

M88-535-01: Health Disparities: Applications in Clinical Settings

Instructor: Patricia A. Cavazos, Ph.D.
Office Hours: By appointment
Phone: (314) 362-2152
Email: rehgp@psychiatry.wustl.edu

OVERVIEW:

1. BROAD PURPOSE OF COURSE

This course will examine how social determinants of health operate at a global and national level. Students will learn how membership in a diverse/special group can impact health and health care, including health care services and policies governing these services. Students will be encouraged to give critical thought to the question of what it means to deliver culturally competent care. Students will also learn about barriers to research participation and effective strategies for improving the recruitment and retention of minority and underserved populations. The goal of this course is to understand what it means to create environments (social, research, and otherwise) that help to make individuals and communities healthy.

OBJECTIVES:

2. COURSE OBJECTIVES

Upon completion of this course, students should be able to:

1. Discuss the historical basis for the health disparities which exist in diverse/special populations.
2. Describe biological and sociological mechanisms through which the determinants of population health operate
3. Understand how to deliver culturally competent care
4. Identify barriers to research participation and effective strategies for improving recruitment efforts of minority and underserved populations
5. Learn about current strategies that are effective in eliminating health disparities

3. GRADING POLICY

Reading Reflection Papers 100 points

The student will be required to write ten, 1 page review papers that should include reactions to at least one of the course readings to be submitted weekly. Give **your responses/reactions** to the reading. You can reflect on your personal life and experiences in your paper. The idea is for you to discuss how you could (or could not) relate to the ideas in the reading and not to summarize the reading. During week that you facilitate class discussion, you do not need to submit a reflection paper. The paper should be at most a single-spaced page in length and not any longer.

** You should email your reaction paper to me and the facilitator by Friday 5pm.

Serve as a facilitator for class discussion of the weekly readings. 25 points

Each student will have the responsibility of facilitating class discussion on 1 occasion. As facilitators, it is not your responsibility to explain the readings to others or review the important points of each paper. Instead, your role is to provide a framework that seems sensible for discussing the topic. For example, you may want to generate a discussion on reactions to findings from an assigned reading. Perhaps you might present an initial framework at the beginning of class (on the board or via overhead) to highlight common (or divergent) themes

that run throughout the readings. There are no right ways or wrong ways to facilitate. The goal of facilitation is to provide structure and direction for fellow students during discussion. During weeks that you facilitate class discussion, you do not need to submit a reflection paper.

Attend an event focused on diversity and submit a write-up. 25 points

You are required to attend one lecture or cultural event focused on diversity. You are required to complete a 1-pg write-up on the program that you attended and how it relates to the topics we've discussed in class. You can discuss your reactions to this event during your presentation.

Seminar Paper 100 points

You will be required to write a review paper about a health disparity that interests you (e.g. higher rates of asthma in African American children). You should discuss why this disparity is important to address from a public health perspective and review the existing literature on strategies to eliminate this disparity. You may hand in a good draft two weeks before the final paper is due in order for you to receive and incorporate feedback from me into your final paper. You are expected to review 7 – 10 relevant articles and the seminar paper should be 5-7 pages in length (double-spaced, 12 point font, 1" margins).

Presentation 100 points

Students will be expected to give 1 presentation to the class on their review paper. Presentations should be done in PowerPoint and should last no more than 15 minutes. The students may provide handouts to accompany their presentation.

Class Participation 50 points

Active participation in class, peer evaluations, and during group activities is crucial for learning in this course. Class participation also includes playing active roles in creating a supportive atmosphere in which every participant's learning will be fostered. I do expect you to attend every class meeting. Feel free to discuss and share with me whatever problems emerge that can affect your participation in the class.

METHODS OF EVALUATION

Assignments	Points
Reflection Papers	100 (10 points each)
Course Facilitator	25
Cultural Event	25
Seminar Paper	100
Presentation	100
Class Participation	50
<i>Total Points Possible</i>	<i>400</i>

Grade Distribution

Grade	Course Total
A	360 – 400
B	320 – 359
C	280 – 319

D	240 – 279
F	0 - 239

Academic Integrity Policy

Students are expected to abide by and uphold the Academic Integrity Policy for Graduate Students from the Graduate School of Arts & Sciences. All students should have received this policy. Please contact the Office of the Dean of the School of Arts & Sciences to obtain copies of this document.

Students with disabilities

Washington University is committed to providing accommodations and/or services to students with documented disabilities. Students who are seeking support for a disability or a suspected disability should contact the Disability Resource Center (DRC) at 5-4062 on the lower level of the Women's Building (drc@dosa.wustl.edu). The DRC is responsible for approving and arranging all accommodations for University students.

4. Course
schedule

Week 1 9/12	Introduction and Overview Health Equity Quiz: http://www.unnaturalcauses.org/for_educators.php
Week 2 9/19	<u>Fundamentals of health disparities</u> <ol style="list-style-type: none"> 1. Adler NE, Rehkopf DH. U.S. Disparities in Health: Descriptions, Causes, and Mechanisms. <i>Annual Review of Public Health</i>. 2008;29(1):235-252. 2. Carter-Pokras O. 2002. What is a “health disparity”? <i>Public Health Rep</i>. 117:426–34 3. Dressler WW, Oths KS, Gravlee CC. Race and ethnicity in public health research: Models to explain health disparities. <i>Annu Rev Anthropol</i> 2005;34:231-252.
Week 3 9/26	<u>Health and Development in Industrialized Countries</u> <ol style="list-style-type: none"> 1. Anderson GF, Hussey PS, Frogner BK, et al. Health Spending In The United States And The Rest Of The Industrialized World. <i>Health Aff</i> 2005 July 1, 2005;24(4):903-914. 2. Banks J, Marmot M, Oldfield Z, et al. Disease and Disadvantage in the United States and in England. <i>JAMA</i> 2006 May 3, 2006;295(17):2037-2045. 3. Bezruchka, S., T. Namekata, et al. (2008). "Improving Economic Equality and Health: the Case of Postwar Japan." <i>American Journal of Public Health</i> 98(4): 589-594. 4. Willson, A. E. (2009). "Fundamental Causes' of Health Disparities: A Comparative Analysis of Canada and the United States." <i>International Sociology</i> 24(1): 93-113.
Week 4 10/3	<u>Health and Development in Poorer Countries</u> <ol style="list-style-type: none"> 1. Boutayeb A. The double burden of communicable and non-communicable diseases in developing countries. <i>Transactions of the Royal Society of Tropical Medicine and Hygiene</i> 2006;100(3):191-199. 2. Black RE, Morris SS, Bryce J. Where and why are 10 million children dying every year? <i>The Lancet</i> 2003;361(9376):2226-2234. 3. WHO, World Bank, <i>Dying for change: poor people's experience of health and ill-health</i>, World Health Organization, Geneva (2002). http://siteresources.worldbank.org/INTPOVERTY/Resources/335642-1124115102975/1555199-1124462158149/dyifull2.pdf 4. Mamdani M, Bangser M. Poor People's Experiences of Health Services in Tanzania: A Literature Review. <i>Reproductive Health Matters</i> 2004;12(24):138-153
Week 5 10/10	<u>Impact of healthcare on health</u> <ol style="list-style-type: none"> 1. American College of Physicians. Achieving a High-Performance Health Care System with Universal Access: What the United States Can Learn from Other Countries. <i>Ann Intern Med</i> 2008 January 1, 2008;148(1):55-75.

	<ol style="list-style-type: none"> 2. Nuwer MR, Esper GJ, Donofrio PD, et al. Invited Article: The US health care system: Part 1: Our current system. <i>Neurology</i> 2008 December 2, 2008;71(23):1907-1913. 3. Lasser KE, Himmelstein DU, Woolhandler S. Access to Care, Health Status, and Health Disparities in the United States and Canada: Results of a Cross-National Population-Based Survey. <i>Am J Public Health</i> 2006 July 1, 2006;96(7):1300-1307. 4. Starfield B. Commentary: How does 'insurance' improve equity in health? <i>Int J Epidemiol</i> 2009 June 23, 2009:dyp239. 5. Schoen C, Davis K, How SKH, et al. U.S. Health System Performance: A National Scorecard. <i>Health Aff</i> 2006 November 1, 2006;25(6):w457-475
Week 6 10/17	<p><u>How status can affect research involvement</u></p> <ol style="list-style-type: none"> 1. Katz RV, Kegeles SS, Kressin NR, et al. Awareness of the Tuskegee Syphilis Study and the US Presidential Apology and Their Influence on Minority Participation in Biomedical Research. <i>Am J Public Health</i> 2008 June 1, 2008;98(6):1137-1142. 2. D. Wendler, R. Kington and J. Madans <i>et al.</i>, Are racial and ethnic minorities less willing to participate in clinical research?, <i>PLoS Med</i> 3 (2006), pp. 201–209. 3. Burns D, Soward ACM, Skelly AH, et al. Effective Recruitment and Retention Strategies for Older Members of Rural Minorities. <i>The Diabetes Educator</i> 2008 November/December 2008;34(6):1045-1052. 4. Braunstein JB, Sherber NS, Schulman SP, et al. Race, Medical Researcher Distrust, Perceived Harm, and Willingness to Participate in Cardiovascular Prevention Trials. <i>Medicine</i> 2008;87(1):1-9
Week 7 10/24	<p><u>Recruitment strategies for underserved and minority populations: Part 1</u></p> <ol style="list-style-type: none"> 1. McKenzie M, Tulskey JP, Long HL, Chesney M, Moss A. Tracking and follow-up of marginalized populations: A review. <i>Journal of Health Care for the Poor and Underserved</i>. Nov 1999;10(4):409-429. 2. Gross CP, UyBico SJ, Pavel S. Recruiting vulnerable populations into research: A systematic review of recruitment interventions. <i>Journal of General Internal Medicine</i>. Jun 2007;22(6):852-863 3. Yancey AK, Ortega AN, Kumanyika SK. Effective recruitment and retention of minority research participants. <i>Annual Review of Public Health</i>. 2006;27:1-28.
Week 8 10/31	<p><u>Recruitment strategies for underserved and minority populations: Part 2</u></p> <ol style="list-style-type: none"> 1. Paskett ED, Reeves KW, McLaughlin JM, et al. Recruitment of minority and underserved populations in the United States: The centers for population health and health disparities experience. <i>Contemporary Clinical Trials</i>. Nov 2008;29(6):847-861. 2. Slomka J, Ratliff EA, McCurdy SA, et al. Decisions to participate in research: views of underserved minority

	<p>drug users with or at risk for HIV. <i>Aids Care-Psychological and Socio-Medical Aspects of Aids/Hiv</i> 2008;20(10):1224-1232.</p> <p>3. James RD, Yu JH, Henrikson NB, et al. Strategies and Stakeholders: Minority Recruitment in Cancer Genetics Research. <i>Public Health Genomics</i> 2008;11(4):241-249.</p>
<p>Week 9 11/7</p>	<p><u>Delivering culturally competent care</u></p> <ol style="list-style-type: none"> 1. Kim-Godwin YS, Clarke PN, Barton L. A model for the delivery of culturally competent community care. <i>J Adv Nurs</i>. 2001;35(6):918-925. 2. Anderson LM, Scrimshaw SC, Fullilove MT, Fielding JE, Normand J. Culturally competent healthcare systems: A systematic review. <i>American Journal of Preventive Medicine</i>. 2003;24(3, Supplement 1):68-79. 3. Teal CR, Street RL. Critical elements of culturally competent communication in the medical encounter: A review and model. <i>Social Science & Medicine</i>. 2009;68(3):533-543. <p>Nápoles-Springer A, Santoyo J, Houston K, Pérez-Stable E, Stewart A. Patients' perceptions of cultural factors affecting the quality of their medical encounters. <i>Health Expectations</i> [serial online]. March 2005;8(1):4-17. Available from: Academic Search Premier, Ipswich, MA. Accessed August 27, 2009.</p>
<p>Week 10 11/14</p>	<p><u>Delivering culturally competent care: Specific populations</u></p> <ol style="list-style-type: none"> 1. Airhihenbuwa Collins O., Liburd Leandris. Eliminating Health Disparities in the African American Population: The Interface of Culture, Gender, and Power. <i>Health Educ Behav</i>. 2006;33(4):488-501. 2. Vega WA, Rodriguez MA, Gruskin E. <i>Health disparities in the Latino population</i>. <i>Epidemiol Rev</i>. 2009;31:99-112. 3. Warne Donald. Research and Educational Approaches to Reducing Health Disparities Among American Indians and Alaska Natives. <i>J Transcult Nurs</i>. 2006;17(3):266-271. <p>Barnes P. M., Adams P. F., Powell-Griner E. Health characteristics of the Asian adult population: United States, 2004-2006. <i>Adv Data</i>. 2008(394):1-22.</p>
<p>Week 11 11/21</p>	<p><u>Strategies for reducing health disparities: Part 1</u></p> <ol style="list-style-type: none"> 1. Cultural Proficiency and Health Disparity: The St. Louis, Missouri, Perspective in <i>Cultural Proficiency in Addressing Health Disparities</i> edited by Kosoko-Lasaki, Cook, & O'Brien, 2009. 2. Satcher D, Higginbotham EJ. The Public Health Approach to Eliminating Disparities in Health. <i>Am J Public Health</i>. March 1, 2008 2008;98(3):400-403. 3. Minkler M. Linking Science and Policy Through Community-Based Participatory Research to Study and Address Health Disparities. <i>Am J Public Health</i>. April 1, 2010;100(S1):S81-87. 4. Fiscella K, Epstein RM. So Much to Do, So Little Time: Care for the Socially Disadvantaged and the 15-

	Minute Visit. Arch Intern Med 2008 September 22, 2008;168(17):1843-1852.
Week 12 11/28	<p><u>Strategies for reducing health disparities: Part 2</u></p> <ol style="list-style-type: none"> 1. Chin MH, Walters AE, Cook SC, et al. Interventions to Reduce Racial and Ethnic Disparities in Health Care. Med Care Res Rev 2007 October 1, 2007;64(5_suppl):7S-28. 2. From Policy to Action: Addressing Racial and Ethnic Disparities at the Ground-Level http://www.chcs.org/usr_doc/From_Policy_to_Action.pdf 3. Voelker Rebecca. Decades of Work to Reduce Disparities in Health Care Produce Limited Success. JAMA. 2008;299(12):1411-1413. 4. Schroeder Steven A. We Can Do Better -- Improving the Health of the American People. N Engl J Med. 2007;357(12):1221-1228
Week 13 12/5	<p><u>Strategies for reducing health disparities: Part 3</u></p> <ol style="list-style-type: none"> 1. Buor D. Gender and the utilisation of health services in the Ashanti Region, Ghana. Health Policy 2004 Sep;69(3):375-388. 2. Whitehead M, Dahlgren G, Evans T. Equity and health sector reforms: can low-income countries escape the medical poverty trap? The Lancet 2001;358(9284):833-836. 3. Smith, K. E. (2007). "Health inequalities in Scotland and England: the contrasting journeys of ideas from research into policy." Social Science & Medicine 64(7): 1438-1449. 4. World Health Organization, Commission on Social Determinants of Health - final report (focus on Part 3, pg. 49-105) http://www.who.int/social_determinants/thecommission/finalreport/en/index.html
Week 14 12/12	Class Presentations