librarian, will be joining us to provide some upfront guidance on research related to the course’s final project. This training provides an essential foundation for completing the Building Block Paper #2.

Session 13 – Socioeconomic status (SES)

This session will introduce income/wealth, education, and social status as a force that shapes health.

To read:

- Perri Klass, “Poverty as a Childhood Disease,” *The New York Times*, May 13, 2013.
- Braveman P, Gottlieb L. The social determinants of health: it's time to consider the causes of the causes. *Public health reports* (Washington, DC : 1974). 2014;129 Suppl 2:19-31.
- Lynch J, Kaplan G. “Socioeconomic Position,” in *Social Epidemiology* eds. Lisa Berkman and Ichiro Kawachi (Oxford: Oxford University Press, 2000), 13-35.

To watch:

- *Unnatural Causes: Is Inequality Making Us Sick?* Episode 1, “In Sickness and In Wealth,” (2008), 56 minutes.

Session 14 – Smoking: a case study on SES and health

Building on the previous session, this session will use smoking in the United States as a case study on socioeconomic status and health.

To read:

- Lee JG, Henriksen L, Rose SW, Moreland-Russell S, Ribisl KM. A Systematic Review of Neighborhood Disparities in Point-of-Sale Tobacco Marketing. American journal of public health. 2015;105(9):e8-18.
- Wan (2017) The Washington Post – The rich stopped smoking, the poor didn't

Session 15 – Sexual identity

This session will introduce sexual identity as a force that shapes health.

To read (for both Session 14 and Session 16):

- The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding (2011). Chapter: 2 Context for LGBT Health Status in the United States
 - <https://www.nap.edu/catalog/13128/the-health-of-lesbian-gay-bisexual-and-transgender-people-building>

Session 16 – HIV/AIDS: a case study on sexual identity and health

To read:

- Millett GA, Peterson JL, Wolitski RJ, Stall R. Greater risk for HIV infection of black men who have sex with men: a critical literature review. American journal of public health. 2006;96(6):1007-19.
- Maulsby C, Millett G, Lindsey K, Kelley R, Johnson K, Montoya D, et al. HIV among Black men who have sex with men (MSM) in the United States: a review of the literature. AIDS and behavior. 2014;18(1):10-25.
- America's Hidden H.I.V. Epidemic. Linda Villarosa. June 6, 2017
 - <https://www.nytimes.com/2017/06/06/magazine/americas-hidden-hiv-epidemic.html>
- HIV and the Black Community: Do #Black(Gay)Lives Matter? amfAR. February 2015.
 - http://www.amfar.org/uploadedFiles/_amfarorg/Articles/On_The_Hill/2016/Black-Gay-Men-and-HIV.pdf

To watch:

- How to survive a plague (film)
 - How to survive a plague [videorecording] / Public Square Films presents a France/Tomchin film ; in association with Ford Foundation/Justfilms, Impact Partners and Little Punk ; directed by David France ; written by David France, T. Woody Richman, Tyler H. Walk ; produced by Howard Gertler, David France ; executive producer, Joy Tomchin, Dan Coga

Session 17 – Gender conformity/nonconformity

This session will introduce gender conformity/nonconformity as a force that shapes health.

To read:

- Reisner SL, Hughto JM, Dunham EE, Heflin KJ, Begenyi JB, Coffey-Esquivel J, et al. Legal Protections in Public Accommodations Settings: A Critical Public Health Issue for Transgender and Gender-Nonconforming People. *The Milbank quarterly*. 2015;93(3):484-515.
- (Revisit from session 14 readings) The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding (2011). Chapter: 2 Context for LGBT Health Status in the United States
 - <https://www.nap.edu/catalog/13128/the-health-of-lesbian-gay-bisexual-and-transgender-people-building>

To browse:

- Understanding Transgender People: The Basics
 - <https://transequality.org/issues/resources/understanding-transgender-people-the-basics>

Session 18 – Making change

Work to intervene on health problems and inequalities is necessary. This session will discuss health interventions through the lens of how they can either undermine or support social dynamics and inequalities. The session will include creating some “back of the envelop” interventions and workshopping them as a class.

To read:

- W.K. Kellogg Foundation, “Introduction to Logic Models,” in *Using Logic Models to Bring Together Planning, Evaluation, and Action Logic Model Development Guide* (Battle Creek, MI: W.K. Kellogg Foundation, 2006), 1-12.

Session 19 – Weight and shape control behaviors: a case study on transgender women and health

Building on the previous session, this session will use weight and shape control behaviors as a case study on gender conformity and health. *Guest lecture by Dr. Allegra Gordon, Research Scientist in the Division of Adolescent/Young Adult Medicine, Boston Children’s Hospital, and Instructor in the Department of Pediatrics, Harvard Medical School.*

To read:

- Gordon AR, Austin SB, Krieger N, White Hughto JM, Reisner SL. "I have to constantly prove to myself, to people, that I fit the bill": Perspectives on weight and shape control behaviors among low-income, ethnically diverse young transgender women. *Social science & medicine* (1982). 2016;165:141-9.
- Glynn TR, Gamarel KE, Kahler CW, Iwamoto M, Operario D, Nemoto T. The role of gender affirmation in psychological well-being among transgender women. *Psychology of sexual orientation and gender diversity*. 2016;3(3):336-44.

- Bordo, S. Whose body is this? Feminism, medicine, and the conceptualization of eating disorders. In *Unbearable Weight: Feminism, Western Culture, and the Body*. Berkeley: University of California Press, 2003. pp. 45-60.
 - *Note from guest lecturer:* This chapter comes from the pathbreaking book by internationally renowned US cultural historian and feminist scholar Susan Bordo. This was one of the first texts to chart the role of cultural images in the spread of eating concerns, with attention to gender, race and class analysis.
- Sevelius, JM. Gender affirmation: A framework for conceptualizing risk behavior among transgender women of color. *Sex Roles* 2013; 68(11–12): 675–89.
 - *Note from guest lecturer:* Jae Sevelius's foundational paper proposes a conceptual model that draws upon existing sociological and psychological theories to help us better understand the structural contexts that put transgender women of color at risk for HIV. Gender affirmation has become a critical public health framework for anyone doing work related to gender minority populations.

A CLOSER LOOK – INTERDISCIPLINARY PERSPECTIVES ON REPRODUCTIVE HEALTH

Session 20 – Public health perspectives (qualitative): Rural women's access to reproductive health services

While frequently discussed, how rurality relates to women's abortion decision-making remains largely unexplored in existing literature. This session will provide an example of public health research on abortion access, presenting results from qualitative research analyzing rural women's experiences related to unwanted pregnancy in Central Appalachia.

To read:

- O'Donnell J, Goldberg AB, Lieberman E, Betancourt TS. "I wouldn't even know where to start": Unwanted pregnancy and abortion decision-making in Central Appalachia. Forthcoming, accepted in *Reproductive Health Matters*.
- Aiken AR, Borrero S, Callegari LS, Dehlendorf C. Rethinking the Pregnancy Planning Paradigm: Unintended Conceptions or Unrepresentative Concepts? Perspectives on sexual and reproductive health. 2016;48(3):147-51.
- Aiken ARA, Dillaway C, Mevs-Korff N. A Blessing I Can't Afford: Factors Underlying the Paradox of Happiness about Unintended Pregnancy. *Social science & medicine* (1982). 2015;132:149-55.

To watch:

- Eastern Kentucky Reproductive Health Project (EKRHP)
 - Tanya: <https://vimeo.com/26232066>

Session 21 – Sociology (qualitative) perspectives: Oral contraceptives, gender, and race

While there are many types of contraception, the hormonal birth control pill is the most popular and one of the most effective at preventing pregnancy. Despite potential hormonal birth control side effects like weight gain, mood changes, and irregular bleeding (among others), very little research examines how side effects influence women's experiences of their bodies nor how gender shapes

these experiences. In this session, we will discuss how side effects are not just a medical aspect of hormonal birth control use and show how cultural messages about gender shape women's contraceptive behavior. *Guest lecture by Dr. Krystale Littlejohn, Assistant Professor of Sociology at Occidental College.*

To read:

- Littlejohn, Krystale. 2013. "'It's those pills that are ruining me.': Gender and the Social Meanings of Hormonal Contraceptive Side Effects." [*Gender & Society* 27\(6\): 843-863.](#)
- Littlejohn, Krystale and Katrina Kimport. 2017. "Contesting and Differentially Constructing Uncertainty: Negotiations of Contraceptive Use in the Clinical Encounter." [*Journal of Health and Social Behavior* 58\(4\): 442-454.](#)

Session 22 – Public health perspectives (quantitative): Abortion access and county of residence

Efforts to disentangle the influence of individual characteristics (e.g. 'who you are') and place of residence (e.g. 'where you live') on the variability in gestational age at time of abortion have yet to examine the influence of county of residence. This session will provide an example of public health research on abortion access, presenting results from quantitative research on county-level factors as potential contributors to disparities in accessing abortion services.

To read:

- O'Donnell J, Goldberg AB, Betancourt TS, Lieberman E. Access to Abortion in Central Appalachian States: Examining County of Residence and County-Level Attributes. Forthcoming, accepted in *Perspectives on Reproductive and Sexual Health*.
- Bearak JM, Burke KL, Jones RK. Disparities and change over time in distance women would need to travel to have an abortion in the USA: a spatial analysis. *The Lancet Public Health*. 2017;2(11):e493 - e500.

Session 23 Historical perspectives: the IUD

This session will focus on the history of the intrauterine device in the United States and how that history shapes and echoes in the present moment.

To read:

- From Medical Pariah to Feminist Icon: The Story of the IUD
 - <https://www.smithsonianmag.com/science-nature/medical-pariah-feminist-icon-story-iud-180963699/>
- Anderson N, Steinauer J, Valente T, Koblentz J, Dehlendorf C. Women's Social Communication About IUDs: A Qualitative Analysis. *Perspect Sex Reprod Health*. 2014 Sep; 46(3):141-8.
- Gomez AM, Fuentes L, Allina A. Women or LARC first? Reproductive autonomy and the promotion of long-acting reversible contraceptive methods. *Perspectives on sexual and reproductive health*. 2014;46(3):171-5.
- Dehlendorf C, Ruskin R, Grumbach K, Vittinghoff E, Bibbins-Domingo K, Schillinger D, et al. Recommendations for intrauterine contraception: a randomized trial of the effects of patients'

race/ethnicity and socioeconomic status. American journal of obstetrics and gynecology. 2010;203(4):319 e1-8.

- Roberts, D. "The Dark Side of Birth Control," in *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty*. (New York: Random House) 1997: pg 56-104.

Session 24 – Practice perspectives: an intervention to connect women to abortion services in the Southeast

This session will provide an example of an 'in practice' intervention aimed as connecting women to abortion services in the Southeast, with an emphasis on navigating the health service delivery infrastructure.

To read:

- O'Donnell J, Holt K, Nobel K, Zurek M. Evaluation of a Training for Health and Social Service Providers on Abortion Referral-Making. Maternal and child health journal. 2018. Epub 2018/07/12.
- Zurek M, O'Donnell J, Hart R, Rogow D. Referral-making in the current landscape of abortion access. Contraception. 2015;91(1):1-5.
- Bronstein JM. Radical Changes for Reproductive Health Care - Proposed Regulations for Title X. The New England journal of medicine. 2018;379(8):706-8.
- Janiak E, O'Donnell J, Holt KE. Proposed Title X regulatory changes: silencing healthcare providers and undermining quality of care. *Forthcoming, accepted in Women's Health Issues*.

Session 26 – Collective review of the course

In this session, we will do a collective 'meaning-making' exercise to review what we explored in the course. Each student will choose one of the course sessions and prepare on "'ah ha' moment" related to the session.

COURSE SCHEDULE OVERVIEW

Session	Date	Topic	Assignment
CREATING OUR FOUNDATION			
1	Thurs, Sept 5	Why this class? And what to expect	
2	Mon, Sept 9	Basic terms, introduction to course key questions, and HPV case study	
3	Thurs, Sept 12	Health, at the intersection of disciplines	
4	Mon, Sept 16	History of public health	
Event	Mon, Sept 16	Annual Domna Stanton Lecture: Dr. Zakiya Luna (5:30pm, Collins Cinema)	
5	Thurs, Sept 19	Why people get sick -- theories of disease distribution	
6	Mon, Sept 23	Health theory, when it harms and when it helps	Building block paper #1 due
IDENTITY, OPPRESSION, AND HEALTH			
7	Thurs, Sept 26	Introducing -isms and health	
8	Mon, Sept 30	Racism	
9	Thurs, Oct 3	Maternal mortality: a case study on racism in health	
10	Mon, Oct 7	Sexism	
11	Thurs, Oct 10	Heart disease: a case study on gender and health	
No class	Mon, Oct 14	<i>Fall break</i>	
12	Thurs, Oct 17	Training with research librarian	
No class	Mon, Oct 21	<i>Canceled for Dr. O'Donnell's travel</i>	
13	Thurs, Oct 24	Socioeconomic status	
14	Mon, Oct 28	Smoking: a case study on SES and health	
15	Thurs, Oct 31	Sexual Identity	Building block paper #2 due
16	Mon, Nov 4	HIV/AIDS: a case study on sexual identity and health	
17	Thurs, Nov 7	Gender conformity/nonconformity	
18	Mon, Nov 11	Making change	
19	Thurs, Nov 14	Weight and shape control behaviors: a case study on transgender women and health	
A CLOSER LOOK – INTERDISCIPLINARY PERSPECTIVES ON REPRODUCTIVE HEALTH			
20	Mon, Nov 18	Public health perspectives (qualitative): Rural women's access to reproductive health services	Building block paper #3 due
21	Thurs, Nov 21	Sociology (qualitative) perspectives: Oral contraceptives, gender, and race	

22	Mon, Nov 25	Public health perspectives (quantitative): Abortion access and county of residence	
<i>No class</i>	<i>Thurs, Nov 28</i>	<i>Thanksgiving Break</i>	
23	Mon, Dec 2	Historical perspectives: the IUD	
24	Tues, Dec 3, 6:30pm	Practice perspectives: an intervention to connect women to abortion services in the Southeast (rescheduled for Dr. O'Donnell's travel)	
<i>No class</i>	<i>Thurs, Dec 5</i>	<i>Canceled for Dr. O'Donnell's travel</i>	
CLOSING REFLECTION			
26	Mon, Dec 9	Collective review of the course	
<i>No class</i>	<i>Thurs, Dec 12</i>	<i>Reading Period/Exams</i>	
<i>No class</i>	<i>Mon, Dec 15</i>	<i>Reading Period/Exams</i>	
<i>No class</i>	<i>Fri, Dec 20</i>	<i>End of semester</i>	<i>FINAL PAPER DUE BY 4pm</i>

COURSE WORK PRODUCTS AND GRADING

Building Block Paper #1 (10%)

Public health news

- Identify the anchor story for the final paper (please attach the story as an appendix to your paper).
 - The anchor story is an article from a popular source, published between 2012 and the present. It may describe a public health event (e.g. an outbreak of syphilis in Pennsylvania) or can highlight a public health issue (e.g. trends in bike fatalities in Boston over time).
 - "Popular" sources are publications like newspapers and magazines. § See the following examples from the WGST syllabus.
 - Session 9: Black Mothers Keep Dying After Giving Birth. Shalon Irving's Story Explains Why
 - Session 11: Why Doctors Still Misunderstand Heart Disease in Women. Vidhi Doshi. The Atlantic, Oct 26, 2015.
 - Session 15: America's Hidden H.I.V. Epidemic. Linda Villarosa. June 6, 2017 §
- Draft a short paragraph explaining why the health topic is of interest to you.
 - Is this a new topic or a topic you have considered previously from another perspective? Does the topic resonate with you because it relates to other coursework, lived experience, or its potential significance in the landscape of health? What specific questions do you want to explore by selecting this health topic?
- Total 1 to 2 pages in length, double-spaced, in 12-point font with 1 inch margins.

Building Block Paper #2 (15%)

Annotated reference list

The annotated reference list is designed to put the guidance from the WGST Research Librarian into practice. An annotated reference list receiving full credit will:

- Identify the literature review or meta-analysis that you will be using to 'get your bearing' on your health topic (as identified in Building Block Paper #2) in the peer-reviewed literature.
- Identify the 2-4 additional peer-reviewed articles related to your health news story.
- For each peer-reviewed article:
 - Describe in 1-3 sentences the study. What population is included in the study? Is it a qualitative study or a quantitative study? What are the limitations of this research, if any?
 - Explain in 1-3 sentences what makes this article useful to your analysis of the health topic. Is it well-cited by the rest of the literature? Does it examine a specific population? Does it specifically take on the social inequality that you are using as your lens?
- Use a citation method of your choice – just be consistent!

- Total 2 to 3 pages in length, double-spaced, in 12-point font with 1 inch margins.

Building Block Paper #3 (15%)

Applying the lens of social inequality

- How does the social inequality relate to this health issues?
- Is this relationship discussed in the popular article? In the literature review? In the additional peer-reviewed articles?
- What are the explicit (e.g. stated) assumptions in these articles about how social inequality relates to the health issue? What are the implicit (e.g. unstated) assumptions in these articles about that relationship?
- Total 2 to 3 pages in length, double-spaced, in 12-point font with 1 inch margins.

Final paper – news analysis (40%)

The final paper is designed to help students apply the health theory and knowledge gained in the course to current issue. Students are asked to write a report analyzing a recent major news story or public health story from the media, drawing in additional research on the topic and an analysis of the social factors. See assignment handout for additional detail. The final project is due on December 20, 2019, no later than 4pm ET.

Class Participation (20%)

You are an integral part of this course thus your attendance and participation are assumed. Read the assigned readings **before** each session and come prepared to discuss them. Optimal learning in this course requires our full and mutual attention so unless otherwise noted (such as in cases of documented learning need), student use of electronics in class (laptops, mobile phones, Google Glass, recording devices, etc.) is not allowed. Electronic devices should be shut off and put away for the class period. Please talk with me in the first week of the semester if your learning in this course requires ability-related accommodations. Also contact Jim Wice, Director of Disability Services, at the Pforzheimer Learning and Teaching Center (PLTC), (781) 283-2434, jwice@wellesley.edu.

Effective participation takes many forms including active listening, engaging the contributions of other class members, offering diverging views, raising objections to the perspectives being discussed, and suggesting ways those perspectives might be developed or improved. If you are unable to be in class, be sure to get notes, handouts, etc. from a classmate. Missing more than two sessions of the course without a dean's note and/or a doctor's note will negatively affect your class participation grade and please note that course attendance is monitored. If your religious observance and our class meetings or coursework conflict, please let me know in the first week of the semester and fill out the religious restriction notification form required by Wellesley College so we can make alternative course-related arrangements.

Grading

Wellesley uses the following letter grade system with +/- gradations for A, B, and Cs:

- Grade **A** is given to students who meet with conspicuous excellence every demand that can fairly be made by the course.

- Grade **B** is given to those students who add to the minimum of satisfactory attainment of excellence in not all, but some of the following: organization, accuracy, originality, understanding, and insight.
- Grade **C** is given to those students who have attained a satisfactory familiarity with the content of a course and who have demonstrated ability to use this knowledge in a satisfactory manner.

Grade **D** is a passing grade, and Grade **F** is a failing grade. Late, incomplete, and/or unedited written work will receive reduced grades. Requests for extensions must be made at least 24 hours before the work is due (except in emergencies) and will be granted only in exceptional circumstances. Having a lot of work to do in other courses is not an exceptional circumstance. Of course, all work for this course should be your own and you are expected to abide by the Wellesley Honor Code in all course-related activities.

Late Assignments

The assignments are due on the date listed. If you are unable to hand-in your assignments you will be graded half a letter grade down each day for up to 5 days, after which point the assignment will no longer be accepted. Exceptions are made in response to a dean's note and/or a doctor's note.

Communication with the Professor

I always welcome being in touch, about anything from the details of an assignment to a curiosity not covered in class. Please note that we will both be best served if we schedule dedicated time to connect and that I am responsive to email during the week, but not over the weekend.