I

INTRODUCTION

WHILE THE FIELD OF PUBLIC HEALTH is historically rooted in the social reform movements of the nineteenth century, it is only in recent years that systematic working relationships between social science and public health have become formally established. Current developments in the health field have reawakened the concern of public health workers with social factors in the preventive, therapeutic, and rehabilitative aspects of illness and disease. In turn, the inherently social character of many of the newer public health problems has attracted a rapidly increasing number of sociologists to the field of public health. It is much too early, and changes are occurring much too rapidly, to predict what form this collaboration will finally take; all we can hope to do is to pause for a moment and take a quick look at where we stand and where we are going. But this much is certain—we are entering a period during which public health and the social sciences will be working together to an ever-increasing degree.

The main theme of this bulletin is that a drastic shift in the nature and significance of modern disease patterns and in society's methods for providing medical care has necessitated a change in the focus of public health philosophy and activity. An essential element in this reorientation is the greatly increased need and desirability of collaboration between sociologists and public health practitioners. The large number of congruent or complementary theoretical and methodological approaches shared by the two fields has made the development of working relationships in research, teaching, and service areas mutually profitable. However, the unforeseen rapidity of the growth of such joint efforts, the diffuse, interdisciplinary, multi-faceted nature of social problems in the field of health, and certain inherent characteristics of both fields, one basic and one applied, have

created problems and conflicts in this highly functional alliance which have not yet had time to be completely resolved. It is hoped that this bulletin will increase our understanding of the factors underlying some of the major difficulties facing both fields in their efforts to work together and point the way toward more productive collaboration in the future.

The original objective of this bulletin was to point out to sociologists the many opportunities awaiting them in the field of public health. But this now would be like "carrying coals to Newcastle" in view of the large number of sociologists entering the field. In a sense, the market has shifted from seller to buyer, and what may be needed now is a more informed consumer who can make intelligent use of the services of the social scientist. Hence, we have decided to run the risk of writing for two audiences. For the sociologist, we hope to be able to indicate what the *needs* of public health are in relation to the behavioral sciences; while, for the public health professional, we hope to describe the *resources* the behavioral sciences have to offer the field of public health.

In general, we will not attempt to maintain disciplinary purity in our discussion of social concepts and methods applied to public health problems. In our opinion, sociology in public health is basically an applied science. This means that behavioral scientists working in the field must be problem-oriented, not discipline-oriented. Medical sociology will probably develop, in time, its own particular adaptation of social theory and concept in much the same way as other applied fields, such as industrial sociology or educational sociology. Being problem-oriented, a strict and narrow limitation of our presentation to "pure" sociology is not possible. Most public health problems also involve social psychology, anthropology, and, occasionally, economics and political science. The individual, group, or community constituting the target of public health efforts must be seen as an integrated whole, subject to the simultaneous influences of all social, economic, and political forces.

Not only is it important to recognize the interdisciplinary scope of social science in public health; it is also necessary to keep in mind the multi-faceted nature of most social problems in the field of health. Social problems, in general, are interrelated; poverty,

housing, fertility, alcoholism, mental disorder, juvenile delinquency, and venereal disease are *not* separate problems; they need to be looked at in combination. The health of the individual and his treatment in illness also represent an intricate complex of biological, physical, social, and cultural forces that need to be taken into account simultaneously. Illness, for example, is rarely an individual problem; almost always it constitutes an important aspect of family maladjustment.

There is one final sense in which sociology applied to public health must avoid disciplinary ethnocentrism. The major accent of an applied social science is upon action; the individual, the group, the community must be induced to do something. But such action in the field of public health cannot be divorced from action in other fields of individual and community welfare. The sociologist working on a community health problem must make use of many different public and voluntary agencies in the health and welfare fields. This will often require a breakdown of professional parochialism and a concerted attack upon a single health problem by many different groups, including public health, private medicine, hospitals, health insurance groups, voluntary health agencies, welfare, public assistance, and social service agencies.

While the main emphasis of this report will be upon the contributions of sociology to public health, it will also be important to point out some of the many ways in which sociology as a science can benefit substantively, theoretically, and methodologically from collaboration with the field of public health. Health, illness, and medical care, *in and of themselves*, constitute significant areas of sociological concern. Until recently, sociology has neglected these important aspects of social life. Health and illness have not been given the same attention as, let us say, education, religion, or industry, while such public health problems as rehabilitation, medical care, population control, and alcoholism have not received the same kind of analysis as other social problem areas, such as divorce, crime, and race relations.

Basic sociological research in the area of public health can serve as a valuable test of existing sociological hypotheses and theories. The subjecting of social theory to the crucial test of

prediction and control in real-life situations can provide a most helpful evaluation of the validity of such theory. Concepts such as role and status take on new dimensions when one is forced to examine them in terms of doctor-patient relationships in a treatment situation.

In addition to advancing sociological knowledge, research in the field of public health offers a number of opportunities for methodological progress. The social survey, an important research technique of social science, is also the methodological backbone of epidemiology. In fact, the prospective or longitudinal population survey in public health predates sociological interest in the "panel" or "repeated interview" technique. The growing concern of public health with international health programs offers fertile ground for the development of the comparative or cross-cultural method. Local population laboratories for the study of community health problems can help to advance sociological techniques for the study of community structure and action. The methodology of community public health research is, to a large extent, the methodology of social research.

The development of sociological theory and method within the context of public health research will also provide a more fundamental orientation to current social research on public health problems. Too much of this research remains on the applied or market research level, although some of the most important public health problems demand a much more highly conceptualized approach to interpersonal and intergroup processes. For example, the area of decision-making within the family is critical to such significant public health problems as family participation in public health programs, planned parenthood, and adjustment to chronic illness. Community decision-making processes involving a highly sophisticated analysis of the local power structure and public opinion are basic to the successful introduction of community health programs on fluoridation, radiation, and air pollution. These are highly important public health problems that can be dealt with only by social research utilizing basic social theory.

In general, this bulletin will address itself to the following six questions:

1. What are the current needs in public health that sociology is attempting to meet, and how did these develop?
2. What is the nature of the relationship of sociology to public health? What forces lead to convergence or divergence of the two fields?
3. What contribution does sociology have to make to public health in the understanding and control of health problems?
4. What contribution does sociology have to make to public health in the study and organization of public health structures and personnel?
5. What activities do sociologists in public health engage in; where, how, and with what results?
6. What problems of collaboration exist between sociologists and public health workers, and how are these being met?

In discussing these six questions, we have classified our materials according to their major focus upon the disease process (Chapter IV), the public (Chapter V), or the profession (Chapter VI). This classification of public health into three major areas is somewhat similar to other classifications offered by sociologists studying medical and public health problems. Briefly, we may compare the relationship of the person to the profession with Henderson's analysis of the medical field as a social system involving the interaction of the health actor—medical or professional, and the client—individual or community.[1] The significance of this division lies in its approach to health problems in terms of the interpersonal role relationships between practitioners and recipients. Employing a more problem-oriented approach, Kendall and Merton classify the field of social research in health into four categories: (a) etiology and ecology; (b) variations in response to illness and maintenance of health; (c) organization of health facilities; and (d) professional education and training.[2] In our presentation we have separated etiology from ecology and we view the variations in response to illness apart from the more applied problems of changing such behavior through public health programs.

Wellin comes closest to our own classification by talking about (a) disease (or social pathology with health implications);

(b) behavior and belief (responses to illness and to health programs); and (c) means, agencies, personnel (institutional patterns for management of illness).[3] The most comprehensive classification, and an excellent bibliographical review, is offered by Polgar, who, adopting essentially an anthropological approach, talks about (a) the dynamics of health status; (b) popular health cultures; (c) health personnel; and (d) health action programs. This classification is particularly appropriate to our problem in its focus upon methods of changing health behavior in terms of the characteristics of the disease conditions themselves, the beliefs and behavior of the individuals, and the actions of the public health professionals.[4] Again we note the basic emphasis upon the triad of disease, individual, and profession. The following chapters will focus upon each one of these three in turn.

NOTES TO CHAPTER I

1. Henderson, Lawrence J., "Physician and Patient as a Socia System," *New England Journal of Medicine*, vol. 212, May 2, 1935, pp. 819–823.
2. Kendall, Patricia L., and Robert K. Merton, "Medical Education as a Social Process" in Jaco, E. Gartly, editor, *Patients, Physicians and Illness*. The Free Press, Glencoe, Ill., 1958, pp. 321–350.
3. Wellin, Edward, "Socio-Cultural Factors in Public Health: A Discussion," *Annals of the New York Academy of Sciences*, vol. 84, art. 17, December 8, 1960, p. 1044.
4. Polgar, Steven, "Health and Human Behavior: Areas of Interest Common to the Social and Medical Sciences," *Current Anthropology*, vol. 3, April, 1962, pp. 159–205.