

Ameliorating Disparities in the Public's Health

PUBH 524 (Spring 2010)

Course units: 1 CU

Course Overview: This course is a follow up on the provost sponsored seminar series that ran from 2003 to 2006. The title of the first seminar in 2003 *Ameliorating Health Disparities: An exercise in Futility or a Tool for Real Social Change* captures the reason for providing this course. Health disparities are a fact of social and professional life. Addressing Health Disparities was the second overarching goal of Healthy People 2010. Most policy initiatives towards eliminating health disparities have failed to close these gaps in population health profiles. Preparation work for Healthy People 2020 highlights this problem. The course will provide the students with the tools necessary to make ameliorating health disparities part of their career, whether in advocacy, program management, scientific inquiry or education. The course covers methods, reasoning, problem definition, scope descriptions, lessons learned, and pathways for implementing better disparity outcomes in PH programs.

Faculty: Christiaan Morssink, MPH, PhD (course director) christiaanmo@yahoo.com
Guest faculty members for selected topics.

Pre-requisites: basic understanding of epidemiology and (bio)statistics. PUBH 500 or PUBH519 is preferable, but not required.

Course Objectives:

1. Integration and application of population health disparity concepts into Public Health practice and policy setting.
2. Developing a deep understanding of the methodological complexities involved in health disparity data collection, public health research and practice.
3. Understanding how outcomes in health disparity reduction can be integrated into broader public health planning.

Course Project:

After the first four classes, students will identify and work on a problem in the realm of health disparities, retrieve data from publicly available datasets such as NHANES, The National Health and Social Life Survey, evaluate these data in terms of reliability and validity in the context of the problem statement, develop a model for implementing an intervention or program for reducing health disparities and specify an evaluation frame for that model. Students can work in pairs or alone. Students will present three times to the class: 1. Specification of the problem and outline of a work plan. 2. Presentation of data and an analysis of their reliability and validity. 3. Presentation of a proposal for intervention, including an evaluation plan.

Class structure:

Class 1 (1-14):

- a. Introduction of the class, housekeeping, agenda setting.
- b. Setting the stage:
How health disparities are defined: health vs. health care issues; social justice and equity issues; environmental justice paradigm, disease or outcome focus vs. population health focus, within-and-between health disparities and variations.

Class 2 (1-21):

On Methodology: DVD: Measuring Health Disparities.
Discussion: topics: quantification of disparities; statistical data gathering and outcome indicators; relative vs. absolute risks; solutions as the way to gather data; indiv vs neighborhood level data collections

Class 3(1-28):

- a. Data bases for assessing health disparities in the USA.
Topics to be addressed: current picture: disparities and trends by race, ethnicity, gender, and socioeconomic status.
- b. A historical overview of the topic of health disparities and the appearance of Health Disparities as a problem in the policy arena.

Class 4(2-4):

Causes of health disparities: Different theories and their implications for public health action.
The major explanatory frames: a. Bio-medical modeling, b. Environmental Interaction modeling, c. genes and the environment, d. Social determinants of health modeling.

Class 5 (2-11):

Student presentations and discussing step 1: Specification of their chosen problem and outline of a work plan.

Class 6 (2-18):

A global perspective on health disparities; evaluating the strengths and weaknesses of the data in the WHO country profiles. Intra-nation, regional and global disparities, double burden of disease, epidemiological transitions.

Class 7 (2-25)

Projecting the explanatory frames on chronic diseases; the case of Diabetes.
Guest lecture followed by class discussion.

Class 8 (3-4):

Projecting the explanatory frames on Infant Mortality and Low Birth Weight;
Guest lecture followed by class discussion. Suggested lecturer (tbn via Ian Bennett)

Class 9 (3-18):

Projecting the explanatory frames on Oral Health: Guest lecture followed by class discussion.

Class 10 (3-25):

Student presentation step 2: Presentation of data and a discussion of their reliability, validity and generalizability.

Class 11 (4-1):

Strategies for addressing health disparities and eliminating them. The “contingency model” of LaVeist as a theoretical frame of reference.

Class 12 (4-8):

Applying the recommendations of the WHO Commission on Social Determinants of Health to the realities of the USA. The advocacy model of the Spirit of 1848.

Class 13 (4-15):

Lasswell’s “Muddling Through” by using community based participatory and action research. Debating expectations, barriers, and opportunities.

Class 14 (4-22):

Student presentation step 3: Presentation of a proposal for intervention and evaluation plan.

Class 15 (4-29): wrap up and class evaluation

Suggested Literature (under construction):

Nancy Adler and David Rehkopf: U.S. Disparities in Health: Descriptions, Causes, and Mechanisms. Annu.Rev.Public health, 2008, 29:235-52

Braveman,P and S Gruskin: Defining Equity in Health. J.Epidemiol. Community Health 2003:57;254-258

Braveman,P: Health Disparities and Health Equity: Concepts and Measurement. Annu. Rev. Public Health 2006: 27;167-94.

Donald A. Barr: Health Disparities in the United States; Social Class, Race, Ethnicity, and Health. Johns Hopkins University Press, Baltimore, MD. 2008

Carter-Pokras O, Baquet C. What is a "health disparity"? Public Health Rep. 2002; 117(5):426-34.

William C. Cockerham: Mortality and Health lifestyles in Russia; the failure of the middle class. Paper presented at Harvard symposium on Public Health in Russia, 2005. Retrieved from the web 4-3-2008.

Whitehead M. The concepts and principles of equity and health. Int J Health Serv. 1992;22(3):429-45.

Olivia Carter-Pokras & Claudia Baquet: What is a ‘Health Disparity’? 2002

LaVeist TA, Thorpe RJ, Mance GA, Jackson J. (2007) "Overcoming confounding of race with socioeconomic status and segregation to explore race disparities in smoking" *Addiction* Oct;102 Suppl 2:65-70.

LaVeist, TA. (2005) Disentangling Race and Socioeconomic Status: A Key to solving health disparities *Journal of Urban Health* Jun;82(2 Suppl 3):iii26-34.

LaVeist, TA: (2005) *Minority Populations and Health: An Introduction to Health Disparities in the U.S.*

Nancy Krieger: *The EOD Instrument*. (2005)

Krieger N. Proximal, distal, and the politics of causation: what's level got to do with it? *Am J Public Health* 2008; 98:221-230.

<http://www.spiritof1848.org/>

Fatimah Jackson: Human genetic variation and health: new assessment approaches based on ethnogenetic layering. *Br Med Bull*. 2004; 69:215-35.

John Lynch and Sam Harper: *Measuring Health Disparities*. DVD production of Michigan Public Health Training Center (<http://www.mittrainingcenter.org>) 2005.

The Unnatural Causes of Death. PBS series, available in DVD. 2008. (Summary only)

Michael Marmot and the WHO Commission on Social Determinants of Health:
http://www.who.int/social_determinants/resources/latest_publications/en/

Paul Farmer, et al: *Pathologies of Power; Health, Human Rights, and the New War on the Poor* University of California press, 2005 edition

Cockerham et al: *Conceptualization of Health Lifestyles; Mortality and Health Lifestyles in Russia, the failure of the middle class*.

Airhihenbuwa CO, Kumanyika S, Agurs TD, Lowe A, Saunders D, Morssink CB. Cultural aspects of African-American eating patterns. *Ethnicity and Health*: 1996;1:245-60.

Morssink CB, Kumanyika S, Tell GS, Schoenbach V, for the American College of Epidemiology Committee on Minority Affairs. Recruiting minorities into epidemiology. Reading the applicant's mail. *Annals of Epidemiology* 1996;6:4-11.

Airhihenbuwa CO, Kumanyika SK, TenHave TR, Morssink CB. Cultural identity and health lifestyles among African Americans. A new direction for health intervention research? *Ethnicity and Disease* 2000;10:148-164

Kumanyika SK, Morssink CB. Bridging domains in efforts to reduce health disparities. *Health Education and Behavior*, 2006; 33:440-58

Kumanyika SK, Morssink CB. Working effectively in cross-cultural and multicultural settings. In: Owen A, Splett P, Owen G eds. Nutrition in the Community; The Art and Science of Delivering Services. 4th Edition. New York: McGraw-Hill, 1998, Chapter 18. Pp 542-567.

Morssink C, Kumanyika SK. Book Review. Ethnicity Counts, by William Peterson. Ethnicity and Disease 1999; 9:140-144

Kumanyika SK, Morssink CB, Nestle M. Minority women and advocacy for women's health American Journal of Public Health 2001;91:1383-1388.

Morssink CB. "When alpha streets lose their alpha. Some holiday musings about the built environment." Pennsylvania Public Health Watch. Winter 2005. Available at <http://www.ppha.org/winter20051.pdf>

Student production:

- A. Paper: Planning an intervention based on HP2010-HP2020.
- B. Active class discussion.