

Community Health 55: Race, Ethnicity and Health Spring 2011

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Lectures: Tuesday 9 :00-11 :30

Course Description

Despite medical advances over the past century, racial and ethnic disparities persist along all points of the health continuum. Racial and ethnic minorities in the United States bare an unequal burden of chronic disease and have higher mortality rates compared to the white majority population (AHRQ 2003). The US is currently in the midst of massive demographic changes, and Census projections indicate that racial/ethnic minorities will become the numerical majority by mid century and will remain so far into the future. Therefore, they will soon comprise a greater share of the labor force and thus play a decisive role in shaping our nation's future. In light of these looming changes, health disparities pose certain problems that threaten the economic vitality of our nation. This is the case in terms of the direct costs of illness as well for the indirect or societal costs. Health disparities are a problem that the United States cannot afford. As Franklin D. Roosevelt so eloquently stated, *"The success or failure of any government in the final analysis must be measured by the well-being of its citizens. Nothing can be more important to a state than its public health; the state's paramount concern should be the health of its people."*

As the United States continues to diversify, it will become increasingly important that we, as a nation, begin to address racial and ethnic disparities in health. In order to do so, it is necessary to increase our understanding of the multiple pathways by which race and ethnicity enter the body and produce disparities in health. During the course of the semester, students will examine health disparities and inequities in health; how race, ethnicity and health intersect; explore the nature of racial and ethnic categories; and learn about current US demographic trends. Students will also explore approaches for addressing disparities in health, including the concept and practice of cultural competence. Students will be encouraged to pay critical attention to the multiple pathways by which race and ethnicity enter the body, and how they lead to negative health consequences for racial and ethnic minority populations living in the United States.

Learning Objectives

Student will understand:

1. How race/ethnicity both directly and indirectly impact health
2. The multiple pathways by which race and ethnicity can impact health
 - a. The mechanisms by which race/ethnicity operate
 - b. How race/ethnicity enter the body
3. How race and ethnicity are defined and conceptualized
 - a. What these terms and concepts do and do not mean, and attempt to capture
 - b. How they have been constructed and evolved over time
 - c. How this terminology fits into the health discussion
 - d. The implications of using race/ethnicity as variables in epidemiology, health services, and research in general
4. How policies, and the services and programs they inform, impact health, and how this varies within and across groups
5. To develop a broad understanding of health as a complex construct

Required Texts

1. LaVeist, TA (2005). *Minority Populations and Health: An Introduction to Health Disparities in the United States*. ISBN: 0-7879-6413-1
2. Hofrichter, R (2003). *Health and Social Justice: Politics, Ideology, and Inequity in the Distribution of Disease--A Public Health Reader*. ISBN: 0-7879-6733-5

Assignments and Class Participation

Grading Overview

Class participation & activities:	20% of grade
Exam:	20% of grade
Poster Presentation:	30% of grade
Proposal:	30% of grade

Class participation

You are expected to come to class prepared and ready to actively participate in class discussions- *this means speaking so people will listen and listening so people will speak*. It means having done some reading AND thinking before class, and having some thoughts to share about the topic/readings that day.

Texting is not allowed during class- shut your phones off unless you have a family or personal matter that requires it to be on.

Laptops may not be used in class without permission

Attendance

You are expected to attend all class sessions. Absences will affect your participation grade.

Class will begin on time. There is a five minute grace-period after the start of class, after which the door will be closed. If you get to class after the door has closed, you need to sign the late sheet at the front of the room before you take your seat. Tardiness will affect your participation grade.

Absence from class does not change the due dates of assignments: If an assignment is due on a day that you are absent, attach the assignment to your email to us before class. If you know in advance that you will be absent, submit your assignment early or have some else bring it to class.

Assignments

Initial Exam: 2/22/11

Poster Presentation: For your project, you will study a chronic condition for which there are multiple determinants. You will examine the disease background, epidemiology, causes/predictors (pathways), and health care/delivery and systems issues related to the disease. You will also explore current policies and interventions in effect, and efforts to tackle this disparity.

Your poster must include each of the following sections:

Abstract: A one-hundred word summary of your project, briefly stating each key component.

Introduction: Description of your health disparity. *What are you going to present in your report, and how are you going to do it?* This section should clearly explain to the reader what they are about to read, what you are going to discuss in your paper, and what they will understand after reading it.

Background: Present relevant background information in order to “frame” your presentation. Include: relevant demographic data (populations impacted, distribution- geographic and population based), epidemiological statistics and trends (indicators, prevalence, incidence causes/predictors, correlates), and pertinent social and historical information.

Discussion of pathways: Here you will summarize the literature relevant to each of the following pathways that contribute to the disparity you are examining: economic, social, environmental, as well as group and individual level factors such as psychological and behavioral. Here you must be able to discuss how each pathway contributes to the disparity in the particular disease condition you are studying.

Health care: Here you will present how health care contributes to creating and sustaining the disparity you are studying. This includes access, availability, experiences, and quality. *What is offered to who and why? Why not? Who has access, and to what?* Discuss the interactions and experiences of people and particular communities or demographic groups with the health care system and providers.

Implications & conclusions: What are the key take aways. Present your conclusions based on the findings and your discussion

Proposal: Due 5/6/11, Length: 5-7 pages: Each person will prepare a proposal for a Program of Action (PoA) to either the Governor of a state or Mayor of a city of your choosing. Your proposal should reflect the work you prepared for your poster, must be specific to the health disparity outlined in your poster project, and speak directly to your findings and conclusions. Your proposal must build on existing evidence, so there should be a clear link between your proposal and your poster.

You are proposing a plan of action that frames decision making and is designed/intended to work towards a certain goal, or affect a certain outcome. You must assume the identity of a person (community organizer, leader, researcher), organization (community organization, non-profit, tenant’s association), or institution (university, hospital, school, business). From that location you must prepare a proposal for a PoA consisting of concrete and clear short and long term goals to tackle the health disparity in the particular area you have chosen from the perspective you are writing from. There must be a clear link between your proposal and the perspective you are writing from: *Why do you feel the way you do? Why is tackling this disparity important to you? Why do you propose your particular set of recommendations?*

Notes about assignments

All assignments must be typed, using 12 point font (Arial or Times New Roman), and 1” margins (note that the default in some earlier versions of Word is 1.25”). No handwritten assignments will be accepted.

All references and in text citations must use APA format only (pay particular attention to how to cite internet sources). Correct use of APA format is part of your grade for written assignments. If you need help with referencing or research, contact Regina Rabion, the Health Reference Librarian at the Tisch Library.

All assignments must be submitted in hard copy unless otherwise noted.

Use credible sources for your references, namely books, peer-reviewed journal articles, and credible media sources (Eg., Reuters, Associated Press, NY Times, Boston Globe, Christian Science Monitor, The Economist). The following are examples of sources that are not acceptable references: Wikipedia, Comcast homepage or some other home page, anything without an author or a date of publication.

Written assignments are to be of the strong quality expected at the collegiate level: proofread your work, do not write in the first person (“I”), and write in one tense only. You are encouraged to take advantage of the writing support available at the Tufts Academic Resource Center.

Course Overview

Readings to be prepared for each class session are indicated below the date of each class

Part I Understanding Race, Ethnicity and Health

**Jan 25: Introductions and Course Overview
 Key Definitions
 Demographics and Census Terminology**

Readings:

- Text: Part One: Chapter 3: The Demography of American Racial/Ethnic Minorities
- NYTimes article In a generation, minorities may be the US majority. Online:
<http://www.nytimes.com/2008/08/14/washington/14census.html?scp=1&sq=census%202042&st=cse>
- Census Reports From the American Community Survey:
 - <http://www.census.gov/prod/2007pubs/acs-03.pdf>
 - <http://www.census.gov/prod/2007pubs/acs-04.pdf>
 - <http://www.census.gov/prod/2007pubs/acs-05.pdf>
 - <http://www.census.gov/prod/2007pubs/acs-06.pdf>
 - <http://www.census.gov/prod/2007pubs/acs-07.pdf>

Feb 1: Historical and Political Aspects

Readings

- Text: Chapter 1: Historical Aspects of Race/Ethnicity and Health

Handout:

- Krieger, N. Shades of Difference: Theoretical Underpinnings of the Medical Controversy on Black-White Differences in the United States, 1830-1870.

Feb 8: Conceptual Issues

Epidemiological Issues

- Text: Chapter 2: Conceptual Issues in Race/Ethnicity and Health
- Text: Chapter 4: The Epidemiologic Profile of Racial/Ethnic Minorities

**Feb 15: Conclusions and Introduction to Health Disparities
 An overview of population health**

Readings: Handout-CDC Disparities Report

Feb 22: In class exam

Part II Pathways to Disparities

March 1: The Determinants of Health: Framing the Pathways

Readings:

- Text: Chapter 7: Theories of Racial/Ethnic Differences in Health
- Reader: Chapter 1: The Politics of Health Inequity (Hofrichter)
- Reader: Chapter 2: A Society in Decline (Raphael)

March 8: Socioeconomic Status and Health

Readings:

- Text: Chapter 8: Socioeconomic Status and Racial/Ethnic Differences in Health
- Reader: Chapter 3: Understanding and reducing socioeconomic and racial/ethnic disparities in health (House & Williams)
- Reader: Chapter 7: Income inequality and Mortality (Lynch et al)
- Reader: Chapter 14: Income inequality, social cohesion and the health status of populations (Coburn)
- Reader: Chapter 15: Income inequality and Health (Lynch)

**March 15: The Socio-environmental Impact on Health
View in Class: Place Matters**

Readings:

- Reader: Reader: Chapter 8: Zoning, Equity and Public Health (Maantay)
- Reader: Chapter 9: The changing structure of work (Kuhn & Wooding)

Handouts:

- National Research Council and Institute of Medicine (2000). Neighborhood and Community. In, *From Neurons to Neighborhoods: The Science of Early Childhood Development* (pp. 328-336). Committee on Integrating the Science of Early Childhood Development. Jack P. Shonkoff and Deborah A. Phillips, eds. Board on Children, Youth, and Families, Commission on Behavioral and Social Sciences and Education. Washington, D.C.: National Academy Press. Online: http://books.nap.edu/openbook.php?record_id=9824&page=328
- Gordon-Larson, P., et al. (2006). Inequality in the Built Environment Underlies the Key for Health Disparities in Physical Activity and Obesity. *Pediatrics*.

****March 22 No Class Spring Break**

March 29: Individual Level factors that Influence Health

Readings:

- Text: Chapter 9 Behavior and Health

Handouts:

- Geronimus, A T. (2003). Damned if You Do: Culture, Identity, Privilege, and Teenage Childbearing in the US. *Social Science and Medicine*.
- Lara, M., et al. (2005). Acculturation and Latino Health in the US: A Review of the Literature and its Sociopolitical Context. *Annual Review of Public Health*.

April 5: Healthcare Disparities: Access, Availability & Quality

Readings:

- Text: Chapter 6: Health Care Services Among Racial /Ethnic Groups

Handouts:

- Smedley, Brian D., Adrienne Y. Stith, and Alan R. Nelson. 2003. *Unequal treatment : confronting racial and ethnic disparities in health care*. Washington, D.C.: National Academies Press. (Executive summary)
- Lurie, N., & Dubowitz, T. (2007). Health Disparities and Access to Health. *Journal of the American Medical Association*.
- van Ryn, M., & Fu, S. S. (2003). Paved with good intentions: Do public health and human service providers contribute to racial/ethnic disparities in health? *American Journal of Public Health, 93*(2), 248-255.
- Brach, C. and I. Fraser. 2000. "Can cultural competency reduce racial and ethnic health disparities? A review and conceptual model." *Medical Care Research and Review 57*:181-217
- Inequality in Quality: Addressing Socioeconomic, Racial, and Ethnic Disparities in Health Care

Part III Mechanisms to Tackle Disparities

April 12: Programs and Policies to Tackle Disparities

Guest Speaker: Boston Public Health Commission Approaches

Readings:

- Reader: Chapter 20 Toward the Future (Raphael)
- Reader: Chapter 23 From Science to Policy (Graham)
- Reader: Chapter 26 Minnesota's Call to Action (Kearney)
- Reader: Chapter 27 The Role of Mass Media (Wallack)

April 19: Student Presentations

April 26: Student Presentations

*****Final Examination Due: 5/6/2011**