

UNDERSTANDING AND ADDRESSING HEALTH INEQUITIES IN THE US

PUBH /MHCH 756

SPRING 2014

Tuesday and Thursday

Time: 2:00 – 3:15

Location: 1304 McGavran Greenberg

(Select classes will take place in Mayes Telecommunication Center, 2nd floor Rosenau/McGavran)

INSTRUCTORS:

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Credit Hours: 3

Course materials, readings, speaker bios and slides on Sakai

OVERVIEW:

Despite significant progress in the overall health of the nation, there are continuing disparities in morbidity and mortality experienced by African-Americans, Hispanics, American Indians, Alaska Natives, Asian-Americans and Pacific Islanders, and other sub-populations compared to the U.S. population as a whole. Year 2010 targets set by the Department of Health and Human Services for eliminating these inequities have not been met, and one of the three overarching goals of Healthy People 2020 is to achieve health equity, eliminate disparities and improve the health of all groups. Thus, it is important to evaluate the role of public health and medical practitioners in eliminating health inequalities. In this course, we will: (1) understand what the contributors and root causes to these health inequalities are, (2) understand the populations most affected by health inequities and what makes them vulnerable, (3) understand the mechanisms of how the root causes are “embodied” to create adverse health effects in some populations, (4) review and assess specific public health, medical and other strategies to undo/counterbalance the effects of the root causes and contributors, and (5) understand the challenges inherent in remediating inequalities using public health resources. The overarching goal of the course is to prepare students to define appropriate research or address inequities with innovative approaches so that we can advance progress toward achieving health equity.

COURSE DESCRIPTION AND GOALS:

This course focuses on understanding and addressing health inequities. The first segment of the course examines theoretical frameworks for disparity causation and the role of the most commonly discussed contributing factors. This section will give students the skills to assess the efficacy of the current discourse and approaches to disparity research and elimination.

The second segment of the course focuses on specific sub-population groups, with an attempt to identify commonalities and differences across these groups with respect to historical and current exposures and vulnerabilities.

The third segment of the class examines root causes of health inequities and the pathways of effect in detail.

The fourth and final segment of the course focuses on approaches, strategies and tools to address health inequities.

This course is being taught to help clinicians and other public health professionals develop and strengthen the knowledge, skills and ability to conduct needs assessment, critical appraisal and measurement of the distribution, causes and consequences of health inequalities; to evaluate or design interventions with respect to clinical practice, resource allocation, health, medical care and/or social policy; and to design appropriate clinical or multidisciplinary research targeted toward understanding, reducing and ultimately eliminating health disparities of various types and across varying populations in need. This course will focus primarily on *chronic diseases and perinatal outcomes*. This course aims to help learners define an implementable vision for improving health inequalities within the real world of research, policy, programs or medicine in which they expect to establish a career.

PREREQUISITES:

Epid 600 **OR**

Bios 600

Or equivalent courses with permission of instructor

LEARNING OBJECTIVES:

At the completion of this course, you should be able to:

1. Describe measures of health inequities between at least 3 vulnerable populations and a comparison group
2. Critically analyze specific diseases or population groups to identify at least 3 root causes of health inequities
3. Describe and critique detailed pathways of causality or mechanisms by which at least 3 specific factors contribute to health differences leading to inequities
4. Express well reasoned arguments explaining the fundamental differences between disease causation and disparity causation
5. Develop a specific professional strategy for contributing to the evidence base for health inequities research or intervention
6. Critically assess existing efforts to address health inequities
7. Synthesize existing knowledge to develop strategies to improve existing health disparity reduction approaches

COURSE FORMAT:

Learning will take place via readings, lectures, guest speakers, discussion, (including an online discussion blog), case studies and small group projects. Students are expected to participate fully in all learning experiences. The instructors would like for the classroom to be a “co-learning” experience. That is, while the instructors and guest speakers are considered experts in their field, this does not mean that everything they say should be accepted without critical examination. **Students are encouraged to respectfully challenge ideas as a way to develop their own thinking and are expected to share their accumulated knowledge from other sources in discussions.**

Lectures

The lectures will attempt to cover a cross-section of outcomes (e.g. CVD, diabetes, infant mortality, diabetes, immunization, cancer) identified by the US Department of Health and Human Services (DHHS) as those contributing most to excess mortality and morbidity in populations.

Case studies will be used as much as possible to simulate real-world/real time issues and will provide students the opportunity to integrate knowledge gained from a variety of sources, and apply it toward addressing a current public health challenge. Students are expected to apply the knowledge and skills gained in other core courses toward this content area. The extent that students accomplish this should be reflected in their class participation, their writing and in the final group project.

Guest Speakers

Developing contacts and networking with leaders working in the area of health inequities is considered extremely important to achieving competency in this area, thus several national, community and local leaders will be invited to

give guest lectures on various topics in the course. Additionally, students should continually check the messages and announcements on the Course Sakai site, as we will post any important local lectures or national conferences of relevance to this course. Students are encouraged to take maximum advantage of these opportunities to extend their knowledge base.

Discussions

Students will be expected to participate actively in discussion and to use, challenge or develop concepts from readings, speakers and interviews during the class discussions. Open discussion is ***expected*** and active listening to the opinions of others is ***required***. As many topics may be controversial, it is important for students to agree to maintain confidentiality of opinions expressed by others.

Because of the amount of material to be covered, the short duration of the class, and the size of the class, there is often limited time during each class for full discussion of all relevant issues. We have structured separate class sessions to facilitate more meaningful discussions. While there will be a specific discussion topic proposed for each session, learners are encouraged to shape the discussion around the issues of interest to them, and/or around specific course readings. Participation in the discussion sessions is mandatory.

Additionally, students will be asked to participate in an online discussion blog. This is intended to serve as an opportunity for students to synthesize their learning from the readings and in class lectures. Learners are encouraged to participate in the blog as it serves as a way to synthesize their ideas and can help to strengthen their writing and thinking. We also realize that some students are not very vocal in class and can think more coherently by writing. This forum provides them an opportunity to express themselves in a manner that suits their learning style and skills. Extra credit can be gained by quality and quantity of participation in the blog.

Guidelines for Classroom Discussion

Students will be randomly assigned to small groups for discussion sessions. Group assignments will change each discussion session and a different discussion leader will be assigned to each group each session. Students will use the groups' key idea summaries for the given section as a platform to initiate discussion. All students are responsible for looking up their group assignments on Sakai, uploading their key idea summaries under their group thread on Sakai by noon on the day prior to the discussion session, and reading all key idea summaries prior to discussion sessions. Group assignments will be posted on Sakai under the "Discussion and Private Messages" subheading. Group names will be posted next to group numbers and discussion leader names will have an asterisk (*) next to their name.

Everyone in class has both a right and an obligation to participate in discussions, as this is a critical learning tool in this course. A portion of your grade is determined by the quality of your contributions to the discussions. This includes not only what you say, but also how you react and respond to your classmates and instructors as they express their thoughts.

This is a course where for some of us, the material is new, different, or challenges existing knowledge, assumptions and paradigms. To us as instructors, this is the foundation of a constructive learning process. As stated in the first class, if you leave this class thinking the same things in the same way as you started out, then both you and I have failed. We are all required to de-construct existing concepts, ideas, assumptions, language, interpretations, methods, etc...(Nothing is sacred). Therefore, this classroom has to be considered an active learning zone. This means that ideas may not be perfectly formed when expressed and people may express things unaware that it is offensive to others. To protect this class as an active learning zone, there are some ground rules that we must agree to:

- We deal with difficult, sensitive and often politically charged issues in this class, it is critical that all students be given the time to formulate and express their thoughts during the discussion periods. The complexity of many of these issues makes it challenging to issue forth neatly- formed sound bites to express or formulate a thought, thus all students and instructors must create an atmosphere of respect to allow each of us to develop and express our thoughts.
- Always listen carefully, with an open mind, to the contributions of others.
- Respectfully ask for clarification when you don't understand a point someone has made.
- If you challenge others' ideas, do so respectfully, with factual evidence and appropriate logic. It is not appropriate to merely express "what you believe to be true" without evidence to support it. In this case, you will be expected to state the underlying assumptions of your "belief" and with the help of your classmates, critically examine these assumptions. The purpose of this course is to help you re-examine existing ideas and assumptions about populations, issues, health, etc., to learn new perspectives, to critically examine, to synthesize and then develop your own (substantiated) knowledge base.
- If others challenge your ideas, be open to re-examining your thinking if they demonstrate errors in your logic or use of the facts.
- Only introduce relevant issues into the discussion. The decision is yours to determine the relevance of the issue, but it is important that we keep extraneous comments to a minimum.
- If others have made a point with which you agree, there is no need to repeat it, but you may have something important to add to the point. Feel free to do so.
- Be efficient in your discourse; make your points and then yield to others.
- Above all, avoid all forms of ridicule (laughing, talking over, etc.) and try to respect the beliefs of others, even if they differ from yours.
- Finally, do not hold the opinions of your colleagues against them or ridicule them personally outside of the class because of something they may have expressed in the classroom. It is important for the classroom to remain a "safe zone" for developing and expressing ideas freely.

Sometimes we may express or hear an opinion, which others do not agree with or would label as being politically incorrect or personally offensive (racist, homophobic, sexist, etc.) Let's all agree that if this happens, use it as a teachable moment, taking the high road by respectfully pointing out why it is considered to be offensive, and move on. *"I am certain you did not mean to be offensive, but some people might take the way you expressed it negatively*

because of XYZ. A more effective way to reference that might be to say XXX". For those of us who might be informed of potentially offensive language or behavior, let's accept the perspective and experiences of others, step back and carefully reexamine our choice of words and grow from the experience.

Key Idea Summaries

There are no exams or final papers in this class. All of the work is done over the course of the class. Students are expected to turn in a total of 4 summaries: at least one key idea summary on a reading from each of the 4 segments of the course (1) theoretical frameworks and contributing factors, 2) specific sub-populations, 3) root causes and mechanisms, and 4) interventions; and one additional summary from any reading of their choice. The key idea summaries are designed to demonstrate your understanding of the topic and offer your insights.

Additional purposes of the key idea summary are to: (1) develop skill in synthesizing new knowledge with existing knowledge, (2) provide a format for creating meaningful summaries of readings that will be useful and easily accessible throughout your public health career (e.g., MPH papers, dissertations, etc.); (3) provide evidence to instructors of the degree to which you read and understood the meaning of the readings; and (4) give you an opportunity to express your emerging thinking about health inequity/equity in a coherent way.

This is a format that learners can continue to use throughout their career to keep an accessible record of what they read and what they got out of the reading. You can use the key idea summaries as you develop your literature reviews for MPH papers and dissertations.

Key idea summaries will also be used as a basis for discussion sessions on January 28, February 27, March 27 and April 22. The first 20-30 minutes of discussion session classes will be dedicated to small group discussions. Your key idea summary should be uploaded to your small group on the Sakai website by the deadlines noted in the *Summary of Course Due Dates* table below, prior to the Discussion Session. Please allow yourself time for computer glitches as late assignments will receive a half letter grade deduction (e.g., a P assignment turned in late will receive a P-). Each student should read the key idea summary of all members in their group before class. A group leader will be designated (these will rotate throughout the semester) to facilitate the discussion. Groups will be required to bring 1-2 questions from small group discussions to the larger group discussion.

Group Projects

The group projects will entail self-initiated contact with professionals working on research, intervention, policy or direct service related to elimination of health inequality. The group projects will address Learning Objective 6 (see page 3). This experience is expected to provide practical experience working on a collaborative project with professionals from multiple disciplines and at varying levels of expertise. The goal of the exercise is to obtain information on a health issue that exhibits inequities for some population group, to critique current efforts to reduce or eliminate the inequity, and define a well-reasoned public health response to improving impact of the program efforts on inequity reduction/elimination.

READINGS:

The main text for the course will be:

Social Injustice and Public Health

Editors: Barry S. Levy and Victor W. Sidel;

Oxford University Press, 2006

The book is available in the bookstore. We expect to have a copy on reserve in the Health Sciences Library. A list of additional readings for each session is attached and the articles will be on Sakai.

In addition, guest lecturers may *suggest additional readings*. These may not be available until just before the class session and will be provided either through Sakai or via email to all students.

COURSE /INSTRUCTOR/GUEST SPEAKER EVALUATION:

There will be a formal course evaluation at the end of the semester. In addition to this, students may be asked periodically to evaluate guest speakers. Finally, the instructors and TA are open to, and appreciate any comments during the semester that will help to improve and/or enrich the learning experience. Feel free to contact us or speak to an instructor. The instructors are open to constructive criticism.

COURSE REQUIREMENTS AND GRADING:

The distribution of weights for each class activity is as follows:

- | | |
|---|-------|
| 1. Class Participation | (35%) |
| <i>Measured by attendance and quality of participation in class discussions and online discussion</i> | |
| 2. Key Idea Summaries | (30%) |
| 3. Group Project | (35%) |

(1) Class Participation (35%): Students are expected to attend all classes and to participate actively in discussions. Class participation will be graded daily on both attendance and the quality of participation.

Lectures, guest speakers, case studies and the readings should provide the conceptual basis for the oral and written reports that students will develop. In this way, you are expected to think ahead, and use class time constructively to develop your own thinking and approach to the project. You should notify the instructor if you plan to miss a session for a valid reason and all students are expected to make up the work and obtain slides, notes, etc. from the missed session.

Online Forum/Blog Participation. We encourage you to participate in the online discussion forum for the duration of the semester. Participation is mandatory for students who do not actively engage in class discussions. Students are expected to post their own substantive and topical diary (start a new discussion thread) by developing a comment relating to the readings or the topic of the week. Students may also post new articles and their links to webpages, documentaries, etc. as long as they are related to course material.

Students are expected to treat the online forum as a formal discussion (complete sentences, references where necessary, etc.). The purpose of this exercise is to assist students in processing the readings and class lectures and to use the new knowledge to develop their own thinking, and to share their thoughts with others. We recognize that some learners are better at expressing their thoughts in writing vs. orally. *The forum is accessible only to the students in this class and instructors.*

(2) Key Idea Summaries (30%):

Format:

- Student's name in top left corner of first page
- 1-2 single spaced page, 1-inch margins, 12 point font of your choosing
- Full citation of article
- Study method and/or theoretical underpinnings
- Key ideas
- Synthesis:
Some ideas for synthesis:
 1. Connect the key idea to something else you know or are thinking about. How does the key idea confirm/contradict what you understood to be the truth before?
 2. Put the key idea together with something known and create a third *new* idea or line of thinking
 3. Compare and contrast 2 ideas
 4. Define some key questions suggested by the key idea and suggest a reasonable and actionable way that you could answer the questions
 5. Examine the key idea through a lens of race, class, gender, disability or sexual orientation and describe how the idea might support or undermine the issues faced by these populations

(3) Group Project (35%):

Groups will consist of 4 or more students. Membership will be assigned by the instructors in order to achieve a balance of background and skills. The purpose of the group project is to identify and critique activities in progress (research, medical care, intervention programs, policies, etc.) for the elimination of health disparities at the state or local level in North Carolina; nationally through the NIH, CDC, or other Federal agency; through the AMA, ACOG, APHA, and/or some other professional organization. The professionals you choose should all have a connection to the same program or outcome. For example, you are interested in inequities in diabetes among Native Americans, you might identify a program that addresses inequities in diabetes in this population, perhaps delivered through Indian Health Service, then choose to interview someone at the program implementation level, someone in the agency that funds the program, someone who helped to write the grant who conceptualized the program, and perhaps a program participant. For each interviewee, you will assess and diagram their conceptual understanding of how to eliminate the inequity and how the program fits into that scheme. You will assess the congruence of conceptual understanding across the parties involved with the program and make an overall assessment of the likelihood the program will have an impact on inequities based on your knowledge of known models for inequity

causation or elimination. You will make recommendations for how the program can be modified, improved or **replicated to improve its overall population impact on eliminating health inequities.**

Groups should analyze an existing program or intervention of their choosing related to eliminating health disparities. There is considerable flexibility in how students will approach and present this project. The expectation is that students will define an approach that best meets their group's learning needs. However, the following is presented as guidance and a suggested approach:

(a) Meet with your group to discuss the focus and to divide tasks. Each group is expected to meet with (in person or by phone) a minimum of 3 professionals involved with addressing inequities in a specific outcome, at different levels of intervention (personal care, program design or implementation, research, policy-making, funding). As such, groups should determine how to distribute tasks. A description of the task list should be submitted by February 5, 2014 by noon to the dropbox in Sakai. The list should state the topic of the group project, who is in the group, contact information, meeting dates, work distribution, leadership, etc. This means that the groups should begin meeting as soon as possible after the assignments are made. You will be graded on the quality of completion of your specific assignment.

(b) Identify relevant professionals (community-based, local, State or Federal agency, professional organization, private funder working on health disparities). The Instructors can assist in identifying these professionals. The professionals and an alternate must be identified and names submitted to instructor by February 5, 2014 by noon. Please note this list does not have to be in its final form, but please include strong possibilities of professionals. A list of interview questions should be submitted via the drop box in Sakai by February 5 by noon.

(c) Interview the professionals:

Interviews should be conducted and completed between February 5 and March 20. A working session is scheduled for March 6 with an opportunity to consult with instructors about your group project. Be sure to plan your time carefully based on your presentation date. It may be very challenging to coordinate your schedule with those of busy professionals, and you may need more than one conversation to complete your interviews. After your interviews, you will have to synthesize information through discussion among your group. The best group presentations clearly demonstrate integration among the component parts of the project.

Further, do your homework! Your interaction with these professionals will reflect on your professionalism, as well as that of the Instructors and UNC SPH. Do not waste their time by asking questions that you could easily have found out from publicly available information about the program. These interactions are expected to probe deeper into related issues. The conversations should be thought provoking to both you and the professional you are interviewing.

(d) Present an oral report (group) to the class that describes the activity in the context of health inequities. Each group is allotted 45 minutes for presentation and discussion. This should include a conceptual framework for both disease elimination and inequity elimination, description of program activities, a critical analysis of the program or activity with respect to health equity, critical theory, etc. A project that does not focus on inequity elimination, but solely on disease reduction is not responsive to the assignment. The oral report should include a brief background on the relevant health outcome, including any relevant medical, etiologic and epidemiologic information. Do you think this activity will reduce health inequities? By how much? By when? What might be needed to improve effectiveness by Yr 2016? What would you recommend to the professional for improving effectiveness on elimination of health inequities? What changes could potentially help the program to fit better into a conceptual model for inequity elimination? In addition, the presentations and discussion are expected to be, and will be evaluated on the extent that they incorporate concepts discussed in class or the readings. Please keep the background information to the minimum necessary as most of the presentation should focus on your reporting of and critical analysis of interview findings.

Groups will have 45 minutes to present and answer questions. Presentation dates will be assigned later in the semester, but will occur during the final weeks of class. If you face challenges during the semester, consult with an Instructor to remedy the situation.

Summary of Course Due Dates: All documents should be submitted by noon on the due date

ASSIGNMENT	DUE DATE
Group Assignments Posted	TUESDAY, JANUARY 21
Key Idea Summary 1	MONDAY, JANUARY 27
Submission of Group Project Task Lists and Professional	WEDNESDAY, FEBRUARY 5
Submission of Interview Questions	WEDNESDAY, FEBRUARY 5
Key Idea Summary 2	WEDNESDAY, FEBRUARY 26
Completion of Interviews	THURSDAY, MARCH 20
Key Idea Summary 3	WEDNESDAY, MARCH 26
Key Idea Summary 4	MONDAY, APRIL 21
Group Presentations (As Assigned)	

COURSE SCHEDULE AT-A-GLANCE

MHCH/PUBH 756 (Understanding and Addressing Health Disparities) – Spring 2014

Class#	Day	Date	Title	Speaker
1	Thursday	1/9/2014	Introduction and Course Requirements	Rowley
2	Tuesday	1/14/2014	Theoretical Frameworks for Disparity Causation	Rowley
3	Thursday	1/16/2014	Health Behavior	Janelle Armstrong-Brown
4	Tuesday	1/21/2014	Assessing the Role of Medical Care on Disparities	Paul Godley
5	Thursday	1/23/2014	Genetics, epigenetics and health disparities	Catherine Hoyo
6	Tuesday	1/28/2014	Discussion	Janelle Armstrong-Brown
7	Thursday	1/30/2014	Lesbian, Gay, Bisexual and Transgender Populations and People with Disabilities: Stigma and Structural Contributors to Disparities	Joseph Lee/Pam Dickens
8	Tuesday	2/4/2014	Native American Population Health, Social and Historical Context and Disparities	Ronny Bell
9	Thursday	2/6/2014	Social Context and Structural Disadvantage for African American Women	Lisa Levenstein
10	Tuesday	2/11/2014	Social Context: Latina Populations in NC	Sandra Echeverria
11	Thursday	2/13/2014	Root Causes: Stress and Mechanisms	Jennifer Culhane
12	Tuesday	2/18/2014	Root Causes: Racism	Camara Jones
13	Thursday	2/20/2014	Root Causes: Role of Environment	Courtney Woods
14	Tuesday	2/25/2014	Lifecourse and Impacts on Health and Health Disparities	Jon Hussey
15	Thursday	2/27/2014	Discussion	Vijaya Hogan
16	Tuesday	3/4/2014	Root Causes: Social and Structural Determinants of Health Inequity	Allison Aiello
17	Thursday	3/6/2014	Group Working Session	
	Tuesday	3/11/2014	Spring Break	
	Thursday	3/13/2014	Spring Break	
18	Tuesday	3/18/2014	Global Strategies to Address Social Determinants of Health	Vijaya Hogan
19	Thursday	3/20/2014	Federal Government Strategies to Eliminate Disparities	Leandris Liburd (tentative) Videoconference
20	Tuesday	3/25/2014	Health Inequity Evaluation	Pauline Brooks
21	Thursday	3/27/2014	Health Inequity Discussion	Pauline Brooks
22	Tuesday	4/1/2014	Intervention and Remediation Tools: Health Impact Assessment	TBA
23	Thursday	4/3/2014	Intervention and Remediation: Community Strategies to Eliminate Disparities (CBPR, Undoing	Montez Lane

			Racism)	
24	Tuesday	4/8/2014	Intervention and Remediation: Local Project Strategies to Eliminate Disparities	Student Presentations
25	Thursday	4/10/2014	Intervention and Remediation: Local Project Strategies to Eliminate Disparities	Student Presentations
26	Tuesday	4/15/2014	Intervention and Remediation: Local Project Strategies to Eliminate Disparities	Student Presentations
27	Thursday	4/17/2014	Intervention and Remediation: Local Project Strategies to Eliminate Disparities	Student Presentations
28	Tuesday	4/22/2014	Discussion	
29	Thursday	4/24/2014	Final Discussion Session Course Evaluation Last Class	Vijaya Hogan

UNDERSTANDING AND ADDRESSING HEALTH INEQUITIES IN THE US

COURSE READING LIST

THURSDAY, JANUARY 9, 2014

Introduction, Course Requirements

Diane Rowley, MD, MPH

Required Readings:

- 1) Required Course Text: Levy B, Sidel V, editors. Social Injustice and Public Health. New York, NY: Oxford University Press; 2006 (Chapter 2: The Socioeconomically Disadvantaged)
- 2) Braveman P. Health disparities and health equity: concepts and measurement. *Annu Rev Public Health* 2006;27:167-194.

TUESDAY, JANUARY 14, 2014

Theoretical Frameworks for Disparity Causation

Diane L. Rowley, MD, MPH

Required Readings:

- 1) Adler NE, Stewart J. Health disparities across the lifespan: meaning, methods, and mechanisms. *Ann N Y Acad Sci* 2010 Feb;1186:5-23.
- 2) Glass TA, McAtee MJ. Behavior science at the crossroads in public health: Extending horizons, envisioning the future. *Soc Sci Med.* 2006 Apr; 62(7):1650-71
- 3) Hogan VK, Rowley D, Bennett T, Taylor KD. Life Course, Social Determinants, and Health Inequities: Toward a National Plan for Achieving Health Equity for African American Infants-a Concept Paper. *Matern Child Health J* 2011 Jul 7.
- 4) **Required Course Text:** Levy B, Sidel V editors. Social Injustice and Public Health. New York, NY: Oxford University Press; 2006. (*Chapter 1: The Nature of Social Injustice and Its Impact on Public Health*)

Suggested Readings:

THURSDAY, JANUARY 16, 2014

Health Behaviors

Janelle Armstrong-Brown, PhD

Required Readings:

- 1) Fred C. Pampel FC, Patrick M. Krueger, and Justin T. Denney. Socioeconomic Disparities in Health Behaviors. *Annual Review of Sociology.* 2010 Vol. 36: 349-370 .
- 2) Kawachi I., Kennedy BP, Wilkinson RG. Crime: Social disorganization and relative deprivation. *Social Science and Medicine.* 1999. 48 (6): 719-731.
- 3) Borrell LN , Diez Roux AV, Jacobs Jr. DR, Shea S, Jackson SA, Shrager S, and Blumenthal RS. Perceived racial/ethnic discrimination, smoking and alcohol consumption in the Multi-Ethnic Study of Atherosclerosis (MESA) *Preventive Medicine.* 2010. 51: 307-312.
- 4) Kershaw KN, Mezuk B, Abdou CM, Rafferty JA, and Jackson JS. Socioeconomic Position, Health Behaviors, and C-Reactive Protein: A Moderated-Mediation Analysis. *Health Psychology.* 2010, 29,(3): 307–316.

Suggested Readings:

- 1) Jackson JS, Knight, KM, and Rafferty, JA. Race and Unhealthy Behaviors: Chronic Stress, the HPA Axis, and Physical and Mental Health Disparities Over the Life Course. *American Journal of Public Health.* 2010. 100 (5): 933-939.
- 2) Factor R, Kawachi I, Williams DR. Understanding high-risk behavior among non-dominant minorities: A social resistance framework. *Social Science and Medicine.* 2011. 73: 192-1301.

TUESDAY, JANUARY 21, 2014

Assessing the Role of Medical Care on Disparities: The Case of Cancer

Paul Godley, MD, PhD, MPP

Required Readings:

- 1) Brawley OW, Berger MZ. Cancer and disparities in health: perspectives on health statistics and research questions. *Cancer* 2008 Oct 1;113(7 Suppl):1744-1754.
- 2) Li CI. Racial and ethnic disparities in breast cancer stage, treatment, and survival in the United States. *Ethn Dis* 2005 Spring;15(2 Suppl 2):S5-9
- 3) **Required Course Text:** Levy B, Sidel V editors. *Social Injustice and Public Health*. New York, NY: Oxford University Press; 2006. (*Chapter 12: Medical Care*)

THURSDAY, JANUARY 23, 2014

Genetics, epigenetics and health inequities

Cathrine Hoyo, PhD, MPH

Required Readings:

- 1) Thayer ZM, Kuzawa CW. Biological memories of past environments: epigenetic pathways to health disparities. *Epigenetics*. 2011 Jul;6(7):798-803.
- 2) Gravlee, C. How race becomes biology: embodiment of social inequity. *Am J Physical Anthropology* 2009; 139: 47-57
- 3) Class Textbook: Levy and Sidel. Chapter 18: Environmental Health

Suggested Readings:

- 1) Osborne-Majnik A, Fu Q, Lane RH. Epigenetic mechanisms in fetal origins of health and disease. *Clin Obstet Gynecol*. 2013 Sep;56(3):622-32. doi:10.1097/GRF.0b013e31829cb99a.
- 2) Waterland RA, Michels KB. Epigenetic epidemiology of the developmental origins hypothesis. *Annu Rev Nutr*. 2007;27:363-88.

TUESDAY, January 28, 2014

DISCUSSION SESSION

Janelle Armstrong-Brown, PhD

Thursday, JANUARY 30, 2014Lesbian, Gay, Bisexual and Transgender Populations and People with Disabilities:
Stigma and Structural Contributors to InequitiesJoseph Lee, MPH, CPH
Pam Dickens, MPH**Required Readings:**

- 1) Mayer KH, Bradford JB, Makadon HJ, Stall R, Goldhammer H, Landers S. Sexual and gender minority health: what we know and what needs to be done. *Am J Public Health* 2008 Jun;98(6):989-995.
- 2) National Research Council. *Context for LGBT Health Status in the United States. The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding* Washington, D.C.: The National Academies Press; 2011. p. 25-88.
- 3) Fredriksen-Goldsen KI, Kim HJ, Barkan SE. Disability among lesbian, gay, and bisexual adults: disparities in prevalence and risk. *Am J Public Health*. 2012 Jan;102(1):e16-21.
- 4) National Research Council. *Definition and Monitoring of Disability. The Future of Disability in America* Washington, D.C.: The National Academies Press; 2007. p. 35-64.

Required Course Text: Levy B, Sidel V editors. *Social Injustice and Public Health*. New York, NY: Oxford University Press; 2006. (*Chapter 7: Lesbian, Gay, Bisexual, and Transgender/Transsexual Individuals & Chapter 8: People With Disabilities*)

Suggested Readings:

- 1) Ford CL, Whetten KD, Hall SA, Kaufman JS, Thrasher AD. Black sexuality, social construction, and research targeting 'The Down Low' ('The DL'). *Ann Epidemiol* 2007 Mar;17(3):209-216.
- 2) Iezzoni LI. Disability: the reluctant identity. *J Health Polit Policy Law* 2000 Dec;25(6):1157-1167.
- 3) Johnson J, Guinan M, Brown SE, Shearer V. Disability, Culture, and Health Disparities. In: Gaylord V, Abery B, Cady R, Simunds E, Palsbo S, editors. *Impact: Feature Issue on Enhancing Quality and Coordination of Health Care for Persons with Chronic Illness and/or Disabilities* Minneapolis, MN: University of Minnesota, Institute on Community Integration; 2005.
- 4) Mays VM, Yancey AK, Cochran SD, Weber M, Fielding JE. Heterogeneity of health disparities among African American, Hispanic, and Asian American women: unrecognized influences of sexual orientation. *Am J Public Health* 2002 Apr;92(4):632-639.
- 5) Pawelski JG, Perrin EC, Foy JM, Allen CE, Crawford JE, Del Monte M, et al. The effects of marriage, civil union, and domestic partnership laws on the health and well-being of children. *Pediatrics* 2006 Jul;118(1):349-364.
- 6) Rimmer JH. Health promotion for people with disabilities: the emerging paradigm shift from disability prevention to prevention of secondary conditions. *Phys Ther* 1999 May;79(5):495-502.
- 7) US Department of Health and Human Services. The Surgeon General's call to action to improve the health and wellness of persons with disabilities. 2005.

TUESDAY, FEBRUARY 4, 2014

Native American Population Health, Social and Historical Context and Disparities

Ronny Bell, PhD, MS

Required Readings:

- 1) Bachar J, Lefler L, Reed L, McCoy T, Bailey R, Bell R. Cherokee Choices: A Diabetes Prevention Program for American Indians. *Prev Chronic Dis* 2006 July.
- 2) Bell RA. Health issues facing the state's American Indian populations. *N C Med J* 2004 Nov-Dec;65(6):353-355.
- 3) Bell RA. Barriers to Diabetes Prevention and Control Among American Indians. *N C Med J* 2011;72(5):393-396
- 4) Racial and Ethnic Disparities in North Carolina. Report Card 2010. Office of Minority Health and Health Disparities and State Center for Health Statistics. North Carolina Department of Health and Human Services.
- 5) Mitchell FM. Reframing Diabetes in American Indian Communities: A Social Determinants of Health Perspective. *Health Soc Work*. 2012 May;37(2):71-9.

Suggested Readings:

- 1) Daniel M, O'Dea K, Rowley KG, McDermott R, Kelly S. Social environmental stress in indigenous populations: potential biopsychosocial mechanisms. *Ann N Y Acad Sci* 1999;896:420-423.
- 2) North Carolina Minority Health Facts: American Indians. State Center for Health Statistics and Office of Minority Health and Health Disparities. July 2010
- 3) Thornton R. Trends among American Indians in the United States. In: Smelser NJ, Wilson WJ, Mitchell F, editors. *America Becoming: Racial Trends and Their Consequences* Washington, D.C.: National Academy Press; 2001. p. 135-168.

THURSDAY, FEBRUARY 6, 2014

Social Context and Structural Disadvantage for African American Women

Lisa Levenstein, PhD

Required Readings:

- 1) **Book available on reserve in HSL:** Levenstein L. *A Movement without Marches: African American Women and the Politics of Poverty in Postwar Philadelphia*. Chapel Hill, NC: The University of North Carolina Press; 2009. (*Chapter 5*).
- 2) **Required Course Text:** Levy B, Sidel V editors. *Social Injustice and Public Health*. New York, NY: Oxford University Press; 2006. (*Chapter 9: Incarcerated People, Chapter 10: Homeless People, &*

Chapter 11: Forced Migrants: Refugees and Internally Displaced People)

TUESDAY, FEBRUARY 11, 2014

Social Context: Latina Populations in NC

Sandra Echeverria, PhD

Required Readings:

- 1) Echeverria SE, Pentakota SR, Abraido-Lanza AF, Janevic T, Gundersen DA, Ramirez SM, Delnevo CD. Clashing paradigms: an empirical examination of cultural proxies and socioeconomic condition shaping Latino health. *Ann Epidemiol* 2013 (Oct;23(10):608-13. doi: 10.1016/j.annepidem.2013.07.023. Epub 2013 Aug 23.
- 2) Bowleg L. The problem with the phras women and minorities: intersectionality – an important theoretical framework for public health. *Am J Public Health*. 2012;102:1267-1273
- 3) **Required Course Text:** Levy B, Sidel V editors. *Social Injustice and Public Health*. New York, NY: Oxford University Press; 2006. (**Chapter 3: Racial and Ethnic Minorities**)

Suggested Readings:

- 1) Broesch J, Hadley C. Putting culture back into acculturation: identifying and overcoming gaps in the definition and measurement of acculturation. *Soc Sci J*. 2012; 49:375-385
- 2) Viruel-Fuentes E. Beyond acculturation: immigration, discrimination, and health research among Mexicans in the United States. *Soc Sci Med*. 2007; 65:1524-1535

THURSDAY, FEBRUARY 13, 2014

Root Causes: Stress and Mechanisms

Jennifer F. Culhane, PhD, MPH

Required Readings:

- 1) Hobel CJ, Goldstein A, Barrett ES. Psychosocial stress and pregnancy outcome. *Clin Obstet Gynecol* 2008 Jun;51(2):333-348.
- 2) Wadhwa PD, Culhane JF, Rauh V, Barve SS, Hogan V, Sandman CA, et al. Stress, infection and preterm birth: a biobehavioural perspective. *Paediatr Perinat Epidemiol* 2001 Jul;15 Suppl 2:17-29.
- 3) Geronimus AT, Hicken M, Keene D, Bound J. "Weathering" and age patterns of allostatic load scores among blacks and whites in the United States. *Am J Public Health* 2006 May;96(5):826-833.

Suggested Readings:

- 1) Link BG, Phelan J. Social conditions as fundamental causes of disease *J Health Soc Behav*. 1995;Spec No. 80- 94.

TUESDAY, FEBRUARY 19, 2013

Root Causes: Racism

Camara Jones, MD, MPH, PhD

Required Readings:

- 1) Dovidio JF, Gaertner SL. Color blind or just plain blind? The pernicious nature of contemporary racism. *Nonprofit Quarterly*.
- 2) Jones CP. Levels of racism: a theoretic framework and a gardener's tale. *Am J Public Health* 2000 Aug;90(8):1212-1215.
- 3) Jones CP, Jones CY, Perry GS, Barclay G, Jones CA. Addressing the social determinants of children's health: a cliff analogy. *J Health Care Poor Underserved* 2009;20(4 Suppl):1-12.

Suggested Readings:

- 1) Jones CP, Truman BI, Elam-Evans LD, Jones CA, Jones CY, Jiles R, et al. Using "socially assigned race" to probe white advantages in health status. *Ethn Dis* 2008 Autumn;18(4):496-504.
- 2) Sue DW, Bucceri J, Lin AI, Nadal KL, Torino GC. Racial microaggressions and the Asian American experience. *Cultur Divers Ethnic Minor Psychol* 2007 Jan;13(1):72-81.

THURSDAY, FEBRUARY 20, 2014

Root Causes: Role of Environment

Courtney Woods, PhD, MS

Required Readings: TBA

- 1)
- 2)

Suggested Readings: TBA

- 1)
- 2)

TUESDAY, FEBRUARY 25, 2014

Lifecourse and Impacts on Health and Health Disparities

Jon Hussey, PhD

Required Readings:

- 1) Colen CG (2011). Addressing racial disparities in health using life course perspectives: toward a constructive criticism. *Du Bois Review* 8(1):79-94.
- 2) Rank MR (2011). Rethinking American poverty. *Contexts* 10 (2):16-21.
- 3) Strutz KL, Hogan VK, Siega-Riz AM, Suchindran CM, Halpern CT, Hussey JM (2014). Preconception stress, birth weight, and birth weight disparities among U.S. women. Under review.
- 4) Halfon N, Larson K, Lu M, Tullis E, Russ S. Lifecourse Health Development: Past, Present and Future. *Matern Child Health J.* 2013 Aug 22.

Suggested Readings:

- 1) Ferraro KF (2011). Health and aging: early origins, persistent inequalities? Chapter 29 (pp. 465-475) in RA Settersten & JL Angel (eds.) *Handbook of Sociology of Aging*. Springer. [good review of life course influences on health; strong discussion of cumulative influences]
- 2) Richardson, Liana J., Jon M. Hussey, and Kelly L. Strutz. (2012). A life course perspective on maternal and child health. In: Jonathan B. Kotch (ed.) *Maternal and Child Health: Programs, Problems, and Policies in Public Health, 3rd Edition*, pp. 65-85. Sudbury, MA: Jones and Bartlett. [review chapter on how the life course perspective can inform the maternal and child health field]
- 3) Strutz KL, Richardson LJ, Hussey JM (2014). Selected preconception health indicators and birth weight disparities in a national study. *Women's Health Issues* (in press). [evaluates contribution of key preconception physical health risks, including BMI and smoking, on birth weight disparities]
- 4) Richardson LJ, Hussey JM, Strutz KL (2011). Origins of disparities in cardiovascular disease: birth weight, body mass index, and young adult systolic blood pressure in the National Longitudinal Study of Adolescent Health. *Annals of Epidemiology* 21:598-607. [evaluates the fetal origins hypothesis in a US national cohort]

THURSDAY, FEBRUARY 27, 2014

DISCUSSION SESSION

Vijaya Hogan, Dr.PH, MPH

TUESDAY, MARCH 4, 2014

Root Causes: Sociobiological Pathways in Health

Allison Aiello, PhD, MS

Required Readings:

- 1) Gowda C, Hadley C, Aiello AE. The association between food insecurity and inflammation in the US adult population. *Am J Public Health*. 2012 Aug;102(8):1579-86. doi: 10.2105/AJPH.2011.300551. Epub 2012 Jun 14
- 2) Dowd JB, Aiello AE. Socioeconomic differentials in immune response. *Epidemiology*. 2009 Nov;20(6):902-8. doi: 10.1097/EDE.0b013e3181bb5302.
- 3) Aiello AE, Kaplan GA. Socioeconomic position and inflammatory and immune biomarkers of cardiovascular disease: applications to the Panel Study of Income Dynamics. *Demography Soc Biol*. 2009;55(2):178-205. doi: 10.1080/19485560903382304. Review

THURSDAY, MARCH 6, 2014

WORKING SESSION

(Group work and instructor consultation—**REPORT TO CLASS**)**TUESDAY, MARCH 11, 2014 and THURSDAY, MARCH 13, 2014**

SPRING BREAK – NO CLASS

TUESDAY, MARCH 18, 2014

Global Strategies to Address Social Determinants of Health

Vijaya Hogan, Dr.PH, MPH

Required Readings:

- 1) Commission on Social Determinants of Health. A conceptual framework for action on the social determinants of health. April 2007:1-77.
- 2) Koh HK, Oppenheimer SC, Massin-Short SB, Emmons KM, Geller AC, Viswanath K. Translating research evidence into practice to reduce health disparities: a social determinants approach. *Am J Public Health* 2010 Apr 1;100 Suppl 1:S72-80.
- 3) Siddiqi A, Hertzman C. Towards an epidemiological understanding of the effects of long-term institutional changes on population health: a case study of Canada versus the USA. *Soc Sci Med* 2007 Feb;64(3):589-603.

THURSDAY, MARCH 20, 2014

Federal Government Strategies to Eliminate Disparities

TBA

Leandris Liburd, PhD, MPH

Required Readings:

- 1) **Required Course Text:** Levy B, Sidel V editors. *Social Injustice and Public Health*. New York, NY: Oxford University Press; 2006. (Chapter 23: Promoting Social Justice Through Public Health Policies, Program and Services)
- 2) TBA

Suggested Readings:

- 1) TBA

TUESDAY, MARCH 25, 2014

Health Inequity Evaluation

TBA

Pauline Brooks, PhD

Required Readings: TBA

- 1)
- 2)

Suggested Readings: TBA

- 1)
- 2)

THURSDAY, MARCH 27, 2014

Health Inequity Evaluation
DISCUSSION SESSION

TBA
Pauline Brooks, PhD

Required Readings:

- 1) TBA
- 2) TBA

Suggested Readings:

- 1) TBA
- 2) TBA

TUESDAY, APRIL 1, 2014

Intervention and Remediation Tools: Health Impact Assessment

TBA

Required Readings:

- 1) TBA
- 2) TBA

Suggested Readings:

- 1) TBA
- 2) TBA

THURSDAY, APRIL 3, 2014 (TENTATIVE)

Intervention and Remediation: Community Strategies to Eliminate Disparities
(CBPR, Undoing Racism)

Montez Lane, MPH

Required Readings: (Tentative)

- 1) Risisky D, Hogan VK, Kane M, Burt B, Dove C, Payton M. Concept mapping as a tool to engage a community in health disparity identification. *Ethn Dis* 2008 Winter;18(1):77-83.
- 2) Trickett EJ, Beehler S, Deutsch C, Green LW, Hawe P, McLeroy K, et al. Advancing the science of community-level interventions. *Am J Public Health* 2011 Aug;101(8):1410-1419.
- 3) Wallerstein N, Duran B. Community-based participatory research contributions to intervention research: the intersection of science and practice to improve health equity. *Am J Public Health* 2010 Apr 1;100 Suppl 1:S40-6.
- 4) Wright K, Jones L, Hogan V. A roadmap for authentic community/academic engagement for developing effective community preterm birth education. *Ethn Dis* 2010 Winter;20(1 Suppl 2):S2-77-82.

TUESDAY, APRIL 8, 2014

Intervention and Remediation: Local Project Strategies to Eliminate Disparities

Student Presentations

THURSDAY, APRIL 10, 2014

Intervention and Remediation: Local Project Strategies to Eliminate Disparities

Student Presentations

TUESDAY, APRIL 15, 2014

Intervention and Remediation: Local Project Strategies to Eliminate Disparities	Student Presentations
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THURSDAY, APRIL 17, 2014

Intervention and Remediation: Local Project Strategies to Eliminate Disparities	Student Presentations
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TUESDAY, APRIL 22, 2014

Discussion	Vijaya Hogan
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Suggested Readings:

TBA

THURSDAY, APRIL 24, 2014

FINAL DISCUSSION SESSION / COURSE EVALUATION / LAST CLASS	Vijaya Hogan
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