

HPM 766:
Making Equity a Priority in Health Care Quality: Strategies for Research, Policy, and Practice
(Credit Hours: 3)
Department of Health Policy and Management
Gillings School of Global Public Health
Spring 2020 Syllabus

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Course Time and Location: Thursdays, 11:00am-1:45pm, Building: McGavran-Greenberg, Room: 2301

Course Overview

The 2001 Institute of Medicine report, *Crossing the Quality Chasm*, highlighted *equity* as one of six critical domains of health care quality; however, in research and practice, health care equity has often been viewed as a lower priority aim of health care delivery and quality improvement efforts. Longstanding disparities/inequities in health care suggest a greater need for research and quality improvement approaches that prioritize equity in health care quality. This course will provide core grounding in recent work on defining, measuring, and improving health care quality, with a particular focus on inequities along the health care continuum and approaches for prioritizing equity in health care quality. Measuring and addressing health care inequities according to race/ethnicity, socioeconomic status, and geography will especially be highlighted. The course will draw heavily on the experience of clinical practitioners, researchers, administrators, public health professionals, and community groups focusing on health care equity and quality, who will join the class for the majority of the semester to provide real-world examples of prioritizing health care equity in research and practice.

The class goals are to provide students with practical insight into real-world issues concerning the current research and practice of health care quality, with equity prioritization through (1) **acquisition** of knowledge and skills relevant to assessing and addressing health care inequities, (2) **engagement** with local and national leaders experienced in prioritizing and integrating equity into health care quality research and practice, and (3) **application** of knowledge and skills to real-world challenges in health care equity and quality.

In pursuit of Goal 1, students will acquire knowledge on principles and strategies for measuring health care disparities and prioritizing equity in health care quality. In the process, students will learn about *The Roadmap to Reduce Disparities*, a six-step evidence-based framework designed to help guide strategic planning for small- to large-scale equity initiatives. *The Roadmap to Reduce Disparities* is a product of *Finding Answers: Disparities Research for Change*, a Robert Wood Johnson Foundation national program geared toward identifying practical steps to reduce health care disparities.

In pursuit of Goal 2, guest speakers representing a breadth of perspectives in health care equity and quality will present to and interact with students, providing insight into the “work of prioritizing equity in health care quality research and practice.”

In pursuit of Goal 3, students will gain experience in conducting the “work of prioritizing equity in health care quality.” Students will select topics in current issues in health care equity and quality for which they will lead class discussions, evaluate and critique existing health/health care equity approaches (research and practice), and work in teams to develop a strategy for addressing health care equity in a real-world setting (e.g., hospital, community organization, health department).

Learning Objectives and HPM Competencies

	<i>Course Learning Objectives</i>	<i>Competencies</i>
1	Build understanding of the fundamental issues in health care equity and quality across the health care continuum	1, 2, 3, 4 10
2	Develop an understanding of different perspectives (e.g., patients and families, providers, health care systems) in health care equity and quality	1, 2, 3, 4, 10
3	Cultivate an understanding of the principles, methods, and tools for researching and addressing health care inequities, including the issues and controversies in defining and measuring health care equity/disparities and quality	1, 2, 3, 4, 10
4	Critically evaluate existing health care quality research and improvement approaches to identify gaps with respect to equity prioritization	1, 4, 7, 10
5	Engage with leaders in the field of health care quality, who have successfully prioritized equity in their work, to gain exposure to major health care research programs and interventions	1, 2, 4, 7, 10
6	Develop skills in reviewing and synthesizing literature, leading topic-focused discussions, translating evidence into practice, developing a technical report, and presenting research to colleagues and research/practice experts.	3, 4, 6, 7, 8, 9, 10, 13, 14, 15

HPM Competencies	
1. Understand critical issues 2. Develop expertise in a substantive area 3. Review and synthesize a body of research literature 4. Identify, apply theoretical knowledge/conceptual models 5. Develop hypotheses that can be tested in research 6. Select appropriate research designs and methodologies 7. Understand and apply analytical strategies 8. Identify ethical implications of research methods	9. Interpret and explain the results of research 10. Critically evaluate articles from scholarly journals and research presentations 11. Write articles for submission to scholarly journals 12. Understand grant writing process/write proposals 13. Make oral presentations to scientific audiences 14. Participate in teaching a course 15. Explain research to various audiences

Valuing, Recognizing, and Encouraging Diversity

Promoting and valuing diversity in the classroom enriches learning and broadens everyone's perspectives. Inclusion and tolerance can lead to respect for others and their opinions and is critical to maximizing the learning that we expect in this program. This may challenge our own closely held ideas and personal comfort zones. The results, however, create a sense of community and promote excellence in the learning environment.

Diversity includes consideration of (1) the variety of life experiences others have had, and (2) factors related to "diversity of presence," including, *among others*, age, economic circumstances, ethnic identification, disability, gender, geographic origin, race, religion, sexual orientation, social position.

This class will follow principles of inclusion, respect, tolerance, and acceptance that support the values of diversity.

Resources

UNC Counseling and Psychological Services (CAPS):

CAPS is strongly committed to addressing the mental health needs of a diverse student body through timely access to consultation and connection to clinically appropriate services, whether for short or long-term needs. Go to their website: <https://caps.unc.edu> or visit their facilities on the third floor of the Campus Health Services building for a walk-in evaluation to learn more.

UNC Office of Accessibility Resources & Services (ARS):

The University of North Carolina – Chapel Hill facilitates the implementation of reasonable accommodations, including resources and services, for students with disabilities, chronic medical conditions, a temporary disability or pregnancy complications resulting in difficulties with accessing learning opportunities.

All accommodations are coordinated through the Accessibility Resources and Service Office. In the first instance please visit their website <http://accessibility.unc.edu>, Tel: 919-962-8300 or Email: accessibility@unc.edu. A student is welcome to initiate the registration process at any time, however, the process can take time. ARS is particularly busy in the run-up to Finals and during Finals. Students submitting Self-ID forms at that time are unlikely to have accommodations set until the following semester.

Please contact ARS as early in the semester as possible.

Website:

HPM 766 has its own website using Sakai software. (See <http://sakai.unc.edu>.)

This syllabus is on the website. Look in the "Syllabus" folder.

Be sure to check that the email address Sakai has for you is correct. If you need to verify the email address stored on Sakai, you can click on the "Profile" tab on the Sakai homepage. If you need to change your email address, place your cursor on the "Contact Information" section, click on "Edit" and follow the directions. If you have any problems with Sakai, please contact Nancy Beach (nbeach@email.unc.edu).

Texts:

No texts are required for this course.

Other Resources:

British Medical Journal - How to Read a Paper: <http://www.bmj.com/about-bmj/resources-readers/publications/how-read-paper>

Community Campus Partnerships for Health: <https://ccph.memberclicks.net/>

IOM Proceedings – Framing the Dialogue on Race and Ethnicity to Advance Health Equity: Proceedings of a Workshop (2017): <http://www.nap.edu/catalog/23576/framing-the-dialogue-on-race-and-ethnicity-to-advance-health-equity>

IOM Report – Unequal Treatment (2003):

http://books.nap.edu/openbook.php?record_id=10260&page=140

IOM Report – Future Directions for the National Healthcare Quality and Disparities Report (2010):

<http://www.nap.edu/catalog/12846/future-directions-for-the-national-healthcare-quality-and-disparities-reports>

Racial Equity Institute: <http://rei.racialequityinstitute.org/wpsite/about/>

Racism: Science and Tools for the Public Health Professional (2019):

<https://ajph.aphapublications.org/doi/book/10.2105/9780875533049>

Solving Disparities: <http://www.solvingdisparities.org/>

The Disparities Solutions Center: <http://www2.massgeneral.org/disparitiessolutions/>

UNC Center for Health Equity Research: <http://cher.unc.edu/>

Requirements and Expectations

Course Design

The in-class component of this course emphasizes active learning, where students are expected to be involved and take ownership in learning through participation in instructor- and student-led discussions, engagement with classmates and guest speakers, and completion of mini-case studies and team activities. Classroom time will focus on both, knowledge acquisition (e.g., instructor-led discussions, guest speaker segments) and knowledge application (e.g., student-led discussions, case studies and team activities).

Class Preparation and Participation

A major component of this class is the opportunity for students to interact with leaders in health care equity and quality. Each student is also responsible for leading an article discussion (described in next section) once during the semester. Each of these active learning segments will include a period for questions and answers, as well as general discussion. In order to enrich the active learning experience, all students are expected to complete the required readings by the date listed in the course schedule and come to class prepared to engage with guest speakers and classmates. During some class sessions, students will interact in small groups to examine health care equity approaches, gain experience applying health care equity strategies to health care quality, and/or evaluate existing health care quality improvement/research approaches to identify strengths/weaknesses with respect to equity prioritization. Accordingly, attendance in class is mandatory for each class session. In the event of a truly extraordinary circumstance, attendance may be excused if brought to the instructor's attention, preferably in advance. However, a make-up assignment may be required. Additionally, as part of the class active learning experience, students will have the opportunity to participate in a class field trip to the International Civil Rights Museum in Greensboro, North Carolina.

Percentage of final grade: **20%**

Assignments

Article Discussion

Student pairs will identify one article either from (a) **select (indicated with two asterisks **)** Recommended Readings, or (b) the recent (prior 6 months) literature in health care quality and/or equity, and lead a 20-25 minute class discussion of the article during the semester. If a student pair selects an article that is not part of the Recommended Reading list, they must distribute the reading to the class at least one week prior to their article discussion date. The general theme or context of the article should match the theme or context of the discussion for the class day. By the end of the second week of classes, student pairs will submit their first, second, and third-choice articles/days to present. Assigned articles/days will be finalized by the second class session. Please note that in order to accommodate student article preferences and the class schedule, some student pairs may be assigned to present their assigned article on a day outside of their preferred date or class session.

Additional guidance for structuring the article discussion will be posted to the Sakai course website under the "Resources" tab.

Percentage of final grade: **15%**

Team Project: Applied Semester Long Project

In lieu of a final exam, students will work in small teams throughout the semester to develop a strategy for addressing health care equity and quality in a "real-world" setting (e.g., hospital, research center,

community group, health department). Students will have an opportunity to develop and rank their preferences for a project topic prior to the second class session. Every effort will be made to ensure that each student gets either their top choice; however, balancing student skills/expertise across teams will also be prioritized. Prior to the third class session, students will be assigned to project teams.

The purpose of the team project is twofold:

1. To provide you with an opportunity to focus on an aspect of health care equity and quality that is of great interest to you [DEVELOP EXPERTISE], and
2. To help cement what you have learned in class and potentially influence health care equity and quality through real-world application [DISSEMINATE FINDINGS].

There are four graded components of the team project assignment:

- a. The team project **progress report** will be submitted and presented during Class Session 5. Submission of the progress report early in the semester will also allow for timely feedback to shape the completion of the final report/paper. The progress report should be in PPT (or similar presentation) format, with accompanying presentation notes (for Instructor/TA review only)
- b. The team project **final presentation** will span approximately 20-25 minutes in length, and occur on the last day of the class. It will be an oral, PowerPoint (or similar software) presentation.
- c. The team project **final paper** will be in the format of a technical report (1. Executive Summary, 2. Introduction, 3. Objective(s), 4. Methods, 5. Results/Key Findings, 6. Recommendations, 7. Conclusions, 8. References). The final paper is due at 12pm (noon) on the last day of classes for the University, according to the University Registrar's calendar. It should be 12-15 pages in length excluding tables and citations (line-spacing exactly 2.0 [double-spaced], 1" margins, 11 point Arial font). Citations are required, but do not fall within the page constraints.
- d. Each team member will submit a **team member accountability form** evaluating the contribution of each team member to team assignments (e.g., preparation for team meetings, engagement in team discussions and work, encouraging input from other team members, and flexibility). Team member accountability forms should be individually emailed to the Instructor by 12pm (noon) on the last day of classes for the University, according to the University Registrar's calendar..

Additional guidance for each component of the team project will be posted to the Sakai course website under the "Resources" tab.

Percentage of final grade: Progress Report: **10%**

Percentage of final grade: Term Paper Presentation: **20%**

Percentage of final grade: Team Project Final Paper: **25%**

Percentage of final grade: Team Member Accountability Form: **10%**

Exams

There are no written examinations for this course. There may be a pop-quiz at any time. Pop quizzes will count toward participation grades.

Cell Phones and Laptops

Turn off cell phones in class. Laptops may be used in class only for taking notes and for looking up information relevant to the topic being discussed.

Evaluation

Work will be evaluated, given a letter grade, and returned to you as soon as possible. Letter grades will be assigned for all assignments and participation, and numerically averaged using the values here:

GRADES	
Letter	Number
H+	100
H	98
H-	93
P+	88
P	84
P-	79
L+	74
L	70
L-	65
F	<65

Grading Scale for Final Grades:

93-100: ***Honors*** indicates exceptional graduate-level work. In addition to exceptional classroom participation, assignments must meet or exceed performance expectations, as defined for each assignment under the "Assignments" Tab of the course website.

75-92: ***Pass*** indicates that assignments are acceptable with regard to both content and presentation, but contain one or more deficiencies with respect to performance expectations. Regular classroom participation is also expected.

65-74: ***Low pass*** indicates marginally acceptable graduate-level work. Assignments show some major deficiency with respect to content or presentation. Regular classroom participation is also expected.

< 65: ***Fail*** indicates that assignments do not meet an acceptable level for graduate-level work and classroom participation is lacking.

UNC Honor Code

The principles of academic honesty, integrity, and responsible citizenship govern the performance of all academic work and student conduct at the University as they have during the long life of this institution. Your acceptance of enrollment in the University presupposes a commitment to the principles embodied in the Code of Student Conduct and a respect for this most significant Carolina tradition. Your reward is in the practice of these principles.

Your participation in this course comes with the expectation that your work will be completed in full observance of the Honor Code. Academic dishonesty in any form is unacceptable, because any breach in academic integrity, however small, strikes destructively at the University's life and work.

If you have any questions about your responsibility or the responsibility of faculty members under the Honor Code, please consult with someone in either the Office of the Student Attorney General (966-4084) or the Office of the Dean of Students (966-4042).

Please read “The Instrument of Student Judicial Governance” here: <http://instrument.unc.edu>

I reserve the right to submit papers to turnitin.com. If you have any questions about this procedure, please feel free to talk to me about it, or reference the web site: http://turnitin.com/en_us/features/faqs

Course Evaluation

The Department of Health Policy and Management is participating in the Carolina Course Evaluation System (CES), the university's online course evaluation tool, enabled at the end of each semester. Your responses will be anonymous, with feedback provided in the aggregate; open-ended comments will be shared with instructors, but not identified with individual students. Your participation in CES is a course requirement, as providing constructive feedback is a professional expectation. Such feedback is critical to improving the quality of our courses, as well as providing input to the assessment of your instructors.

You can access the CES here: https://onyen.unc.edu/cgi-bin/unc_id/cce/cce.pl

Class Schedule

Class Session 1	January 9, 2020
Session Topics	<i>Nuts and Bolts/What is Health Care Equity?</i> – Course Introduction and Overview
Readings	<p>Required: Braveman P. What Are Health Disparities and Health Equity? We Need to Be Clear. <i>Public Health Reports</i>. 2014;129(Suppl 2):5-8.</p> <p>Chin MH. How to achieve health equity. <i>The New England Journal of Medicine</i>. 2014;371(24):2331-2332.</p> <p>Fiscella, K. Chapter 14, Eliminating disparities in health care through quality improvement. In <i>Healthcare Disparities at the Crossroads with Healthcare Reform (ONLY READ pp. 231-240 UP TO “QI TOOLS”)</i>. Springer US; 2011.</p> <p>Kaiser Family Foundation. Disparities by health and health care: Five key questions and answers; 2016 https://www.kff.org/disparities-policy/issue-brief/disparities-in-health-and-health-care-five-key-questions-and-answers/</p> <p>Nelson, AR, Smedley, BD, Stith AY. (Eds.). Summary. In <i>Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care (ONLY READ pp 1-28)</i>. National Academy Press; 2003 http://books.nap.edu/openbook.php?record_id=10260&page=1</p> <p>Recommended: Centers for Disease Control. Disparities Analytics Fact Sheet; 2013 http://stacks.cdc.gov/view/cdc/20865/cdc_20865_DS1.pdf</p> <p>Institute of Medicine. Crossing the Quality Chasm: Report Brief. National Academy Press; 2001 Crossing the Quality Chasm Report Brief</p> <p>Ulmer C, Bruno M, Burke S. (Eds.). Future Directions for the National Healthcare Quality and Disparities Reports. National Academies Press; 2010 http://www.nap.edu/catalog/12846/future-directions-for-the-national-healthcare-quality-and-disparities-reports</p> <p>National Public Radio. On Race: The Relevance of Saying ‘Minority’;2011. https://www.npr.org/sections/ombudsman/2011/08/29/140040441/covering-race-considering-journalists-use-of-minority</p> <p>Center for Health Progress. The Minority No More; 2017. https://centerforhealthprogress.org/blog/the-minority-no-more/</p>
Guest Speaker	N/A
Student Presenters	N/A

Class Session 2	January 16, 2020
Session Topics	<i>Medical Apartheid: Historical Perspectives on Inequities in Health/Medical Research Participation</i>
Readings	<p>Required: Bonham VL, Callier SL, Royal CD. Will Precision Medicine Move Us beyond Race?. N Engl J Med. 2016;374(21):2003-5.</p> <p>George, S., Nelida Duran, N., and Norris, K. "A systematic review of barriers and facilitators to minority research participation among African Americans, Latinos, Asian Americans, and Pacific Islanders." American journal of public health. 2014; 104(2): e16-e31.</p> <p>National Public Radio. Clinical trials still don't reflect the diversity of America; 2015. https://www.npr.org/sections/health-shots/2015/12/16/459666750/clinical-trials-still-dont-reflect-the-diversity-of-america</p> <p>Giselle Corbie-Smith and Margo Michaels: Why Are Minority Groups Less Likely to Participate In Research? 2017. https://www.primr.org/Subpage.aspx?id=11076</p> <p>Buseh, AG., et al. Community leaders' perspectives on engaging African Americans in biobanks and other human genetics initiatives. Journal of community genetics. 2013; 4 (4): 483-494.</p> <p>Recommended: Skloot, R. The Immortal Life of Henrietta Lacks. Broadway Paperbacks; 2011.</p> <p>Washington, H. Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present. Doubleday. 2006.</p>
Guest Speaker	N/A
Student Presenters	N/A

FIELD TRIP	January XX, 2020
Session Topic	<p>Trip to International Civil Rights Museum in Greensboro, NC</p> <p>Dr. Samuel will provide additional details on date, time, and meeting location.</p> <p>Due to the additional class meeting on January XXth for a field trip, the <u>March 26th class session will not be held.</u></p>
Readings	N/A
Guest Speaker	N/A
Student Presenters	N/A

Class Session 3	January 23, 2020
Session Topics	<i>Defining Health Care Disparities: Patient-, Provider-, and System-Level Barriers to Care</i>
Readings	<p>Required: Nelson AR, Smedley BD, Stith, AY (Eds.). Chapter 3: Assessing Potential Sources of Racial and Ethnic Disparities in Care: Patient- and System-Level Factors. In <i>Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care (ONLY READ pp 125-140)</i>. National Academy Press US; 2003. http://books.nap.edu/openbook.php?record_id=10260&page=140</p> <p>Institute of Medicine. <i>Unequal Treatment: What Providers Need to Know...Report Brief</i>. National Academy Press; 2002 Provider Report Brief</p> <p>Institute of Medicine. <i>Unequal Treatment: What Healthcare Administrators Need to Know...Report Brief</i>. National Academy Press; 2002 Healthcare System Admin Report Brief</p> <p>Largent, Emily A. "Public Health, Racism, and the Lasting Impact of Hospital Segregation." <i>Public Health Reports</i>, vol. 133, no. 6, Nov. 2018, pp. 715–720, doi:10.1177/0033354918795891.</p> <p>Samuel CA, Landrum MB, McNeil BJ, Bozeman SR et al. Racial disparities in cancer care in the Veterans Affairs Health Care System and the role of site of care. <i>American Journal of Public Health</i>. 2014;104(S4): S562-S571.</p> <p>Jones CP. Levels of racism: a theoretic framework and a gardener's tale. <i>American Journal of Public Health</i>. 2000;90(8):1212-1215.</p> <p>Recommended: The New Times. A Fix for Gender Bias in Health Care? 2017. https://www.nytimes.com/2017/01/11/opinion/a-fix-for-gender-bias-in-health-care-check.html</p> <p>Washington Post. Poor, sick and still traveling long distances for health care in D.C.; 2017. https://www.washingtonpost.com/local/dc-politics/poor-sick-and-still-traveling-long-distances-for-health-care-in-dc/2017/09/19/e32201c0-9d3e-11e7-9083-fbdfdf6804c2_story.html?utm_term=.1af765c4e6ea</p> <p>**Devine PG, Forscher PS, Austin AJ, Cox WTL. Long-term reduction in implicit race bias: A prejudice habit-breaking intervention. <i>Journal of Experimental Social Psychology</i>. 2012;48(6):1267-1278.</p> <p>**Lathan CS, Neville BA, Earle CC. Racial composition of hospitals: Effects on surgery for early-stage non–small-cell lung cancer. <i>Journal of Clinical Oncology</i>. 2008;26(26):4347-4352.</p> <p>**Schulman KA, Berlin JA, Harless W, Kerner JF, et al. The effect of race and sex on physicians' recommendations for cardiac catheterization. <i>New England Journal of Medicine</i>. 1999;340(8):618-626.</p> <p>Wheeler SB, Carpenter WR, Peppercorn J, Schenck AP, et al. Structural/organizational characteristics of health services partly explain racial variation in timeliness of radiation therapy among elderly breast cancer patients. <i>Breast Cancer Research and Treatment</i>. 2012;133: 333-345.</p>

Guest Speaker	N/A
Student Presenters	TBD

Class Session 4	January 30, 2020
Session Topics	<p><i>First Things First: Improving the Quality and Equity of Screening and Preventive Services – Lessons from Colorectal Cancer Screening</i></p> <p><i>Roadmap to Reduce Disparities - Step 1: Linking Quality to Equity</i></p>
Readings	<p>Required: <i>Review Step 1 (Linking Quality to Equity).</i> Clarke A, Vargas O, Goddu A, McCullough K, et al. A Roadmap to Reduce Racial and Ethnic Disparities in Health Care. Finding Answers Disparities Research for Change (Robert Wood Johnson Foundation and the University Chicago). Roadmap to Reduce Disparities Report</p> <p>Robert Wood Johnson Foundation. Preventive Care: A National Profile on Use, Disparities, and Health Benefits. 2007. https://www.rwjf.org/en/library/research/2007/08/preventive-care-national-profile-on-use.html</p> <p>Gupta S, Sussman DA, Doubeni CA, et al. Challenges and possible solutions to colorectal cancer screening for the underserved. Journal of the National Cancer Institute. 2014;106(4):dju032.</p> <p>Liss DT, Baker DW. Understanding current racial/ethnic disparities in colorectal cancer screening in the United States: the contribution of socioeconomic status and access to care. American Journal of Preventive Medicine. 2014;46:228-236.</p> <p>Reuland DS, Ko LK, Fernandez A , Braswell LC , et al. Testing a Spanish-language colorectal cancer screening decision aid in Latinos with limited English proficiency: results from a pre-post trial and four month follow-up survey. BMC Medical Informatics and Decision Making. 2012;12:53.</p> <p>Virnig BA, Baxter NN, Habermann EB, Feldman RD, et al. A matter of race: early-versus late-stage cancer diagnosis. Health Affairs (Millwood). 2009;28(1):160-8.</p> <p>Recommended: Brenner AT, Getrich CM, Pignone M, Ryhne RL, et al. Comparing the effect of a decision aid plus patient navigation with usual care on colorectal cancer screening completion in vulnerable populations: study protocol for a randomized controlled trial. Trials. 2014;15:275.</p> <p>**Jun J. Cancer/health communication and breast/cervical cancer screening among Asian Americans and five Asian ethnic groups. Ethnicity & health. 2018 May 25:1-22.</p> <p>**Kandula NR, Wen M, Jacobs EA, Lauderdale DS. Low rates of colorectal, cervical, and breast cancer screening in Asian Americans compared with non-Hispanic whites. Cancer. 2006;107:184–192.</p> <p>**Lian M, Schootman M, Yun S. Geographic variation and effect of area-level poverty rate on colorectal cancer screening. BMC Public Health. 2008;8(1):358.</p> <p>Percac-Lima S, Lopez L, Ashburner JM, Green AR, et al. The longitudinal impact of patient navigation on equity in colorectal cancer screening in a large primary care network. Cancer. 2014;120:2025-2031.</p> <p>**Towne, SD Jr, Smith ML, Ory MG. Geographic variations in access and utilization of cancer screening services: examining disparities among American</p>

	<p>Indian and Alaska Native Elders. International Journal of Health Geographics. 2014;13:18.</p> <p>**Lu PJ, O'Halloran A, Williams WW, Lindley MC, Farrall S, Bridges CB. Racial and ethnic disparities in vaccination coverage among adult populations in the U.S. Vaccine. 2015; 33 (Suppl 4):D83-91.</p> <p>**Brown DW, Shepard D, Giles WH, Greenlund KJ, Croft JB. Racial differences in the use of aspirin: an important tool for preventing heart disease and stroke. Ethn Dis. 2005;15(4):620-6.</p> <p>** Kolar SK, Wheldon C, Hernandez ND, Young L, Romero-Daza N, Daley EM. Human Papillomavirus Vaccine Knowledge and Attitudes, Preventative Health Behaviors, and Medical Mistrust Among a Racially and Ethnically Diverse Sample of College Women. J Racial Ethn Health Disparities. 2015;2(1):77-85.</p>
Guest Speaker	Alison Brenner, PhD, MPH, Research Assistant Professor in the Division of General Medicine and Clinical Epidemiology
Student Presenters	TBD

Class Session 5	February 6, 2020
Session Topics	<i>I'll Always Love My Mama: Disentangling Racial/Ethnic Disparities in Maternal Care and Outcomes</i> <i>Roadmap to Reduce Disparities - Step 2 (Creating a Culture of Equity)</i>
Readings	<p>Required: <i>Review Step 2 (Creating a Culture of Equity)</i> Clarke A, Vargas O, Goddu A, McCullough K, et al. A Roadmap to Reduce Racial and Ethnic Disparities in Health Care. Finding Answers Disparities Research for Change (Robert Wood Johnson Foundation and the University Chicago). Roadmap to Reduce Disparities Report</p> <p>Chiu, A. (2018, August 7). Beyonce, Serena Williams open up about potentially fatal childbirths, a problem especially for black mothers. <i>The Washington Post</i>. Retrieved from https://www.washingtonpost.com/news/morning-mix/wp/2018/08/07/beyonce-serena-williams-open-up-about-potentially-fatal-childbirths-a-problem-especially-for-black-mothers/</p> <p>Eichelberger KY, Doll K, Ekpo GE, Zerden ML. Black Lives Matter: Claiming a Space for Evidence-Based Outrage in Obstetrics and Gynecology. <i>American journal of public health</i>. 2016 Oct;106(10):1771-2.</p> <p>Gadson, A., Akpovi, E., Mehta, P. K. (2017). Exploring the social determinants of racial/ethnic disparities in prenatal care utilization and maternal outcomes. <i>Seminars in Perinatology</i>, 41(5), 308-317. https://doi.org/10.1053/j.semperi.2017.04.008</p> <p>Howell, E. A., Zeitlin, J. (2017). Improving hospital quality to reduce disparities in severe maternal morbidity and mortality. <i>Seminars in Perinatology</i> 41(5), 266-272. https://doi.org/10.1053/j.semperi.2017.04.002</p> <p>Lauderdale DS. Birth outcomes for Arabic-named women in California before and after September 11. <i>Demography</i>. 2006 Feb 1;43(1):185-201.</p> <p>Recommended: **Bartick, M. C., Jegier, B. J., Green, B. D., Bimla Schwarz, E., Reinhold, A. G., Steube, A. M. (2017) Disparities in Breastfeeding: Impact on Maternal and Child Health Outcomes and Costs. <i>The Journal of Pediatrics</i> 181, 49-55. https://doi.org/10.1016/j.jpeds.2016.10.028</p> <p>**Main, E. K., Markow, C., Gould, J. (2018). Addressing Maternal Mortality and Morbidity In California Through Public-Private Partnerships. <i>Health Affairs</i> 37(9), 1484-1493. https://doi.org/10.1377/hlthaff.2018.0463</p> <p>New York City Department of Health and Mental Hygiene. (2016). Severe Maternal Morbidity in New York City, 2008-2012. Retrieved from https://www1.nyc.gov/assets/doh/downloads/pdf/data/maternal-morbidity-report-08-12.pdf</p> <p>Winter, A. (2019, May 28). More Black mothers are dying. This N.C. congresswoman wants it to stop. <i>NC Policy Watch</i>. Retrieved from http://www.ncpolicywatch.com/2019/05/28/more-black-mothers-are-dying-this-n-c-congresswoman-wants-it-to-stop/</p>
Guest Speaker	N/A
Student Presenters	N/A <i>Team Progress Report Presentations Due</i>

Class Session 6	February 13, 2020
Session Topics	<i>A Tough Pill to Swallow: Overcoming Disparities in Chronic Disease Management</i>
	<i>Roadmap to Reduce Disparities - Step 3: Diagnosing Disparity</i>
Readings	<p>Required: <i>Review Step 3 (Diagnosing the Disparity).</i> Clarke A, Vargas O, Goddu A, McCullough K, et al. A Roadmap to Reduce Racial and Ethnic Disparities in Health Care. Finding Answers Disparities Research for Change (Robert Wood Johnson Foundation and the University Chicago). Roadmap to Reduce Disparities Report</p> <p>Bartolome RE, Chen A, Handler J, Platt ST, Gould B. Population Care Management and Team-Based Approach to Reduce Racial Disparities among African Americans/Blacks with Hypertension. Perm J. 2016;20(1):53-9.</p> <p>Bray P, Cummings DM, Morrissey S, Thompson D, Holbert D, Wilson K, Lukosius E, Tanenberg R. Improved outcomes in diabetes care for rural African Americans. The Annals of Family Medicine. 2013 Mar 1;11(2):145-50.</p> <p>Cole MB, Wright B, Wilson IB, Galárraga O, Trivedi AN. Longitudinal Analysis of Racial/Ethnic Trends in Quality Outcomes in Community Health Centers, 2009–2014. Journal of general internal medicine. 2018 Jun 1;33(6):906-13.</p> <p>McWilliams JM, Meara E, Zaslavsky AM, Ayanian JZ. Commentary: assessing the health effects of Medicare coverage for previously uninsured adults: a matter of life and death?. Health Serv Res. 2010;45(5 Pt 1):1407-22; discussion 1423-9.</p> <p>Recommended: Morenoff JD, House JS, Hansen BB, Williams DR, Kaplan GA, Hunte HE. Understanding social disparities in hypertension prevalence, awareness, treatment, and control: the role of neighborhood context. Soc Sci Med. 2007;65(9):1853-66.</p> <p>**Moghani Lankarani M, Assari S. Diabetes, hypertension, obesity, and long-term risk of renal disease mortality: Racial and socioeconomic differences. J Diabetes Investig. 2017;8(4):590-599.</p> <p>**Cohen SA, Cook SK, Kelley L, Foutz JD, Sando TA. A Closer Look at Rural-Urban Health Disparities: Associations Between Obesity and Rurality Vary by Geospatial and Sociodemographic Factors. J Rural Health. 2017;33(2):167-179.</p> <p>**Wi CI, St Sauver JL, Jacobson DJ, Pendegraft RS, Lahr BD, Ryu E, Beebe TJ, Sloan JA, Rand-Weaver JL, Krusemark EA, Choi Y, Juhn YJ. Ethnicity, Socioeconomic Status, and Health Disparities in a Mixed Rural-Urban US Community-Olmsted County, Minnesota. Mayo Clin Proc. 2016;91(5):612-22.</p>
Guest Speaker	Samuel Cykert, MD, Professor of Medicine, UNC School of Medicine; Associate Director of Medical Education for NC AHEC Program; Clinical Director of the NC Regional Extension Center for Health Information Technology
Student Presenters	TBD

Class Session 7	February 20, 2020
Session Topics	<i>Caring for the Whole Patient: Equity in Palliative & Supportive Care and Health Related Quality of Life – Lessons from Cancer Care</i>
	<i>Roadmap to Reduce Disparities - Step 4 (Designing the Activity)</i>
Readings	<p>Required: <i>Review Step 4 (Designing the Activity)</i> Clarke A, Vargas O, Goddu A, McCullough K, et al. A Roadmap to Reduce Racial and Ethnic Disparities in Health Care. Finding Answers Disparities Research for Change (Robert Wood Johnson Foundation and the University Chicago). Roadmap to Reduce Disparities Report</p> <p>Fadul N, Elsayem A, Palmer JL, Del Fabbro E, Swint K, Li Z, Poulter V, Bruera E. Supportive versus palliative care: what's in a name? A survey of medical oncologists and midlevel providers at a comprehensive cancer center. <i>Cancer</i>. 2009 May 1;115(9):2013-21.</p> <p>Isaacson M, Karel B, Varilek BM et al. Insights from health care professionals regarding palliative care options on South Dakota reservations. <i>J Transcult Nurs</i>. 2015 Nov;26(5):473-9</p> <p>John DA, Kawachi I, Lathan CS, Ayanian JZ. Disparities in perceived unmet need for supportive services among patients with lung cancer in the Cancer Care Outcomes Research and Surveillance Consortium. <i>Cancer</i>. 2014;120(20):3178-3191.</p> <p>Pinheiro LC, Wheeler SB, Chen RC, et al. The effects of cancer and racial disparities in health-related quality of life among older Americans: a case-control, population-based study. <i>Cancer</i>. 2015;121(8):1312-20.</p> <p>Samuel, C.A., Schaal, J., Robertson, L., Kollie, J., Baker, S., Black, K., Mbah, O., Dixon, C., Ellis, K., Eng, E., Guerrab, F., Jones, N., Kotey, A., Morse, C., Taylor, J., Whitt, V., Cykert, S. Racial differences in symptom management during breast cancer treatment. <i>Supportive Care in Cancer</i>. 2018; 26(5): 1425-1435.</p> <p>Temel, JS, Greer, JA, Muzikansky A, Gallagher ER, et al. Early palliative care for patients with metastatic non–small-cell lung cancer. <i>New England Journal of Medicine</i>. 2010;363(8):733-742.</p> <p>Recommended: Adler NE, Page AEK (Eds.). <i>Cancer Care for the Whole Patient: Meeting Psychosocial Health Needs</i>. National Academies Press; 2008 http://www.nap.edu/openbook.php?record_id=11993</p> <p>Kamal AH, Gradison M, Maguire JM, Taylor D, et al. Quality Measures for Palliative Care in Patients With Cancer: A Systematic Review. <i>Journal of Oncology Practice</i>. 2014;10(4):281-287.</p> <p>**Lewis PE, Sheng M, Rhodes MM, Jackson KE, et al. Psychosocial concerns of young African American breast cancer survivors. <i>Journal of Psychosocial Oncology</i>. 2012;30(2):168-184.</p> <p>**Maliski SL, Kwan L, Krupski T, Fink A, et al. Confidence in the ability to communicate with physicians among low-income patients with prostate cancer. <i>Urology</i>. 2004;64(2):329-334.</p>

	<p>**Maly RC, Liu Y, Liang LJ, Ganz PA. Quality of life over 5 years after a breast cancer diagnosis among low-income women: Effects of race/ethnicity and patient-physician communication. <i>Cancer</i>. 2014;121:916–926.</p> <p>**Morris BB, Farnan L, Song L, Addington EL, et al. Treatment decisional regret among men with prostate cancer: Racial differences and influential factors in the North Carolina Health Access and Prostate Cancer Treatment Project (HCaP-NC). <i>Cancer</i>.2015; 121(12):2029–2035.</p> <p>**Paskett ED, Alfano CM, Davidson MA, Anderson BL, et al. Breast cancer survivors' health-related quality of life: Racial differences and comparisons to non-cancer controls. <i>Cancer</i>. 2008;113(11):3222-3230.</p> <p>**van Ryn M, Phelan SM, Arora NK, Haggstrom DA, et al. Patient-reported quality of supportive care among patients with colorectal cancer in the Veterans Affairs Health Care System. <i>Journal of Clinical Oncology</i>. 2014;32(8):809-815.</p> <p>**Walling AM, Keating NL, Kahn KL, Dy S, Mack JW, Malin J, Arora NK, Adams JL, Antonio AL, Tisnado D: Lower Patient Ratings of Physician Communication Are Associated With Unmet Need for Symptom Management in Patients With Lung and Colorectal Cancer. <i>J Oncol Pract</i> 2016;12(6):e654-69.</p> <p>**Yee MK, Sereika SM, Bender CM et al. Symptom incidence, distress, cancer-related distress, and adherence to chemotherapy among African American women with breast cancer. <i>Cancer</i>. 2017 Jun 1;123(11):2061-2069.</p> <p>**Yoon J, Malin JL, Tisnado DM, Tao ML, et al. Symptom management after breast cancer treatment: is it influenced by patient characteristics? <i>Breast Cancer Research and Treatment</i>. 2008;108(1):69-77.</p>
Guest Speaker	N/A
Student Presenters	TBD

Class Session 8	February 27, 2020
Session Topics	<i>On a Scale of 1-10, What's Your Pain Level?: Balancing Pain Management Equity and Safety in an Era of Opioid Crisis</i>
	<i>Roadmap to Reduce Disparities - Step 4 (Designing the Activity)</i>
Readings	<p>Required: <i>Review Step 4 (Designing the Activity)</i> Clarke A, Vargas O, Goddu A, McCullough K, et al. A Roadmap to Reduce Racial and Ethnic Disparities in Health Care. Finding Answers Disparities Research for Change (Robert Wood Johnson Foundation and the University Chicago). Roadmap to Reduce Disparities Report</p> <p>Dasgupta N, Beletsky L, Ciccarone D. Opioid crisis: No easy fix to its social and economic determinants. <i>American journal of public health.</i> 2018;108(2):182-6.</p> <p>Hausmann LR, Gao S, Lee ES, Kwoh CK. Racial disparities in the monitoring of patients on chronic opioid therapy. <i>Pain.</i> 2013;154(1):46-52.</p> <p>Knight KR, Kushel M, Chang JS, Zamora K, Ceasar R, Hurstak E et al. Opioid pharmacovigilance: A clinical-social history of the changes in opioid prescribing for patients with co-occurring chronic non-cancer pain and substance use. <i>Social Science and Medicine</i> 2017;186:87-95.</p> <p>Meghani SH, Thompson AM, Chittams J, Bruner DW, Riegel B. Adherence to analgesics for cancer pain: a comparative study of African Americans and whites using an electronic monitoring device. <i>The Journal of Pain.</i> 2015;16(9):825-35.</p> <p>Morrison RS, Wallenstein S, Natale DK, Senzel RS, et al. "We don't carry that"—failure of pharmacies in predominantly nonwhite neighborhoods to stock opioid analgesics. <i>New England Journal of Medicine.</i> 2000;342(14):1023-1026.</p> <p>Young MF, Hern HG, Alter HJ, Barger J, Vahidnia F. Racial differences in receiving morphine among prehospital patients with blunt trauma. <i>The Journal of emergency medicine.</i> 2013;45(1):46-52.</p> <p>Recommended: **Craven P, Cinar O, Fosnocht D, Carey J, Carey A, Rogers L et al. Prospective, 10-year evaluation of the impact of Hispanic ethnicity on pain management practices in the ED. <i>The American Journal of Emergency Medicine.</i> 2014;32(9):1055-9.</p> <p>**Joynt M, Train MK, Robbins BW, Halterman JS, Caiola E, Fortuna RJ. The impact of neighborhood socioeconomic status and race on the prescribing of opioids in emergency departments throughout the United States. <i>Journal of General Internal Medicine.</i> 2013;28(12):1604-10.</p> <p>**Lee HH, Lewis CW, McKinney CM. Disparities in emergency department pain treatment for toothache. <i>JDR clinical and translational research.</i> 2016;1(3):226-33..</p> <p>**Mack DS, Hunnicutt JN, Jesdale BM, Lapane KL. Non-Hispanic Black-White disparities in pain and pain management among newly admitted nursing home residents with cancer. <i>Journal of Pain Research.</i> 2018;11:753-761.</p> <p>**McLaughlin JM, Lambing A, Witkop ML, Anderson TL, Munn J, Tortella B. Racial differences in chronic pain and quality of life among adolescents and young adults with moderate or severe hemophilia. <i>Journal of racial and ethnic health disparities.</i> 2016;3(1):11-20.</p>

	McNeill JA, Reynolds J, Ney ML. Unequal quality of cancer pain management: disparity in perceived control and proposed solutions. Oncology Nursing Forum. 2007;34(6):1121-1128.
Guest Speaker	N/A
Student Presenters	TBD

Class Session 9	March 5, 2020
Session Topics	<i>What Happens in the Final Days?: Geographic and Patient-level Variations in End-of-Life Care</i>
	<i>Roadmap to Reduce Disparities - Step 5: Securing Buy-In</i>
Readings	<p>Required: <i>Review Step 5 (Securing Buy-In)</i> Clarke A, Vargas O, Goddu A, McCullough K, et al. A Roadmap to Reduce Racial and Ethnic Disparities in Health Care. Finding Answers Disparities Research for Change (Robert Wood Johnson Foundation and the University Chicago). Roadmap to Reduce Disparities Report</p> <p>Burge FI, Lawson B, Johnston G. Where a cancer patient dies: The effect of rural residency. <i>The Journal of Rural Health</i>. 2005;21(3):233–238.</p> <p>Goodman D, Fisher E, Chang C, Morden N, et al. Quality of End-of-Life Cancer Care for Medicare Beneficiaries – Regional and Hospital-Specific Analyses. 2010. http://archive.dartmouthatlas.org/downloads/reports/Cancer_report_11_16_10.pdf</p> <p>Ngo-Metzger Q, Phillips RS, McCarthy EP. Ethnic disparities in hospice use among Asian-American and Pacific Islander patients dying with cancer. <i>Journal of the American Geriatrics Society</i>. 2008;56(1):139–144.</p> <p>Prigerson HG, Maciejewski PK. Dartmouth Atlas: Putting end-of-life care on the map, but missing psychosocial detail. <i>The Journal of Supportive Oncology</i>. 2012;10(1):25-28.</p> <p>Smith AK, Earle CC, McCarthy EP. Racial and ethnic differences in end-of-life care in fee-for-service Medicare beneficiaries with advanced cancer. <i>J Am Geriatr Soc</i>. 2009; 57(1):153-8.</p> <p>Recommended: **Born W, Greiner KA, Sylvia E, Butler J, et al. Knowledge, attitudes, and beliefs about end-of-life care among inner-city African Americans and Latinos. <i>Journal of Palliative Medicine</i>. 2004;7(2):247-256.</p> <p>Check DK, Samuel CA, Rosenstein DL, et al. Investigation of racial disparities in early supportive medication use and end-of-life care among Medicare beneficiaries with stage IV breast cancer. <i>Journal of Clinical Oncology</i>. 2017; 34(19):2265-70.</p> <p>**Wright AA, Mack JW, Kritek PA, Balboni TA, et al. Influence of patients' preferences and treatment site on cancer patients' end-of-life care. <i>Cancer</i>. 2010;116(19):4656-4663.</p> <p>Cohen LL. Racial/ethnic disparities in hospice care: a systematic review. <i>J Palliat Med</i>. 2008; 11(5):763-8,.</p> <p>**Barnato AE, Berhane Z, Weissfeld LA, Chang CC, Linde-Zwirble WT, Angus DC. Racial variation in end-of-life intensive care use: a race or hospital effect? <i>Health Serv Res</i>. 2006; 41(6):2219-37.</p> <p>**Muni S, Engelberg RA, Treece PD, Dotolo D, Curtis JR. The influence of race/ethnicity and socioeconomic status on end-of-life care in the ICU. <i>Chest</i>. 2011; 139(5):1025-33.</p>
Guest Speaker	N/A
Student Presenters	TBD

Class Session ---	March 12, 2020
Session Topics	No Class – Spring Break
Readings	N/A
Guest Speaker	N/A
Student Presenters	N/A

Class Session 10	March 19, 2020
Session Topics	<p><i>Alone We Go Faster, Together We Go Further: Community Engagement for Health Care Equity and Quality</i></p> <p><i>Roadmap to Reduce Disparities - Step 6: Implementing Change</i></p>
Readings	<p>Required: <i>Review Step 6 (Implementing Change)</i> Clarke A, Vargas O, Goddu A, McCullough K, et al. A Roadmap to Reduce Racial and Ethnic Disparities in Health Care. Finding Answers Disparities Research for Change (Robert Wood Johnson Foundation and the University Chicago). Roadmap to Reduce Disparities Report</p> <p>Black KZ, Hardy CY, De Marco M, Ammerman AS, et al. Beyond incentives for involvement to compensation for consultants: Increasing equity in CBPR approaches. <i>Progress in Community Health Partnerships: Research, Education, and Action</i>. 2013;7(3):263-270.</p> <p>Braun KL, Stewart S, Baquet C, et al. The National Cancer Institute's Community Networks Program Initiative to reduce cancer health disparities: Outcomes and lessons learned. <i>Progress in Community Health Partnerships: Research, Education, and Action</i>. 2015;9(0):21-32.</p> <p>Schaal JS, Lightfoot AF, Black KZ, et al. Community-Guided Focus Group Analysis to Examine Cancer Disparities. <i>Progress in Community Health Partnerships: Research, Education, and Action</i>. 2016;10(1):159-167.</p> <p>Yonas MA, Jones N, Eng E, Vines AI, et al. The art and science of integrating undoing racism with CBPR: challenges of pursuing NIH funding to investigate cancer care and racial equity. <i>Journal of Urban Health</i>. 2006;83(6):1004-1012.</p> <p>Samuel, C. A., Lightfoot, A. F., Schaal, J., Yongue, C., Black, K., Ellis, K., Robertson, L., Smith, B., Jones, N., Foley, K., Kollie, J., Mayhand, A., Morse, C., Guerrab, F., Eng, E. Establishing new community-based participatory research Charrette Model: Lessons from the Cancer Health Accountability for Managing Pain and Symptoms Study. <i>Progress in Community Health Partnerships: Research, Education, and Action</i>. 2018;12(1): 89-99. Spring.</p> <p>Recommended: Rogers D, Petereit DG. Cancer disparities research partnership in Lakota Country: Clinical trials, patient services, and community education for the Oglala, Rosebud, and Cheyenne River Sioux tribes. <i>American Journal of Public Health</i>. 2005;95(12):2129-2132.</p> <p>Wood B, Burchell AN, Escott N, et al. Using community engagement to inform and implement a community-randomized controlled trial in the Anishinaabek cervical cancer screening study. <i>Frontiers in Oncology</i>. 2014;4:27.</p> <p>Community Campus Partnerships for Health: Papers and Reports. https://www.ccphealth.org/resources/</p>
Guest Speaker	<p>Jennifer Schaal, MD, MPH, Co-Investigator on the ACCURE Study, Board Member of The Partnership Project, Member of Greensboro Health Disparities Collaborative and Sisters Network Greensboro</p> <p>Eugenia Eng, DrPH, Professor, Department of Health Behavior, UNC Gillings School of Global Public Health, Member of Greensboro Health Disparities Collaborative</p>
Student Presenters	TBD

Class Session 11	March 26, 2020
Session Topic	No Class Meeting due to January class field trip to the International Civil Rights Museum in Greensboro, NC.
Readings	N/A
Guest Speaker	N/A
Student Presenters	N/A

Class Session 12	April 2, 2020
Session Topics	<i>Houston... We Have a Problem: Equity in Emergency Preparedness and Management</i>
Readings	<p>Required: Nick GA, Savoia E, Elqura L, et al. Emergency preparedness for vulnerable populations: people with special health-care needs. <i>Public Health Rep.</i> 2009;124(2):338-43.</p> <p>Joint Center for Political and Economic Studies. No More Katrinas: How Reducing Disparities Can Promote Disaster Preparedness. 2008. https://diversitypreparedness.org/browse-resources/resources/HPI%20Reducing%20Disparities%20Prooting%20Preparedness/</p> <p>Dzau,VJ., Lurie, N., Tuckson, R.V. After Harvey, Irma, and Maria, an Opportunity for Better Health—Rebuilding Our Communities as We Want Them. <i>American Journal of Public Health.</i> 2018;108(1): 32-33.</p> <p>The New York Times. Nearly a Year After Hurricane Maria, Puerto Rico Revises Death Toll to 2,975; 2018. https://www.nytimes.com/2018/08/28/us/puerto-rico-hurricane-maria-deaths.html</p> <p>The Miami Herald. “Days were lost”: Why Puerto Rico is still suffering a month after Hurricane Maria; 2017. https://www.miamiherald.com/news/weather/hurricane/article179744081.html</p> <p>Recommended: Lichtveld, M. Disasters Through the Lens of Disparities: Elevate Community Resilience as an Essential Public Health Service. <i>American Journal of Public Health.</i> 2018; 108(1):28-30.</p> <p>Rodríguez-Díaz, C.E., Maria in Puerto Rico: Natural Disaster in a Colonial Archipelago., <i>American Journal of Public Health.</i> 2018; 108(1): 30-32.</p> <p>The Atlantic. Puerto Rico Needs More than Relief -- It Needs Reconstruction; 2017. https://www.theatlantic.com/politics/archive/2017/10/puerto-rico-virgin-islands-maria-recovery-colonialism/541908/</p>
Guest Speaker	N/A
Student Presenters	TBD

Class Session 13	April 16, 2020
Session Topics	<i>Leading Change Toward a Culture of Health Care Equity: A Hospital Administrator's Perspective</i>
Readings	<p>Required: American Hospital Association. Equity of Care Toolkit; 2018. http://www.equityofcare.org/resources/resources/2018%20EOC%20Toolkit.pdf</p> <p>Leading Toward Health Equality: Lessons from the Field. Harvard Pilgrim Healthcare Foundation. 2013.</p> <p>Barrett NJ, Hawkins TV, Wilder J, Ingraham KL, Worthy V, Boyce X, Reyes R, Chirinos M, Wigfall P, Robinson W, Patierno SR. Implementation of a Health Disparities & Equity Program at the Duke Cancer Institute. <i>Oncology Issues</i>. 2016;31(5):48-57.</p> <p>Hunt, BR, Whitman S, Hurlbert MS. Increasing Black: White disparities in breast cancer mortality in the 50 largest cities in the United States. <i>Cancer Epidemiology</i>. 2014; 38(2):118-123.</p> <p>The New York Times. Parker-Pope, T. Tackling a Racial Gap in Breast Cancer Survival; 2013. http://www.nytimes.com/2013/12/20/health/tackling-a-racial-gap-in-breast-cancer-survival.html?pagewanted=all</p> <p>Recommended: American Hospital Association. HPOE Guide: Engaging Health Care Users: A Framework for Healthy Individuals and Communities. 2013. http://www.wsha.org/wp-content/uploads/engagement_AHA_Engaging_Health_Care_Users.pdf</p> <p>Katzenbach, J, Stefen, I, Kronley C. Cultural Change that Sticks. <i>Harvard Business Review</i>. 2012. https://hbr.org/2012/07/cultural-change-that-sticks</p> <p>Parker-Pope, T. The Breast Cancer Racial Divide. 2014. http://well.blogs.nytimes.com/2014/03/03/the-breast-cancer-racial-gap/?_r=0</p>
Guest Speaker	N/A
Student Presenters	TBD

Class Session 14	April 9, 2020
Session Topics	<i>Advocacy, Public Policy, and Health Reform: Improving Access to Quality Health Care</i>
Readings	<p><u>Required:</u> The Commonwealth Fund. Reducing Racial and Ethnic Disparities in Access to Care: Has the Affordable Care Act Made a Difference?; 2017. https://www.commonwealthfund.org/sites/default/files/documents/media_files_publications_issue_brief_2017_aug_hayes_racial_ethnic_disparities_after_aca_ib.pdf</p> <p>Farrer L, Marinetti C, Cavaco YK, Costongs C. Advocacy for health equity: a synthesis review. <i>Milbank Q.</i> 2015;93(2):392-437.</p> <p>McConnell KJ, Charlesworth CJ, Meath TH, George RM, Kim H. Oregon’s Emphasis On Equity Shows Signs Of Early Success For Black And American Indian Medicaid Enrollees. <i>Health Affairs.</i> 2018 ;37(3):386-93.</p> <p><u>Recommended:</u> **Cooper GS, Kou TD, Dor A et al. Cancer preventive services, socioeconomic status, and the Affordable Care Act. <i>Cancer.</i> 2017; 123(9):1585-1589</p> <p>**Choi SK, Adams SA, Eberth JM, et al. Medicaid coverage expansion and implications for cancer disparities. <i>American Journal of Public Health.</i> 2015;105 (Suppl 5):S706-12.</p> <p>Itzkowitz SH, Winawer SJ, Krauskopf M, et al. New York citywide colon cancer control coalition: A public health effort to increase colon cancer screening and address health disparities. <i>Cancer.</i> 2016;122(2):269-77.</p> <p>Rosenbaum S. The Patient Protection and Affordable Care Act: implications for public health policy and practice. <i>Public Health Rep.</i> 2011;126(1):130-5.</p>
Guest Speaker	Mia R. Keays, MA, Director of Health Equity Policy & Advocacy, American Medical Association; Former Policy Director for the Congressional Black Caucus (CBC) Health Braintrust under Congresswoman Robin Kelly (D-IL)
Student Presenters	TBD

Class Session 15	April 23, 2020
Session Topic	Team Presentations and Wrap Up
Readings	N/A
Guest Speaker	N/A
Student Presenters	N/A