

**PubH 6055-Section 001
Social Inequalities in Health
Spring 2009**

Credits:	2
Meeting Days:	Wednesdays
Meeting Time:	11:15 a.m. – 1:10 p.m.
Meeting Place:	MoosT 1- 430
Instructor:	Rhonda Jones-Webb, Dr.P.H.
Office Address:	1300 South 2nd Street, Suite 300, Room 386
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Office Hours:	Any time before or after class and by appointment

I. Course Description

This course examines the causes of social inequalities in health and what can be done to reduce them. We specifically examine individual, community, and policy level approaches to reducing health disparities in the U.S.

II. Course Prerequisites

The course is designed primarily for graduate public health students with professional interests in interventions to reduce health disparities. Students in other related health professions (e.g., medicine, nursing) or human services professions (e.g., public affairs, social work) with an interest in health issues are also welcome. This course fulfills a “Health Behavior and Policy Intervention” course requirement for Community Health Education majors in the School of Public Health.

III. Course Goals and Objectives

As a result of taking this course, students will:

1. Gain an understanding of the use of race, ethnicity, and social class in health research in the U.S.
2. Gain an understanding of how data on race, ethnicity, and social class can be used to inform health interventions in the U.S.
3. Gain an understanding of policy, community, institutional, and individual level strategies to reduce social inequalities in health in the U.S.
4. Apply concepts and tools learned to a health-related problem.

IV. Methods of Instruction and Work Expectations

Students learn in different ways. The course therefore uses a variety of learning formats including lecture, seminar-style discussion of readings, case studies, debates, and field trips.

V. Course Text and Readings

Course readings are available on line in WebVista . For links to the publications below, refer to the Readings folder on the homepage. Students are expected to complete the readings prior to class.

Required:	Week
Kershaw, S. Gap in illness rates between rich and poor New Yorkers is widening, study shows, <i>The New York Times</i> , 1/7/2009.	1
Collins FS, What we do and don't know about 'race', 'ethnicity', genetics and health at the dawn of the genome era, <i>Nature Genetics Supplement</i> , 36(11):S13-15, 2004.	2
Krieger N, Stormy weather: Race, gene expression, and science of health disparities, <i>American Journal of Public Health</i> , 95(12):2155-2160, 2005.	2
Lee, SS-J, Racializing drug design: Implications of pharmacogenomics for health disparities, <i>American Journal of Public Health</i> , 95(12):2133-2138, 2005.	2
Satel S. Medicine's race problem. <i>Policy Review</i> , No. 110:1-9 (as found on website), 2001.	2
Galobardes B, Lynch J, Smith GD. Measuring socioeconomic position in health research. <i>British Medical Bulletin</i> , 81 and 82:21-37, 2007.	2
Krieger N, Chen JT, Waterman PD, Rehkopf DH, Subramanian SV. Painting a truer picture of US socioeconomic and racial/ethnic health inequalities: The Public Health Disparities Geocoding Project. <i>American Journal of Public Health</i> , 95(2):312-323:2005.	2
Geronimus AT, Black-White difference in the relationship of maternal age to birth weight, A population-based test of the weathering hypothesis. In T.LaViest (Ed.), <i>Race, Ethnicity and Health</i> , Jossey-Bass, San Francisco , CA , 2002, pp.213-230.	4
Rubalcava LN, Teruel GM, Thomas D, Goldman N. The healthy migrant effect: New findings from the Mexican Family Life Survey. <i>American Journal of Public Health</i> , 98(1):78-84:2008.	4
Clark R, Anderson NB, Clark VR, Williams DR. Racism as a stressor for African Americans, In T.LaViest (Ed.), <i>Race, Ethnicity and Health</i> , Jossey-Bass, San Francisco, CA, 2002, pp.319-339.	4
Kwate NOA. Fried chicken and fresh apples: Racial segregation as a fundamental cause of fast food density in black neighborhoods. <i>Health & Place</i> , 14;32-44:2008.	4
Gordon-Larsen P, Nelson MC, Page P, Popkin BM. Inequality in the built environment underlies key health disparities in physical activity and obesity. <i>Pediatrics</i> , 117(2):417-424:2006.	4
Strom KJ, MacDonald JM. The influence of social and economic disadvantage on racial patterns in youth homicide over time, <i>Homicide Studies</i> , 11(1):50-69, 2007.	4
Drexler M. Spreading the health: Government's role in addressing health disparities, Harvard School of Public Health Symposium Series 2005: Health Disparities & the Body Politic, March 3, 2005, pp.11-23.	5
Wilson C, Gilliland S, Cullen T, et al. Diabetes outcomes in the Indian health system during the era of the special diabetes program for Indians and the government performance and results act, <i>American Journal of Public Health, Health Policy and Ethics</i> , 95(9): 1518-1522, 2005.	5

Praxis Advocacy, Advocating for Better Policies, pp 1-25.	5
Wisdom JP, Berlin M, Lapidus JA. Relating health policy to women's health outcomes, <i>Social Science & Medicine</i> , 61:1776-1784, 2005.	5
Adler N, Stewart J, et al. Reaching for a Healthier Life: Facts on Socioeconomic Status and Health in the U.S. <i>The John D. and Catherine T. MacArthur Foundation Research Network on Socioeconomic Status and Health</i> , 40-48.	5
Freeman ER, Brugge D. Challenges of conducting community-based participatory research in Boston's neighborhoods to reduce disparities in asthma. <i>Journal of Urban Health</i> , 83(6); 1013-21:2006.	7
Wallerstein N, Duran BM, Agular J. et al. Jemez Pueblo: Built and social-cultural environments and health within a rural American Indian community in the southwest. <i>American Journal of Public Health</i> , 93(9);1517-1518:2003.	7
Braun KL, Tsark JU, Santos L, Aitaoto N, Chong C. Building native Hawaiian capacity in cancer research and programming: A legacy of 'Imi Hale. <i>Cancer</i> , 107(8) Suppl); 2082-90:2006.	7
Tanjasiri SP, Kagawa-Singer, M, Nguyen T, Foo MA. Collaborative research as an essential component for addressing cancer disparities among Southeast Asian and Pacific Islander women. <i>Health Promotion Practice</i> , 3(2): April 2002.	7
Fouad MN, et al. A community-driven action plan to eliminate breast and cervical cancer disparity: Successes and limitations. <i>Journal of Cancer Education</i> , 21 (suppl.), S91-S100, 2006.	7
Rogers D, Petereit DG. Cancer disparities research partnership in Lakota County: clinical trials, patient services, and community education for the Oglala, Rosebud, and Cheyenne River Sioux tribes, <i>American Journal of Public Health</i> , 95(12):2129-2132, 2005.	7
Beach MC, Price EG, Gary TL, et al. Cultural competence: A systematic review of health care provider educational interventions, <i>Medical Care</i> , 43(4):356-373, April 2005.	11
Geiger, H.J. Racial stereotyping and medicine: The need for cultural competence. <i>Canadian Medical Association Journal</i> , 164(1):1699-1700. 2001.	11
VanRyn M, Fu SS. Paved with good intentions: Do public health and human service providers contribute to racial/ethnic disparities in health? <i>American Journal of Public Health</i> , 93(2):248-255, 2003.	11
Karliner LS, Jacobs EA, Chen AH, Mutha S. Do professional interpreters improve clinical care for patients with limited English proficiency? A systematic review of the literature. <i>Health Services Research</i> , 42(2); 7277-54:2007.	11
Thach SB, Eng E, Thomas JC. Defining and assessing organizational competence in serving communities at risk for sexually transmitted diseases, <i>Health Promotion Practice</i> , 3(2):217-232, 2002.	11
Resnicow, K, Baranowski, T, Ahluwalia, JS, Braithwaite, RL. Cultural sensitivity in public health: Defined and demystified. <i>Ethnicity & Disease</i> , 9:10-21, 1999.	13
Bishop C, Earp J, Eng E, Lynch KS . Implementing a natural helper lay health advisor program: Lessons learned from unplanned events, <i>Health Promotion Practice</i> , 3(2):233-244, 2002.	13
Satterfield D, Burd C, Valdez L, Hosey G, Shield JE. The "in-between": Participation of community health representatives in diabetes prevention and care in American Indian and Alaska Native communities, <i>Health Promotion Practice</i> , 3(2):166-174, 2002.	13
Umar KB. Breaking cultural barriers; Cervical cancer in Asian American and Pacific Islander women, <i>Closing the Gap</i> , pp. 10-11, 2004.	13

VI. Course Outline/Weekly Schedule

ASSIGNMENTS

There are five course assignments:

1. Attend all class sessions and participate in class discussions and debates.
2. Reflect on class readings. To encourage classroom discussion, students will be asked to complete written reactions to class readings and lead class discussions of readings.
3. Submit a detailed outline of final paper (**Due:** April 15th).
4. Write a final paper (10-12 pages). Write a paper on a health or health care disparity and strategies to reduce the health disparity. **Due:** May 6th
5. Present findings from final paper to the class. **Due:** April 29th and May 6th

INSTRUCTIONS FOR COMPLETING ASSIGNMENTS 1-5

1. *Class Participation.* Participation is based on attendance and participation in class discussions/debates. For example, each of you will be asked to lead at least one class discussion of readings. If you are unable to attend class due to medical, family or work-related issues, please contact me in advance (**15 points**).
2. *Reflections on Readings.* Much of the course will include seminar-style discussion of readings, therefore completing all the assigned readings before class is very important. To facilitate discussion, select 3 articles you have read for the week and submit an email about a half to one-single spaced page on the most important new things you learned. Do not outline or exhaustively summarize the readings; instead let me know what you are *thinking* and *learning* from the readings and what you agree with or disagree with and why. The first reaction piece is due Tuesday **January 27th**. Comments must be submitted by 3:00 p.m. on the Tuesday prior to each class (otherwise it's difficult for me to read them before class). They must be emailed to jones010@umn.edu. Make sure you retain a copy, just in case your email is lost (5 points for each satisfactory e-mail submitted; a total of 6 are required (**30 points**)). See sample reflections on PH6055 Vista Website.
3. *Detailed Outline of Paper.* Please provide a detailed 2-page outline of your paper (single-space). The outline should include the major headings for your paper and supporting evidence for each section of the paper. Your outline will allow me to provide feedback on your paper before you submit a final draft. You will receive feedback on your paper on **April 22nd** (**5 points**).
4. *Paper.* Imagine you are working for a member of Congress who believes our nation is not doing enough to reduce racial, ethnic, and class-based health disparities. You have been asked to write a paper for Congress. The paper should 1) provide an overview of a specific health status or health care disparity, 2) present an explanation of why the disparity exists, and 3) suggest strategies at the policy, community, organizational, and/or individual level that could be implemented to reduce the health disparity. The strategies you propose should target those risk factors that contribute to the health disparity, i.e., why the disparity exists. Provide support for your plan based on class readings, the extant literature, and personal experience/observation (**40 points**).

For this assignment, select a health or health care disparity that you believe merits greater national attention, e.g., limited access to health care among the poor, obesity rates among African Americans, unintentional injuries among American Indians. Next, describe in *detail* strategies at the policy, community, organizational, and/or individual level that should receive greater funding priority. Next, explain why you selected these strategies and if there is any evidence for their effectiveness. Discuss any challenges you anticipate in implementing the strategies.

Example: Violence affects all Americans, but particularly African American men and women. Various hypotheses have been proposed why violence rates are especially high among African American males, e.g., higher levels of unemployment, lower levels of education, high availability and promotion of alcohol in inner cities. For this example, you might propose policies that increase the minimum wage and provide tax incentives for businesses to locate in inner cities; policies that increase funding for statewide coalitions that seek to change the alcohol environment, (e.g., restrict off-premise alcohol outlets in problems with high crime rates) and local media campaigns.

The paper should be 10-12 double-space typed pages. Points will be deducted for spelling errors. At the beginning of class (**February 18th**), you will be asked to submit a brief description of the topic and why you selected the topic (1 paragraph).

Presentation of Paper. Students will be asked to give a 10-minute presentation based on their papers (Assignment 4) the last two days of class. Your presentation should introduce your topic, describe what strategies are needed to reduce the health disparity you selected and why. You may include PowerPoint slides and/or transparencies, etc. in your presentation (**10 points**).

SCHEDULE OF TOPICS

Week 1: January 21	Overview and Introduction to Course
Week 2: January 28	What is Race, Ethnicity and Social Class and How Do We Measure Them?
Week 3: February 4	Debate: Conceptualizations of Race and Social Class
Week 4: February 11	Why do Race, Ethnic, and Class-based Health Disparities Exist?
Week 5: February 18	Policy-Level Strategies to Reduce Health Disparities
	Topics Due
Week 6: February 25	Guest Speaker: Dr. Rose Brewer, Professor, African American and Afro American Studies, University of Minnesota
Week 7: March 4	Community Level Strategies to Reduce Health Disparities
Week 8: March 11	Field Trip: Powderhorn/Phillips Cultural Wellness Center, 1527 E Lake St, Minneapolis, MN 55407 (612) 721-5745
Week 9: March 18	Spring Break
Week 10: March 25	Guest Speaker: Alyssa Banks, Hispanic Advocacy and Community Empowerment Through Research, Minneapolis
Week 11: April 1	Organizational Level Strategies to Reduce Health Disparities
Week 12: April 8	Guest Speaker: Dr. Karen Lee, Park Avenue Family Practice, CEO and Founder of MD Kiosk, Inc.
Week 13: April 15	Individual Level Strategies to Reduce Health Disparities
	Detailed Outline Due
Week 14: April 22	Guest Speaker: William Doherty, Professor University of Minnesota, Department of Family Social Science
Week 15: April 29	Student Presentations
Week 16: May 6	Student Presentations
	Final Paper Due

VII. Evaluation and Grading

There are a total of 100 points for this course. Grades will be based on participation (15%), Personal Reflections (30%), Paper Outline (5%), Paper (40%), and a Presentation (10%). Letter grades are awarded in this course as follows below and will appear on the student's official transcript. A = 93-100%, A- = 90-92%, B+ = 88-89%, B = 88-83%, B- = 80-82%, C+ = 78-79%, C = 73-77%, C- = 70-72%. F (or N) – Represents failure (or no credit) and signifies that the work was either: (1) completed but at a level of achievement that is not worthy of credits, or (2) was not completed and there was no agreement between the instructor and the student that the student would be awarded an I (incomplete). S – Achievement that is satisfactory will be expected on all assignments with a minimum total of 73% (an even C) to receive a passing score. I – An incomplete grade is permitted only in cases of extraordinary circumstances and following consultation with the instructor. In such cases an "I" grade will require a specific written agreement between the instructor and student specifying the time and manner in which the student will complete the course requirements. Extension for completion of the work will not exceed one year.

All deadlines must be met. Two points will be deducted each day an assignment is late UNLESS you have received prior approval from the instructor.

Incomplete Contracts

A grade of incomplete "I" shall be assigned at the discretion of the instructor when, due to extraordinary circumstances (e.g., documented illness or hospitalization, death in family, etc.), the student was prevented from completing the work of the course on time. The assignment of an "I" requires that a contract be initiated and completed by the student before the last day of class, and signed by both the student and instructor. If an incomplete is deemed appropriate by the instructor, the student in consultation with the instructor, will specify the time and manner in which the student will complete course requirements.

Extension for completion of the work will not exceed one year (or earlier if designated by the student's college). For more information and to initiate an incomplete contract, students should go to:

www.sph.umn.edu/grades.

University of Minnesota Uniform Grading and Transcript Policy

A link to the policy can be found at www.onestop.umn.edu

Course Evaluation

Beginning in fall 2008 the SPH will collect student course evaluations electronically using a software system called CoursEval. The system will send email notifications to students when they can access and complete their course evaluations. Students who complete their course evaluations promptly will be able to access their final grades just as soon as the faculty member renders the grade. All students will have access to their final grades two weeks after the last day of the semester regardless of whether they completed their course evaluation or not. Student feedback on course content and faculty teaching skills are important means for improving our work. Please take the time to complete a course evaluation for each of the courses for which you are registered.

VIII. Other Course Information and Policies

Grade Option Change (if applicable)

For full-semester courses, students may change their grad option, if applicable, through the second week of the semester. Grade option change deadlines for other terms (i.e. summer and half-semester) can be found at onestop.umn.edu.

Course Withdrawal

Students should refer to the Refund and Drop/Add Deadlines for the particular term at onestop.umn.edu for information and deadlines for withdrawing from a course. As a courtesy, students should notify their instructor and, if applicable, advisor of their intent to withdraw.

Students wishing to withdraw from a course after the noted final deadline for a particular term must contact the School of Public Health Student Services Center at sph-ssc@umn.edu for further information.

Student Conduct, Scholastic Dishonesty and Sexual Harassment Policies

Students are responsible for knowing the University of Minnesota, Board of Regents' policy on Student Conduct and Sexual Harassment found at www.umn.edu/regents/polindex.html.

Students are responsible for maintaining scholastic honesty in their work at all times. Students engaged in scholastic dishonesty will be penalized, and offenses will be reported to the Office of Student Academic Integrity (OSAI, www.osai.umn.edu).

The University's Student Conduct Code defines scholastic dishonesty as "plagiarizing; cheating on assignments or examinations; engaging in unauthorized collaboration on academic work; taking, acquiring, or using test materials without faculty permission; submitting false or incomplete records of academic achievement; acting alone or in cooperation with another to falsify records or to obtain dishonestly grades, honors, awards, or professional endorsement; or altering, forging, or misusing a University academic record; or fabricating or falsifying of data, research procedures, or data analysis."

Plagiarism is an important element of this policy. It is defined as the presentation of another's writing or ideas as your own. Serious, intentional plagiarism will result in a grade of "F" or "N" for the entire course. For more information on this policy and for a helpful discussion of preventing plagiarism, please consult University policies and procedures regarding academic integrity: <http://writing.umn.edu/tww/plagiarism/>.

Students are urged to be careful that they properly attribute and cite others' work in their own writing. For guidelines for correctly citing sources, go to <http://tutorial.lib.umn.edu/> and click on "Citing Sources".

In addition, original work is expected in this course. It is unacceptable to hand in assignments for this course for which you receive credit in another course unless by prior agreement with the instructor. Building on a line of work begun in another course or leading to a thesis, dissertation, or final project is acceptable.

If you have any questions, consult the instructor.

Disability Statement

It is University policy to provide, on a flexible and individualized basis, reasonable accommodations to students who have a documented disability (e.g., physical, learning, psychiatric, vision, hearing, or systemic) that may affect their ability to participate in course activities or to meet course requirements. Students with disabilities are encouraged to contact Disability Services to have a confidential discussion of their individual needs for accommodations. Disability Services is located in Suite 180 McNamara Alumni Center, 200 Oak Street. Staff can be reached by calling 612/626-1333 (voice or TTY).