

HPA 545b : Health disparities and the social determinants of health

Spring, 2004

Tuesdays, 4:30-6:20 pm, LEPH

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Office hours: Tuesday afternoons, immediately after class or by telephone appointment

Course description:

This main purpose of this seminar is to provide students with an understanding of how social factors contribute to racial/ ethnic, socioeconomic and gender disparities in health and health care. We will examine how dyadic relationships such as interpersonal forms of discrimination, marriage, and social ties may contribute to health disparities. We will also examine the ways in which neighborhood and community context, as well as inequalities in socioeconomic status materially shape health and access to health care services.

Individual characteristics such as acculturation and patient preferences may also contribute to disparities and will be explored briefly, but are not a major focus of this course.

Course objectives:

Much of the medical and epidemiologic literature on health disparities is descriptive in nature and focused on identifying and describing the disparity at hand. In some cases, the reasons underlying a particular health disparity have not been researched or researched well. A goal of this course is to identify a health disparity that little is know about and to develop causal and interactive explanations for why this disparity may exist using the social determinants of health frameworks covered in the seminar.

I hope that you will learn how to identify gaps in the literature where future research is necessary and possible. To make a compelling case about the need to address a particular health disparity it is important to acknowledge what is known as well as what is not known about a particular disparity. This will require that you learn the skill of article

critique and how to recognize compelling research. Most importantly, I want you to finish this seminar with a body of knowledge from the readings and class discussions that I hope will be invaluable to you in whatever career path you chose.

Seminar requirements:

1. SEMINAR PAPER: For this course you will be required to write a seminar paper. For this paper, you will be asked to choose a health disparity that interests you (e.g. higher rates of asthma in African American children). You will be asked to explain why this disparity is important to address from a public health perspective, to review the existing literature about this disparity and to develop a conceptual framework that explores the reasons both known and unknown for this disparity. I want to make this a productive learning experience for you. Hence, you will be asked to hand in a good draft two weeks before the final paper is due. This will give you the opportunity to incorporate a round of feedback from me into your final paper.

2. CLASS PRESENTATION: In addition, you will give a brief presentation based on your paper. The class will give you feedback on your presentation, which will also help to improve the quality of your final paper. The disparities chosen by individuals in the class will become mini-case studies. As a class, we will apply to each disparity the broader lessons learned about the social determinants of health throughout the semester.

3. FEEDBACK MEMO: You will be asked to document how you have addressed my concerns and the concerns of your peers when you hand in your final seminar paper. This will require handing in a short memo that briefly outlines, point for point, how you've addressed our substantive concerns. This is an important exercise because revisions to journal articles and grants are typically accompanied by such a memo.

4. READINGS AND PARTICIPATION: The quality of our seminar will depend on the quality of participants' critical thinking to engage in thoughtful and thought provoking discussions. It is absolutely essential that participants read and reflect on all assigned material in advance of the seminar.

Critical readings and reflection on scholarly materials is an essential part of research, scholarship and the policy making process. This seminar will provide an opportunity to develop and practice these skills. When reading helpful questions you may want to consider include:

- What are the main questions the author(s) is posing?
- What is the methodology? (data source, analytic approach)
- What are their underlying assumptions?
- What are the main conclusions?
- What are the major contributions of this work to the literature?
- In what ways is this work unsatisfying, inconsistent, incomplete?
- What additional questions does this work raise?

A good seminar discussion should spark new ideas, insights and syntheses. It should reveal areas of agreement and surface areas of disagreement. For this to happen, seminar members need to listen to one another, respond to and challenge one another's ideas. Hopefully, this process will happen spontaneously. If it does not, I reserve the right to assign formal roles during seminar to help jump start discussion.

Grading policy

Attendance, seminar participation and preparation (30%); Class presentation (20%); Feedback memo (10%); Seminar paper (40%)

Required course books and readings:

** Institute of Medicine. (2003) *Unequal treatment: Confronting Racial and Ethnic Disparities in Health Care*. Washington, D.C.: National Academies Press.

** La Veist T. (2002). *Race, ethnicity and health: a public health reader*. San-Francisco: Jossey-Bass.

In addition, a course packet of readings is required for this course.

Tentative course schedule

January 13	What is a health disparity? Frameworks to examine health disparities
January 20	Racial/ ethnic categorization and its implications for health
January 27	Interpersonal discrimination
February 3	Provider biases, stereotyping and clinical decision-making
February 10	Residential segregation
February 17	Individual socioeconomic status and neighborhood deprivation
February 24	Income inequality
March 2	Social capital, collective efficacy and broken windows
March 9	Spring break
March 16	Spring break (continued)
March 23	Marriage, social networks and social support
March 30	Gender and social roles
April 6	Patient-level factors
April 13	The application of theory to health disparities Student presentations Submit DRAFT seminar paper for comments
April 20	The application of theory to health disparities Student presentations Receive comments on DRAFT seminar paper
April 27	Final seminar paper is due Feedback memo is due

Introduction and course overview (January 13)

** Institute of Medicine. (2003). *Unequal treatment: Confronting Racial and Ethnic Disparities in Health Care*. Washington, D.C.: National Academies Press.

Chapter 1: Introduction and literature review pp 29-79.

Syme LS, Balfour JL. (1998). Social Determinants of Disease. *In Mazey-Rosenau- Last Public Health Reader. Wallace RB, Doebbeling BN Editors.* Appleton & Lange: Stamford, CT. Chapter 42: 795-810.

** Williams DR, Collins C. (2002). U.S. Socioeconomic and racial differences in health: patterns and explanations. *In Race, Ethnicity and Health: A Public Health Reader. La Viest TA. Editor.* San Francisco: Jossey-Bass. Chapter 22 pp. 391-431.

RACE/ ETHNICITY HEALTH CARE DISPARITIES (January 20)

Racial/ ethnic categorization and its implications for health

Required readings

Bhopal R, Donaldson L. (1998). White, European, Western, Caucasian, or What? Inappropriate labeling in Research on Race, Ethnicity, and Health. *American Journal of Public Health* 88 (9): 1303-07.

Goodman AH. (2000). Why Genes Don't Count (for Racial Differences in Health). *American Journal of Public Health* 90, no. 11: 1699-1702.

** Hayes-Bautista DE, Chapa J. (2002). Latino Terminology: Conceptual bases for standardized terminology. *In Race, Ethnicity and Health: A Public Health Reader. La Viest TA. Editor.* San Francisco: Jossey-Bass. Chapter 9 pp. 141-159.

Fullilove MT. (1998). Comment: Abandoning "Race" as a Variable in Public Health Research- an Idea whose time has come. *American Journal of Public Health* 88 (9): 1297-98.

Kaplan JB, Bennett T. (2003). Use of Race and Ethnicity in Biomedical Publication. *JAMA* 289 (20) 2709-16.

** La Veist TA. (2002). Beyond Dummy Variables and Sample Selection: What Health Services Researchers ought to know about Race as a Variable. *In Race, Ethnicity and Health: A Public Health Reader*. La Viest TA. Editor. San Francisco: Jossey-Bass. Chapter 7 pp. 115-128.

Interpersonal forms of discrimination (January 27)

** Clark R, Anderson NB, Clark VR, Williams DR. (2002). Racism as a stressor for African Americans: a biopsychosocial model. *In Race, Ethnicity and Health: A Public Health Reader*. La Viest TA. Editor. San Francisco: Jossey-Bass. Chapter 18 pp. 319-339.

** Institute of Medicine. (2003). *Unequal treatment: Confronting Racial and Ethnic Disparities in Health Care*. Washington, D.C.: National Academies Press. Chapter 2: Healthcare environment and its relationship to disparities pp 80-124.

Kessler RC, Michelson KD, Williams DR. (1999). The prevalence, distribution, and mental health correlates of perceived discrimination in the United States. *Journal of Health and Social Behavior* 40: 208-230.

Krieger, N. Discrimination and Health. (2000). *In Social Epidemiology*. Berkman LF, Kawachi I. editors. New York: Oxford University Press. Chapter 3 pp. 36-75.

Krieger N, Sidney S. (1996). Racial discrimination and Blood pressure: the CARDIA study of Young Black and White Adults. *American Journal of Public Health* 86(10): 1370- 78.

Stuber, J., Galea, G., Ahern, J., Blaney, S., Fuller, C. (2003). The Association between Multiple domains of discrimination and self-assessed health: a multilevel analysis of Latinos and Blacks in Four Low-income neighborhoods. *Health Services Research*. In press.

Provider biases, stereotyping and clinical decision-making (February 3)

** Chen J, Rathore SS, Radford MJ, Wang Y, Krumholz HM (2002). Racial differences in the use of cardiac catheterization after acute myocardial infarction. *In Race, Ethnicity and Health: A Public Health Reader. La Viest TA. Editor.* San Francisco: Jossey-Bass. Chapter 37 pp. 644-656.

** Institute of Medicine. (2003). *Unequal treatment: Confronting Racial and Ethnic Disparities in Health Care.* Washington, D.C.: National Academies Press. Chapter 4: Assessing Potential Sources of Racial and Ethnic Disparities in Care: The Clinical Encounter pp. 160-179.

** Schulman KA et al. (2002). The effect of race and sex on physicians' recommendations for cardiac catheterization. *In Race, Ethnicity and Health: A Public Health Reader. La Viest TA. Editor.* San Francisco: Jossey-Bass. Chapter 30 pp. 516-530.

** Van Ryn M, Burke J. (2002). The effect of patient race and socio-economic status on physician's perceptions of patients. *In Race, Ethnicity and Health: A Public Health Reader. La Viest TA. Editor.* San Francisco: Jossey-Bass. Chapter 32 pp. 547-574.

Segregation (February 10)

Acevedo-Garcia D, Lochner KA. (2003). Residential segregation and Health. In *Neighborhoods and Health. Ed by Kawachi I and Berkman L.* New York: Oxford University Press. Chapter 12 pp. 265-81.

Cooper RS, Kennelly JF, Durazo-Arvizu R, Hyun-Joo Oh, HJ, Kaplan G, Lynch J. (2001). Relationship between premature mortality and socioeconomic factors in Black and White populations of US Metropolitan Areas. *Public Health Reports* 116: 464-473.

Massey, DS. (2001). Residential Segregation and Neighborhood Conditions in U.S. Metropolitan Areas. *In America Becoming: Racial Trends and Their Consequences. Smelser, NJ, Wilson, JW, Mitchell, F. Editors. Volume 1.* Washington, D.C.: National Academy Press. Chapter 13 pp. 391-434

** Williams DR, Collins C. (2002). Racial residential segregation: a fundamental cause of racial disparities in health. *In Race, Ethnicity and Health: A Public Health Reader. La Viest TA. Editor.* San Francisco: Jossey-Bass. Chapter 21 pp. 369-390.

Individual socioeconomic status and neighborhood deprivation (February 17)

Boardman JS, Rinch BK, Ellison CG, William DR, Jackson J. (2001). Neighborhood disadvantage, stress and drug use among adults. *Journal of Health and Social Behavior* 42: 151-165.

Lynch J, Kaplan G. Socioeconomic position and health (2000). *In Social Epidemiology. Berkman LF, Kawachi I. editors.* New York: Oxford University Press. Chapter 2 pp. 13-35.

Liberatos P, Link B, Kelsey JL. (1988). The measurement of social class in epidemiology. *Epidemiology Reviews* 10: 87-121.

Marmot MG, Kogevinas M, Elston MA (1987). Social/ economic status and disease. *Annual Review of Public Health* 8: 111-135.

Robert SA. (1999). Socioeconomic position and health: the independent contribution of community socioeconomic context. *Annual Review of Sociology* 25: 489-516.

Income inequality (February 24)

Judge K, Mulligan JA, Benzeval M. (1998). Income inequality and population health. *Social Science and Medicine* 46 (4-5): 567-79.

Kaplan GA, Pamuk ER, Lynch JW, Coeh RD, Balfour JL. (1996). Inequality in income and mortality in the United States: analysis of mortality and potential pathways. *British Medical Journal* 312: 999-10003.

Kawachi I. (2000). Income Inequality and Health. *In Social Epidemiology*. Berkman LF, Kawachi I. editors. New York: Oxford University Press. Chapter 4: 76-93.

Kennedy BP, Kawachi I, Glass R, Prothrow-Stith. (1998). Income distribution, socioeconomic status, and self rated health in the United States: multilevel analysis. *British Medical Journal* 317: 917-21.

Muntaner C, Lynch J. (1999). Income inequality, social cohesion and class relations: a critique of wilkinson's neo-durkehemian research program. *Internal Journal of Health Services* 29 (1): 59-81.

Wilkinson RG. Putting the picture together: prosperity, redistribution, health and welfare. *In Social Determinants of Health*. Edited by Marmot M, Wilkinson RG. New York: Oxford University Press.

Social capital, collective efficacy and broken windows (March 2)

Browning CR, Cagney KA. (2002). Neighborhood structural disadvantage, collective efficacy, and self-rated physical health in an urban setting. *Journal of Health and Social Behavior* 43: 383-99.

Cohen D, Spear S, Scribner R, Kissinger P, Mason K, Wildgen J. (2000). Broken windows and the risk of gonorrhoea. *American Journal of Public Health* 90 (2): 230-6.

Kawachi I, Kennedy B, Glass R. (1999). Social capital and self-rated health: a contextual analysis. *American Journal of Public Health* 89 (8): 1187-93.

Pearce N, Smith GD. (2003). Is social capital the key to inequalities in health? *American Journal of Public Health* 93 (1): 122-29.

Sampson RJ, Raudenbusch SW, Earls F. (1997). Neighborhoods and violent crime: a multilevel study of collective efficacy. *Science* 277: 918-24.

Marriage, social networks and social support (March 23)

Berkman, LF, Glass, T, Brissette I, Seeman T. (2000). From social integration to health: Durkheim in the new millennium. *Social Science and Medicine* 51: 843-57.

Flaherty J, Richman J. (1989). Gender differences in the perception and utilization of social support: theoretical perspective and an empirical test. *28 (12): 1221-1228.*

Goodwin JS, Hunt WC, Key CR, Samet JM. (1987). The effect of marital status on stage, treatment, and survival of cancer patients. *JAMA* 258 (21): 3125-3130.

Pearlin L, Johnson J. (1977). Marital status, life-strains and depression. *American Sociological Review* 42: 704-15.

Pescosolido BA, Wright ER, Alegria M, Vera M. (1998). Social networks and patterns of use among the poor with mental health problem in Puerto Rico. *Medical care* 36(7): 1057-72.

Waite LJ. (1995). Does Marriage Matter? *Demography* 32 (4): 483-507.

Gender and social roles (March 30)

Barnett RC, Marshall NL, Singer JD. (1992). Job experiences over time, multiple roles, and women's mental health: a longitudinal study. *Journal of Personality and Social Psychology* 62 no.4: 634-44.

Bird CI, Rieker PP. (1999). Gender matters: an integrated model for understanding men's and women's health. *Social Science and Medicine* 48: 745-755.

Aube J, Fleury J, Smetana J. (2000). Changes in women's roles: impact on and social policy implications for the mental health of women and children. *Development and psychopathology* 12: 633-56.

Lane SD, Cibula DA. (2000). Gender and Health. In *The Handbook of Social Studies in Health and Medicine*. Edited by Albrecht GL, Fitzpatrick R, Scrimshaw SC. London: Sage Publications.

Verbrugge, LM. (1989). The Twain Meet: Empirical Explanations of Sex Differences in Health and Mortality. *Journal of Health and Social Behavior* 30: 282-304.

Patient-level factors (April 6)

Bergen AW, Caporaso N. (1999). Cigarette smoking. *Journal of the National Cancer Insitute* 91 (16): 1365-75.

Flores G. (2000). Culture and the patient-physician relation: achieving cultural competence in health care. *J Pediatr* 136: 14-23.

** Institute of Medicine. (2003) *Unequal treatment: Confronting Racial and Ethnic Disparities in Health Care*. Washington, D.C.: National Academies Press.

Chapter 3: Assessing potential sources of racial and ethnic disparities in care: patient and system-level factors pp. 125-159.

Perez-Stable EJ et al. (2001). Cigarette smoking behavior among US Latino Men and Women from Different Countries of Origin. *American Journal of Public Health* 91 (9): 1424-30.

** Vega WA, Amaro H. (2001). Latino Outlook: Good Health, Uncertain Prognosis. In *Race, Ethnicity and Health: A Public Health Reader*. La Viest TA. Editor. San Francisco: Jossey-Bass. Chapter 4 pp. 47-75.