

HCS 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
Summer schedule: 6/4/18 and end 8/6/18

OVERVIEW:

1. BROAD PURPOSE OF COURSE

This course will examine how social determinants of health operate at a global and national level. You will learn how membership in a diverse/special group can impact health and health care, including health care services and policies governing these services. You will be encouraged to give critical thought to the question of what it means to deliver culturally competent care. You 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.

This course is a blend of face-to-face and online meetings: 5 weeks in-person plus 5 weeks online.

OBJECTIVES:

2. COURSE OBJECTIVES

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

1. Describe biological and sociological mechanisms through which the determinants of population health operate.
2. Describe in your own words the historical basis for the health disparities which exist in diverse/special populations.
3. Choose a relevant existing health disparity within our local community. Summarize relevant scientific literature on contributing factors and potential education, policy, and service solutions for the health disparity. Demonstrate how targeted efforts could work to reduce the health disparity.
4. Investigate and differentiate the various current strategies and policies that effectively reduce health disparities.
5. Summarize major factors contributing to health status and health disparities among women and sexual minorities, immigrants, African Americans, Latinos, Asian-Pacific Islander Americans, and Native Americans in the U.S.
6. Propose and defend alternative strategies that may reduce health disparities.
7. Outline effective strategies for improving recruitment efforts of minority and underserved populations.

3. GRADING POLICY

Face-to-face meetings:

Case and Community Studies of Health Disparities = 60 points total

To help you become familiar with contemporary health disparity issues, for each face-to-face meeting you will be required to investigate a health disparities topic. You are encouraged to select a topic that is especially relevant to the St. Louis community. You will have 10 minutes to present the topic to your group. You should use handouts, videos, audio broadcasts and/or other supplemental materials to facilitate class discussions around the topic. You are welcome to use course readings to stimulate ideas for a case study or choose from topics not discussed in class.

Experts who work to reduce health disparities. Participation = 40 points total

We will hear from individuals from our community who work to reduce health disparities at a local and/or national level. It is recommended that you allow the course readings to guide their understanding of the significance the activity or process has for minority health and health disparities and to add to their level of analysis. You should maintain a set of notes to critically reflect on the experience. You are also expected to actively participate during these visits with thoughtful questions/comments regarding health disparities.

Investigating a health disparity. You will be graded for group presentation (100 points) and will receive an individual grade for their paper (100 points) = 200 points total

Groups of 2-3 students will identify and research a public health disparity that affects at least one of them, their families, friends, or communities. You are encouraged to take photos, interview affected persons, visit clinics/settings that work to reduce the disparity in order to illustrate how the disparity impacts individuals. There will be periodic updates requested in class. Each student will be required to write a **review paper** about the health disparity that outlines 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). **Final group presentations** will occur on the last class day of the semester. Presentations should be done in PowerPoint and last approximately 15-20 mins in length.

Online Meetings – Discussion Board:

Serve as a facilitator for an online class discussion of the weekly readings = 20 points total

Each week that we meet online (5 weeks total), 1-2 students will have the responsibility of facilitating an online class discussion. Your role is to pose a question on the Discussion Board that will stimulate thoughtful responses from other students. You should also comment to students' answers in order to generate and sustain an enriching online discussion. The goal of your facilitation is to start an online discussion and provide structure and direction for fellow students during the discussion. Online class discussions will only occur during the weeks that we meet online. **Pose your initial question on the Discussion Board at 9am on Monday.**

Individual's participation for online class discussions of the weekly readings

20 points per week x 4 weeks = 80 points total

When you are not facilitating the discussion you are required to answer questions and post comments to enhance conversation during the online class. You are expected to engage actively in discussions and respond to facilitator's and other students' questions/comments. A post that simply agrees with something that someone else has posted will not receive credit. Inappropriate or unprofessional posts are unacceptable. Respect for your peers is expected to be maintained at all times. **You are expected to respond with at least one comment by 8:30pm on Monday that answers the questions raised in each novel forum.** You are also expected to post at least four messages in each forum that responds to postings of another classmate by expanding or questioning his or her comments throughout the course of the week. While discussions are allowed to continue, the deadline for all postings that will be considered for grading is Friday at 5pm. In the forums, posting more than the minimum typically enhances your weekly grade. A rubric is provided at the end of this syllabus.

As the instructor, I will oversee the Discussion Board. I will read but not respond to every post. I will only post and reply when it is deemed necessary as in the following situations:

- To help you understand and make connections between discussion and other course activities/content.
- To re-direct the discussions that do not align well with the objectives of this course.
- To point out key points or to identify important posts.

METHODS OF EVALUATION

Assignments	Points
Case/community studies	60
In-person participation	40
Review Paper	100
Group presentation	100
Course Facilitator	20
Online participation	80
<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

You 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

<p>Week 1 6/4</p>	<ul style="list-style-type: none"> • Meet face-to-face <p>Introduction and Overview</p>
<p>Week 2 6/11</p>	<ul style="list-style-type: none"> • Meet online <p><u>Topic: Fundamentals of health disparities</u></p> <p><u>Readings:</u></p> <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. <p><u>Discussion Board:</u></p> <p>Facilitators: Pose your initial question on the Discussion Board at 9am on Monday. All other students: Respond with at least one comment by 8:30pm on Monday. You are also expected to post at least four messages throughout the course of the week. The deadline for all postings that will be considered for grading is Friday at 5pm.</p>
<p>Week 3 6/18</p>	<ul style="list-style-type: none"> • Meet face-to-face <p><u>Topic: Overview of health disparities and health equity; Social determinants of health & health disparities</u></p> <p><u>Readings:</u></p> <ol style="list-style-type: none"> 1. CDC. Health Disparities and Inequalities Report 2013. <i>MMWR</i> 2013; 62(3): 1-187. http://www.cdc.gov/mmwr/pdf/other/su6203.pdf. 2. Braverman P et al., Social Determinants of Health: Coming of Age. <i>Annual Review of Public Health</i> 2011; 32:381-398. 3. Marmot M, Bell R, Bloomer E, Goldblatt P; Consortium for the European Review of Social Determinants of Health and the Health Divide. WHO European review of social determinants of health and the health divide. <i>Lancet</i> 2012; 15;380(9846):1011-29. doi: 10.1016/S0140-6736(12)61228-8.
<p>Week 4 6/25</p>	<ul style="list-style-type: none"> • Meet online

	<p><u>Topic: Healthy People 2020 & Health Disparities</u></p> <p><u>Readings:</u></p> <ol style="list-style-type: none"> 1. CDC. Healthy People 2020 Website. http://www.healthypeople.gov/2020/topicsobjectives2020 2. Thomas SB, Quinn SC, Butler J, Fryer CS, Garza MA. Toward a Fourth Generation of Disparities Research to Achieve Health Equity. <i>Annual Review of Public Health</i> 2011. 32:399–416. Access at: http://www.healthequity.umd.edu/documents/Literature/PUBLISHED_annurev_publhealth_031210_101136.pdf 3. Adler NE, Stewart J. Health disparities across the lifespan: meaning, methods, and mechanisms. <i>Annals of the New York Academy of Science</i> 2010; 1186:5–23. <p><u>Discussion Board:</u></p> <p>Facilitators: Pose your initial question on the Discussion Board at 9am on Monday. All other students: Respond with at least one comment by 8:30pm on Monday. You are also expected to post at least four messages throughout the course of the week. The deadline for all postings that will be considered for grading is Friday at 5pm.</p>
<p>Week 5 7/2</p>	<ul style="list-style-type: none"> • Meet face-to-face <p><u>Topic: Race and Ethnicity and their place in healthcare disparities</u></p> <p><u>Readings:</u></p> <ol style="list-style-type: none"> 1. Jones, C. P. (2000). Levels of racism: A theoretic framework and a gardener's tale. <i>American Journal of Public Health, 90</i>(8), 1212-1215. doi: Doi 10.2105/Ajph.90.8.1212 2. Williams, D. R., & Mohammed, S. A. (2009). Discrimination and racial disparities in health: evidence and needed research. <i>Journal of Behavioral Medicine, 32</i>(1), 20-47. doi: 10.1007/s10865-008-9185-0 3. James, S. A. (1994). John Henryism and the health of African-Americans. <i>Culture, medicine and psychiatry, 18</i>(2), 163-182.
<p>Week 6 7/9</p>	<ul style="list-style-type: none"> • Meet online <p><u>Topic: Poverty, stress, and health disparities</u></p> <p><u>Readings:</u></p> <ol style="list-style-type: none"> 1. Duncan GJ, Yeung WJ, Brooks-Gunn J, Smith JR. How much does childhood poverty affect the life chances of

	<p>children? <i>American Sociological Review</i>. 1998; 63:406-423.</p> <ol style="list-style-type: none"> 2. Bosma H, Marmot MG, Hemingway H, Nicholson AC, Brunner E, Stansfield SA. Low job control and risk of coronary heart disease in Whitehall II (prospective cohort) study. <i>BMJ</i>. 1997; 314:558-565. 3. Cohen S, Janicki-Deverts D, Miller GE. Psychological stress and disease. <i>JAMA</i> 2007;298(14):1685-7. 4. Miller GE, Chen E, Zhou ES. If it goes up, must it come down? Chronic stress and the hypothalamic-pituitary-adrenocortical axis in humans. <i>Psychol Bull</i> 2007;133(1):25-45. 5. Boardman JS, Rinch BK, Ellison CG, William DR, Jackson J. (2001). Neighborhood disadvantage, stress and drug use among adults. <i>Journal of Health and Social Behavior</i> 42: 151-165. <p><u>Discussion Board:</u> Facilitators: Pose your initial question on the Discussion Board at 9am on Monday. All other students: Respond with at least one comment by 8:30pm on Monday. You are also expected to post at least four messages throughout the course of the week. The deadline for all postings that will be considered for grading is Friday at 5pm.</p>
<p>Week 7 7/16</p>	<ul style="list-style-type: none"> • Meet face-to-face <p><u>Topic: Provider biases, stereotyping and clinical decision-making</u></p> <p><u>Readings:</u></p> <ol style="list-style-type: none"> 1. Chen J, Rathore SS, Radford MJ, Wang Y, Krumholz HM (2002). Racial differences in the use of cardiac catheterization after acute myocardial infarction. <i>In Race, Ethnicity and Health: A Public Health Reader. La Viest TA. Editor.</i> San Francisco: Jossey-Bass. Chapter 37 pp. 644-656. 2. Institute of Medicine. (2003). <i>Unequal treatment: Confronting Racial and Ethnic Disparities in Health Care.</i> Washington, D.C.: National Academies Press. Chapter 4: Assessing Potential Sources of Racial and Ethnic Disparities in Care: The Clinical Encounter pp. 160-179. 3. Schulman KA et al. (2002). The effect of race and sex on physicians' recommendations for cardiac catheterization. <i>In Race, Ethnicity and Health: A Public Health Reader. La Viest TA. Editor.</i> San Francisco: Jossey-Bass. Chapter 30 pp. 516-530. <p>Van Ryn M, Burke J. (2002). The effect of patient race and socio-economic status on physician's perceptions of patients. <i>In Race, Ethnicity and Health: A Public Health Reader. La Viest TA. Editor.</i> San Francisco: Jossey-Bass. Chapter 32 pp. 547-574.</p>
<p>Week 8 7/23</p>	<ul style="list-style-type: none"> • Meet online <p><u>Topic: Social capital, collective efficacy and broken windows</u></p>

	<p><u>Readings:</u></p> <ol style="list-style-type: none"> 1. Browning CR, Cagney KA. (2002). Neighborhood structural disadvantage, collective efficacy, and self-rated physical health in an urban setting. <i>Journal of Health and Social Behavior</i> 43: 383-99. 2. Cohen D, Spear S, Scribner R, Kissinger P, Mason K, Wildgen J. (2000). Broken windows and the risk of gonorrhea. <i>American Journal of Public Health</i> 90 (2): 230-6. 3. Kawachi I, Kennedy B, Glass R. (1999). Social capital and self-rated health: a contextual analysis. <i>American Journal of Public Health</i> 89 (8): 1187-93. 4. Pearce N, Smith GD. (2003). Is social capital the key to inequalities in health? <i>American Journal of Public Health</i> 93 (1): 122-29. 5. Sampson RJ, Raudenbusch SW, Earls F. (1997). Neighborhoods and violent crime: a multilevel study of collective efficacy. <i>Science</i> 277: 918-24. <p><u>Discussion Board:</u> Facilitators: Pose your initial question on the Discussion Board at 9am on Monday. All other students: Respond with at least one comment by 8:30pm on Monday. You are also expected to post at least four messages throughout the course of the week. The deadline for all postings that will be considered for grading is Friday at 5pm.</p>
<p>Week 9 7/30</p>	<ul style="list-style-type: none"> • Meet online <p><u>Topic: Strategies for reducing health disparities</u></p> <p><u>Readings:</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. <i>Med Care Res Rev</i> 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. <i>JAMA</i>. 2008;299(12):1411-1413. 4. Schroeder Steven A. We Can Do Better -- Improving the Health of the American People. <i>N Engl J Med</i>. 2007;357(12):1221-1228 <p><u>Discussion Board:</u> Facilitators: Pose your initial question on the Discussion Board at 9am on Monday.</p>

	All other students: Respond with at least one comment by 8:30pm on Monday. You are also expected to post at least four messages throughout the course of the week. The deadline for all postings that will be considered for grading is Friday at 5pm.
Week 10 8/6	<ul style="list-style-type: none">• Meet face-to-face Class Presentations. Papers due.

June

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2
3	4 Meet in-person	5	6	7	8	9
10	11 Meet online	12	13	14	15	16
17	18 Meet in-person	19	20	21	22	23
24	25 Meet online	26	27	28	29	30

July

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2 Meet in-person	3	4	5	6	7
8	9 Meet online	10	11	12	13	14
15	16 Meet in-person	17	18	19	20	21
22	23 Meet online	24	25	26	27	28
29	30 Meet online	31				

August

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
5	6 Meet in-person	7	8	9	10	11

Grading Rubric for Paper			
Criteria	Exceptional 15-20 pts.	Acceptable - Marginal 10-14 pts.	Unacceptable 0 - 9 pts.
Content & Knowledge	The paper is exceptionally researched, extremely detailed, and historically accurate.	The information in the paper relates to the main topic, but few details and/or examples are given. The content within the paper shows a limited variety of sources.	The content has weak or no connection to the stated purpose of the paper.
Organization/ Development	Exceptionally clear, logical, mature, and thorough development of ideas with excellent transitions between and within paragraphs.	Somewhat clear and logical development with basic transitions between and within paragraphs	The paper lacks development of ideas with weak or no transitions between and within paragraphs.
Grammar	There is an evident control of grammar, usage, and mechanics. The paper is almost entirely free of spelling, punctuation, and grammatical errors.	May contain a few errors but does not impede understanding.	Contains many errors that does impede understanding.
Format	The format is consistent throughout, including heading styles and captions. The figures and tables are presented logically and reinforce the text	The paper has a mostly consistent format. The figures and tables are legible, but only somewhat convincing.	There are many format changes throughout, e.g., font type, size, etc. The figures and tables are sloppy and fail to provide intended information.
Works Cited/Bibliography	The reference section is complete and comprehensive. There is consistent and logical referencing system	Minor inadequacies in references. Does not use a consistent referencing system.	Inadequate or no referencing system used.

Adapted from <http://seattlecentral.edu/faculty/gmauger/Rubric.pdf>

Grading Rubric for Group Presentation			
Criteria	Advanced 15-20 pts.	Proficient 10-14 pts.	Not Proficient 0-9 pts.
Content	Presentation had an exceptional amount of valuable material and was extremely beneficial to the class.	Presentation had a good amount of material and benefited the class.	Presentation contained little to no valuable material.
Collaboration	It was easily observed that all of the group members contributed equally to the presentation	It appeared as though certain people did not do as much work as others.	It was evident that not everyone worked on the presentation.
Organization	The presentation was well organized, well prepared and easy to follow.	The presentation had organizing ideas but could have been much stronger with better preparation.	The presentation lacked organization and had little evidence of preparation.
Presentation	Presenters were all very confident in delivery and they did an excellent job of engaging the class. Preparation of the presentation was very evident.	Presenters were not consistent with the level of confidence/ preparedness they showed the classroom but had some strong moments.	Presenters demonstrated little evidence of planning prior to presentation.
Content	Presentation had an exceptional amount of valuable material and was extremely beneficial to the class.	Presentation had a good amount of material and benefited the class.	Presentation contained little to no valuable material.

Adapted from http://pbl101.weebly.com/uploads/3/1/3/1/31318861/group_presentation_rubric.pdf

Grading Rubric for Discussion Board

Criteria	Advanced 3-4 pts.	Proficient 1-2 pts.	Not Proficient 0 pts.
Development of Ideas	Well-developed ideas; introduces new ideas, and stimulates discussion	Developing ideas; sometimes stimulates discussion	Poorly developed ideas which do not add to the discussion. Does not participate, complete post, or is late.
Evidence of Critical Thinking	Clear evidence of critical thinking-application, analysis, synthesis, and evaluation. Postings are characterized by clarity of argument, depth of insight into theoretical issues, originality of treatment, and relevance. Sometimes include unusual insights. Arguments are well supported.	Beginning of critical thinking; postings tend to address peripheral issues. Generally accurate, but could be improved with more analysis and creative thought. Tendency to recite facts rather than address issues.	Poorly developed critical thinking. Does not participate, complete post, or is late.
Clarity	Posts are well articulated and understandable	Posts are somewhat understandable, but some thought is required.	Posts are difficult to clarify. Posts are unintelligible or not present.
Responses to Other Students	Interacts 1 time with facilitator and 4 other students.	Interacts 0 times with facilitator and/or 1-3 times other student.	Does not participate, complete post, or is late.
Timeliness	Posts before deadline.	Individual message posted before deadline but at least one response is late.	Posting is made after deadline or responses are late. Does not participate or complete post.

Adapted from http://www.ion.uillinois.edu/resources/pointersclickers/2004_03/creating.asp