

Saint Louis University
School of Public Health
Department of Community Health
Division of Behavioral Science



CMHC- C 543

Understanding Health Disparities

Fall Semester 2004

Syllabus

Thursdays, 12:30 – 4:45pm, Salus Center, Room 1503

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Office Hours:

Mondays, 2-3 pm, Wednesdays, 1-2 pm, or Thursdays, 10:30-12:00pm, or by appointment

Course Overview

This course is designed to provide a broad overview of health disparities. The study of health disparities in this course will center on Leading Health Indicators and Leading Causes of Death in the U.S. as described in Healthy People 2010 and listed below. Students will have exposure to the descriptive epidemiology of these health indicators, as well as theories used to understand/explain health disparities. Disparities will be discussed relative to race/ethnicity, gender, income, and sexual orientation.

Leading Health Indicators: physical activity, overweight and obesity, tobacco use, substance abuse, sexual behavior, mental health, injury and violence, environmental quality, immunization, access to health care

Leading Causes of Death: heart disease, cancer, stroke, COPD, unintentional injuries, pneumonia/influenza, diabetes, suicide, kidney disease, chronic liver disease and cirrhosis

By the end of this course it is expected that students will have a rudimentary knowledge of the disparity literature and a solid understanding of some of the causes of disparities. Students successfully completing the course will be able to:

- Describe and analyze the patterns of health disparity affecting various racial/ethnic, gender, income and sexual orientation groups, including health indicators, rates of disease, and health-related behaviors.
- Describe theoretical strategies used to understand/explain health disparities

- Describe and analyze the determinants of health disparities for particular groups, including social, political, and economic factors

Course Description

Course Format: These indicators and causes of death have been grouped in the following categories to accommodate a 10-week course structure. The course will consist of guest lectures by faculty expert in areas of health disparity. Lectures, activities, and discussions led by the course instructor will supplement and integrate the material presented in the series of guest lectures.

Course Elements and Requirements

Readings: Readings for each scheduled class will be distributed in the prior session.

Course Requirements:

1. **Attendance and participation** in weekly seminars. (10%)
Students are expected to attend each class session and participate in all discussions, class activities and assignments. Students will be expected to discuss readings and to have questions prepared for each guest lecture.
2. **Reaction Papers** (25%)
Students are expected to prepare reaction papers (see syllabus) in response to questions posed and discussed in class. Papers are approximately two (2) pages in length.
3. **Health Disparities Presentation** (25%)
Each student will select one of the leading causes of disease as described in Healthy People 2010 (topics to be approved by instructor). Each session will last 25 minutes (with an additional 5 minutes for questions). Presentations should clearly answer two questions: (1) What do we know about disparities for this disease? and (2) What don't we know but need to know about disparities for this disease?
 - All presentations should begin by introducing the descriptive epidemiology about disparities that exist for the health problem selected (who is affected, any geographic or location factors, time frame or age factors, risk factors, and causes). We are interested in showing how disparities affect various groups, so you need not focus only on one population sub-group.
 - Next, presentations should provide information on risk factors and etiology – what causes this disease?
 - Third, presentations should explore in greater depth why these disparities exist – what explanations have been offered or supported?

Presentation Dates: November 18, 2004

Scheduling will be determined by the instructor, in consultation with the students enrolled, by September 30, 2004.

4. **10 to 12 page paper** (40%)
This paper is to provide a critical review of the literature on a leading cause of death as described in Healthy People 2010. The paper must address the following:
 - A description the health problem
-Define the health problem

- Describe the epidemiology of the disease
- Discuss why it is important as a public health problem
- Provide a description of the disparities that exist for this health problem
- Discuss explanations offered for the disparity and evidence that supports the explanation
- Using theories discussed in class, suggest research questions that have not been studied and support their importance (why is this question important and what new information will it add when answered).

Papers will be graded on content, organization, clarity, and grammar. Papers should be double spaced, 12-point font, one-inch margins (top, bottom, and sides).

Papers are due on November 30, 2004.

Grading Determination and Policy

According to The Graduate School, the only final grades allowed are: A (≥ 93 to 100 points), B+ (≥ 90 to 93 points), B (≥ 83 to 90 points), B- (≥ 80 to 83 points), C (≥ 73 to 80 points) and F (< 73 points).

Miscellaneous

- Your reaction papers are due at the beginning of the class period following assignment. Your final paper is expected by 5pm on the date due and presentations as scheduled. Acceptance of late assignments will be decided on a case-by-case basis.
- Submitted work should be typed and double-spaced or submitted on disk, electronically, etc.
- Written work will be evaluated for composition and grammar.
- Turn off beepers and cell phones during class.
- Any successful learning experience requires mutual respect on behalf of the student and the instructor. The instructor, as well as the fellow students, should not be subjected to any student's behavior that is in any way disruptive, rude, or challenging to the instructor's authority in the classroom. A student should not feel intimidated or demeaned by his/her instructor and students must remember that the instructor has primary responsibility for control over classroom behavior and maintenance of academic integrity.

Feedback on Assignments: Timely feedback on assignments is important to the learning process. It assures that you are aware of your progress. For routine assignments, quizzes, presentations, and exams feedback will be provided within two weeks after the due date. For longer assignments such as term papers, feedback will be provided within three weeks after the due date of the assignment. In the rare event that these deadlines cannot be met, you will be informed of the delay and the extra time needed in providing feedback.

Attendance: Regular class attendance is an important part of one's graduate education in public health. Students are expected to attend all scheduled class meetings. In rare circumstances (e.g., illness, accident, death in one's family), absences will be excused. However, if a student misses more than seven (7) hours of a three-credit course, they may be asked to withdraw from the course and re-take the course at a later time.

Academic Integrity Policy

All students enrolled in MPH Program courses are also expected to abide by and uphold Saint Louis University's Policy on Academic Integrity and Ethics. This policy is reprinted below:

The University is a community of learning, whose effectiveness requires an environment of mutual trust and integrity, such as would be expected at a Jesuit, Catholic institution. As members of this community, students, faculty, and staff members share the responsibility to maintain this environment. Academic dishonesty violates it. Although not all forms of academic dishonesty can be listed here, it can be said in general that soliciting, receiving, or providing any unauthorized assistance in the completion of any work submitted toward academic credit is dishonest. It not only violates the mutual trust necessary between faculty and students but also undermines the validity of the University's evaluation of students and takes unfair advantage of fellow students. Further, it is the responsibility of any student who observes such dishonest conduct to call it to the attention of a faculty member or administrator.

Examples of academic dishonesty would be copying from another student, copying from a book or class notes during a closed-book exam, submitting materials authored by or editorially revised by another person but presented as the student's own work, copying a passage or text directly from a published source without appropriately citing or recognizing that source, taking a test or doing an assignment or other academic work for another student, tampering with another student's work, securing or supplying in advance a copy of an examination without the knowledge or consent of the instructor, colluding with another student or students to engage in an act of academic dishonesty; and making unauthorized use of technological devices in the completion of assignments or exams.

Where there is clear indication of such dishonesty, a faculty member or administrator has the responsibility to apply appropriate sanctions. Investigations of violations will be conducted in accord with standards and procedures of the school or college through which the course or research is offered. Recommendations of sanctions to be imposed will be made to the dean of the school or college in which the student is enrolled. Possible sanctions for a violation of academic integrity include, but are not limited to, disciplinary probation, suspension, and dismissal from the University.

Policy on Style for Citation and Plagiarism

The two key purposes of citation are to 1) give appropriate credit to the authors of information, research findings, and/or ideas (and avoid plagiarism) and 2) facilitate access by your readers to the sources you use in your research.

Quotations: When directly quoting an outside source, the borrowed text, regardless of the amount, must be surrounded by quotation marks or block quoted. Quoted text over two lines in length should be single-spaced and indented beyond the normal margins. Every quote must include a source—the author, title, volume, page numbers, etc.—whether an internal reference, footnote, or endnote is used in conjunction with a bibliography page.

Paraphrasing or Citing an Idea: When summarizing an outside source in your own words or citing another person's ideas, quotation marks are not necessary, but the source must be included.

Plagiarism is a serious violation of the academic honesty policy of the School of Public Health. If a student plagiarizes others' material or ideas, he or she may receive an "F" in the course. The faculty member may also recommend further sanctions to the Dean, per School disciplinary action policy.

Generally speaking, the three keys of acceptable citation practice are: 1) thoroughness, 2) accuracy, and 3) consistency. In other words, be sure to fully cite all sources used (thoroughness), be accurate in the citation information provided, and be consistent in the citation style you adopt. All references should include the following elements: 1) last names along with first and middle initials; 2) full title of reference; 3) name of journal or book; 4) publication city, publisher, volume, and date; and 5) page numbers

referenced. When citing information from the Internet, include the WWW address at the end, with the “access date” (*i.e.*, when you obtained the information), just as you would list the document number and date for all public documents. When citing ideas or words from an individual that are not published, you can write “personal communication” along with the person’s name and date of communication. Typical formats for citing references and books can be found in *the American Journal of Public Health*.

Additional Reading:

Lathrop A, Foss K. *Student Cheating and Plagiarism in the Internet Age*. Englewood, CO: Libraries Unlimited, Inc.; 2000.
(available to check out from Brenda McDaniel)

Access and Accommodation Policy

Students with disabilities who believe that they may need accommodations in this class are encouraged to contact the Office of Disabilities Services at 314-977-2930 as soon as possible to better ensure that such accommodations are implemented in a timely fashion.

Course Calendar

Week 1. Course Overview

September 2, 2004 - Thompson

Introductions and overview of course/review of syllabus

Activity: Pretest

What is Health Disparity?

Definitions of Disparity

Readings: Healthy People 2010 (excerpts A systematic approach to health improvement and Leading Health Indicators)

Steinbrook, R. (2004). Disparities in Health Care – From politics to policy. *New England Journal of Medicine*, 350, 1486-1488.

Reynolds, P. P. (2004). Professional and Hospital Discrimination and the US Court of Appeals Fourth Circuit 196-1967. *American Journal of Public Health*, 94, 710-720.

Class Assignment: Reaction Paper (2 pages) – Beliefs, attitudes and the experience of health disparity.

Week 2. Theories and Explanations of Disparity

September 9, 2004 – Thompson

Activity: Discussion of reaction papers. Beliefs, attitudes and the experience of health disparity.

Lecture and Discussion (biomedical model, ecosocial and biopsychosocial frameworks)

Readings: Berkman, L.F. & Kawachi, I. “A Historical framework for social epidemiology”

Engel, G.L. The need for a new medical model: A challenge for biomedicine, *Science*, 196, 129-35.

Week 3. Disparity & Health Indicators

September 23, 2004

Sexual Behaviors: HIV/STDs
Diet and Nutrition

Jeff Mayer, Ph.D.
Susan Nanney, Ph.D.

Class Assignment: Reaction Paper (2 pages) – Select one of the health indicators presented and discuss whether and how what is known fits one of the theoretical models for understanding health disparities.

Readings: Xie, B., Gilliland, F., Li, Y., Rockett, H. (2002). Effects of Ethnicity, Family Income, & Education on dietary intake among adolescents. *Preventive Medicine* 36, 30-40.

Sloane, D. C. et al. (2003). *Journal of General Internal Medicine* 18, 568-575.

CDC Fact Sheet: Eliminate Disparities in HIV and AIDS.

[Http://www.cdc.gov/omh/AMH/factsheets/hiv.htm](http://www.cdc.gov/omh/AMH/factsheets/hiv.htm)

The body: CDC – Trends in Sexual Risk Behaviors Among High School Students. <http://www.thebody.com/cdc>

Week 4. Disparity & Health Indicators

September 30, 2004

Activity: Discussion of reaction papers. (The relationship between theory, research and knowledge.)

Physical Activity
Access to Health Care

Ross Brownson, Ph.D.
Tim McBride, Ph.D.

Class Assignment: Reaction Paper (2 pages) – What do we know about how these health indicators affect disparities? and (2) What don't we know but need to know about how these health indicators affect disparities?

Readings: Marmot, M., Bobak, M. & Smith G. D. (1995) Explanations for Social Inequalities in Health. In Amick, B, Levine, S., Tarlov, A. R., & Walsh, D. C. (Eds.) *Society and Health*. New York: Oxford University Press.

Week 5. Disparity & Health Indicators

October 7, 2004

Activity: Discussion of reaction papers. (The theories and research to date.)

Violence
Mental Health

Vetta L. Sanders Thompson, Ph.D.
Vetta L. Sanders Thompson, Ph.D.

Readings: William, D. R., Yu, Y., & Jackson, J. S. (1997). Racial differences in physical and mental health: socio-economic status, stress, and discrimination. *Journal of Health Psychology*, 2, 335-351.

Week 6. Disparity & Health Indicators

October 14, 2004

Tobacco Use
Injury

Douglas Luke, Ph.D.
Nancy Weaver, Ph.D.

Class Assignment: Reaction Paper (2 pages) – Discuss differences and similarities in how the health indicators discussed so far impact health disparities.

Readings: Barbeau, E. M., Krieger, N. & Soobader, M. (2004). Working class matters: Socioeconomic disadvantage, race/ethnicity, gender, and smoking in NHIS 2000. *American Journal of Public Health, 94*, 269-278.

Healton, C. & Nelson, K. (2004). Reversal of misfortune: Viewing tobacco as a social justice issue. *American Journal of Public Health, 94*, 186-191.

Week 7. Disparity & Health Indicators

Activity: Discussion of reaction papers. (Research and research direction)

October 21, 2004

Adult Immunization
Child Immunization

Ricardo Wray, Ph.D.
Charlene Caburnay, M.S.

Class Assignment: Reaction Paper (2 pages) – Discuss how race is or is not a factor in health disparities when health indicators and models of health disparity are considered.

Readings: Chu, S. Barker, L. E., & Smith, P. (2004). Racial/ethnic disparities in preschool immunizations: United States, 1996-2001. *American Journal of Public Health, 94*, 973-977.

Week 8. Disparity & Health Indicators

Activity: Discussion of reaction papers. (Social factors in research and theory.)

October 28, 2004

Overweight/obesity/diabetes
Environmental quality

Debra Haire-Joshu, Ph.D.
David Sterling, Ph.D.

Class Assignment: Reaction Paper (2 pages) – As you go about your week, think about the discussions of health indicators and health disparities. Using one of the theoretical models presented, discuss aspects of the St. Louis community that you encounter or have heard discussed that might affect health disparities.

Reading: Neuhouser, M. L., Thompson, B., Coronado, G. & Solomon, C. C. (2004). Higher fat intake and lower fruit and vegetables intake are associated with greater acculturation among Mexicans living in Washington state. *Journal of the American Dietetic Association, 104*, 51-57.

UWeek 9. Disparity, Research and Health Indicators

November 4, 2004

Activity: Discussion of reaction papers.

Cancer Epidemiology and Health Disparity

Matthew Kreuter, Ph.D.

Reading: Healthy People 2010, Chapter 3, Cancer

Week 10. Presentations

November 18, 2004

Activity: Health disparities post test.