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Introduction

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Introduction

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Sociological practice has been part of American sociology since the beginning of the discipline in the late 1800s. The “practical sociology” of the early 1900s is now referred to as “sociological practice.” This general label includes two areas, clinical sociology and applied sociology.

In broadest terms, clinical sociology means sociological analysis and intervention, with emphasis on intervention. Applied sociology refers to applied social research using one or more of the methods of problem exploration, policy analysis, needs assessment, program evaluation or social impact assessment. The two approaches, clinical sociology and applied sociology, should be seen as complementary. Many practicing sociologists use both clinical and applied approaches even though one approach is central to each person’s work.

The Sociological Practice Association began publishing the journal *Sociological Practice* in 1989. It is intended to be a basic resource for practitioners, faculty, graduate students, and upper-level undergraduate students who are in the social sciences. Published as an annual, each volume of *Sociological Practice* is devoted to one particular area of practice. Past volumes have covered “The Development of Clinical and Applied Sociology” (Volume 7, 1989), and “Community Development and Other Community Applications” (Volume 8, 1990). This volume (Volume 9) addresses Health Sociology.

Each special theme issue of *Sociological Practice* includes a Historical Overview of the field as well as examples of sociological practice drawn from research, intervention, and teaching relevant to the theme. Volume 9 begins with

Fritz's broad history of the uses of clinical sociology in health care settings in the past 60 years. While detailing some of sociology's important contributions, Fritz cautions that better collaboration is needed among the disciplines involved in health care.

Also included in this section are two reprinted historical articles which emphasize that sociology has long been recognized as having important contributions to make to health care and medicine. The first of these articles is by Charles McIntire. Written in 1894, and first published in the *Bulletin of American Academy of Medicine*, its message that the science of sociology is essential to the field of medicine is as relevant today as it was then. The second, written by Stern for an address given at the annual meeting of the Eastern Sociological Society in 1951, urges that the time is opportune for the emergence of a sociology of medicine.

The next section, *The Practice of Health Sociology*, shows the wide variety of important health areas in which sociological practitioners are involved. The authors address the very current issues of AIDS, drug abuse, health promotion, cancer survivorship, needs assessment for special populations such as the Amish and the aged poor, and health cost containment. Likewise, the articles span the continuum of sociological practice from applied social research to clinical intervention.

Bruhn details the many roles sociologists acting as "health brokers" can have in bringing about intervention and change, especially in large organizations. Using a university case study, Watts explores ways that data gathering and analysis can serve as a first-level intervention for preventing drug and alcohol abuse in organizations.

Cullinan uses the historical example of the "Black Death" to explain modern-day social and psychological impediments to dealing with the new epidemic of AIDS, and Haney and Gear look at the impact of social structure and social variables on black/white differences in cancer survival.

Both the article by Penner and Penner and the one by Barr deal with organizational levels of sociological practice. Using an environmental model, Penner and Penner discuss organizational responses which encompass a range of employee risk and wellness behaviors, while Barr produces a typology of cost containment strategies used by employers in providing employee health care benefits.

The next two articles fall in the area of applied social research with special populations. Kallen, Reimann, and Doughty conduct a very practical evaluation of a supplemental food program for the aged poor in Detroit. Trier's article uses a needs assessment methodology to compare the differences in health care for the Amish and the non-Amish.

Finally, Anderson and his colleagues describe a method for bringing about change in the way physicians order medical tests in primary care settings. Their article is an example of using applied research as the basis for positive change.

Teaching Health Sociology is the focus of the third section of the journal. It begins with Rieker and Begun's 1980 article, reprinted in this issue because it provides an excellent framework for understanding more fully how sociological knowledge can, and should, inform the work of researchers and practitioners who study about health and illness, and those who teach these concepts in medical education. Selig, Gorsky, and Perlstadt's article describes one major area of health sociology, that of social epidemiology, and details a concrete example for classroom use. These two pieces, when combined with the final section, Selected Publications in Sociological Practice and Health Sociology, provide models and materials for incorporation into various curricula and for teaching sociological concepts, methods, and intervention skills relevant to the health care field.