

**Interdisciplinary Approaches to Health Disparities  
RSCH 207  
STANDARD COURSE OUTLINE**

**I. General Information:**

- A. Course Number: RSCH 207
- B. Title: Interdisciplinary Approaches to Health Disparities
- C. Units: 3
- D. Prerequisites: At least one GE Foundation requirement
- E. Course Classification: C-3 Lecture Activity (enrollment 30)
- F. Faculty: TBD [2 faculty coordinators (1.5 units each; 2 sections)]
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- H. Date of Revision: Spring 2015

**II. Catalog Description**

Interdisciplinary Approaches to Health Disparities (3)

Prerequisite: At least one GE Foundation requirements

This course covers the definition, prevalence, risk and protective factors, and interventions for health disparities among diverse populations. Using problem-based approaches, students will learn about discipline-specific and interdisciplinary methods to address common biomedical issues in a culturally relevant way.

**III. Justification for GE Designation**

Requested GE category: D2 (Social Science and Citizenship) and Human Diversity

The course illustrates how social, political, and economic factors are intricately linked to human behavior and health outcomes. Information and research provide current information that stems from historical processes within the U.S. Through course content and assignments, students' respect and appreciation for diversity will be developed, illustrating the cultural capital and resources that diversity introduces to enrich and enhance health-related research and outcomes. Throughout the course, comparisons of health outcomes and their multilevel determinants will be made among ethnic minority cultures (including at least two of the following groups: African Americans, Native Americans, Latino Americans, Asian Americans, Pacific Islander Americans, and Middle Eastern Americans) and gender differences as well as socially-diverse groups (such as those with disabilities, the elderly, economically disadvantaged, persons of varying sexual orientation/gender identity).

This course is part of the proposed CSULB Research Infused Curriculum described below;

**The CSULB Research Infused Curriculum:**

Among the selling points in pursuing a college education is the idea that graduates will have the skills to discover new solutions to the community's challenges and lay the groundwork for the industries of the future. Much of this promise is directly supported when students are prepared to become research professionals in their respective fields.

CSULB will support the preparation of its graduates to pursue further research training in graduate programs and entry into research careers through its proposed "Research Infused Curriculum." In this integrated and research career focused curriculum, each course's content supports the other courses and provides the skills necessary to identify long-term research projects, design and implement research plans, prepare fundable research proposals, and communicate the findings of research to experts and the general population.

While individual programs may have courses that fit pieces of the curriculum, many programs don't have a large enough pool of research career focused students to offer discipline specific courses of this type. Through the "Research Infused Curriculum" such training will be made available to the larger population of CSULB students. To address degree unit caps, the proposed courses have been designed to meet general education certification.

The existence of these courses will not preclude programs from running or developing their own more discipline specific courses, and will give course options for those programs wishing to serve their majors desiring to pursue research careers. The curriculum will also help underscore the position of scholarly activity within the training CSULB students receive.

The four courses making up the "Research Infused Curriculum" includes:

**Introduction to Research Methods** – This sophomore level course begins the training of students to become productive researchers. Although the courses share common elements, two courses have been created to address differences in the Biomedical (ENGR296 & NSCI 296) and Behavioral (CLA 296 & HHS 296) discipline needs in an introductory research methods course.

**Interdisciplinary Approaches to Health Disparities** – This interdisciplinary course (HHS 207) is designed to provide a showcase for the ways differing disciplines address health challenges faced by subsets of the community and/or the community at large.

**Scientific Research Communication** – This cross-listed (CLA 361, ENGR 361, HHS 361, NSCI 361) junior level course focuses on the dissemination of research findings and the development of fundable research proposals.

**Advanced Research Methods** – This senior level course emphasizing the development of a program of research, including proposal development and funding. Although the courses share common elements, two courses have been created to address differences in the Biomedical (ENGR 496 & NSCI 496) and Behavioral (CLA 496 & HHS 496) discipline needs in an advance research methods course.

#### **IV. Expected Student Learning Outcomes** (must appear on all course syllabi)

Upon successful completion of the course, the student will be able to:

- A. Define health disparities, health equity, and diversity
- B. Describe demographic and health care trends that affect health status of underserved/represented populations;
- C. Identify health inequities, their contributing factors, and disease outcomes across diverse, vulnerable population groups, developing intercultural knowledge;
  1. Empathy: interpret intercultural experience from the perspectives of own and more than one other population and demonstrate ability to act in a supportive manner that recognizes the feelings of another cultural group

2. Curiosity: asks complex questions about other populations, seeks out and articulates answers to these questions that reflect multiple population perspectives
- D. Describe interdisciplinary and innovative strategies to address health inequities;
- E. Synthesize empirical research and use interdisciplinary approaches to address health inequities, fostering creativity and discovery
  1. Problem solving: develops a logical, consistent plan to solve problems and recognizes consequences of the solution and can articulate the reason for choosing the solution.
  2. Innovative thinking: extends a novel or unique idea, question format, or product to create knowledge that crosses population boundaries

Methods of Evaluation for Grading

<b>Assessment Description</b>	<b>Link to Student Learning Outcome (SLO)</b>	<b>% of Course Grade</b>
Midterm Exam	SLO A	20%
Midterm Exam	SLO B	20%
Midterm Exam, Final Proposal	SLO C1	20%, 15%
Midterm Exam, Final Proposal	SLO C2	20%, 15%
Final Proposal	SLO D	15%
Final Proposal	SLO E1	15%
Final Proposal	SLO E2	15%

**V. Topics to be Covered** (Outline of Subject Matter)

The following content will be delivered through presentations of discipline-specific (e.g., behavioral sciences, engineering, natural sciences, public health) as well as collaborative, interdisciplinary team approaches to research. This is a broad outline of topics to be covered. Specific subject matter and sequence of topics may vary by instructor.

- A. Introduction to the course (SLO A)
  1. Overview and definitions of diversity, health disparities, and health equity
  2. The value of diversity in science
  3. Explanation of what qualifies as diversity-focused and/or health disparities research
  4. Ethical considerations for research with diverse populations
- B. Prevalence of Health Disparities (SLO B)
  1. Health Disparities among U.S. Ethnic Groups (must cover at least two of the following groups: African-Americans, Asians, Latinos, Middle Easterners, Native Americans, Pacific Islanders)
  2. Health Disparities among Vulnerable Populations (must cover gender differences and at least one of the following groups: disadvantaged, persons with disabilities, elderly, LGBTQ, veterans, gender, children)
  3. Conditions/diseases (e.g., obesity, heart disease, asthma, sickle cell, Alzheimer's)
- C. Risk and Protective Factors for Health Disparities among U.S. ethnic groups and vulnerable populations (listed in B1 and B2) (SLO B, C)
  1. Personal and Social Factors for Health Disparities
    - a. Biological/Genetic Influences (e.g., physical ability, genetic predisposition, sex differences)

- b. Socio-cultural Issues and Systems-level Factors (e.g., cultural capital, racism, SES, political empowerment)
  - c. Global Issues (e.g., political infrastructure, global health/disease outbreak, war/security, economics, social service structure)
- 2. Environmental Factors (e.g., the built environment, community)
- 3. Disparities in Health Care Access, Utilization, and Quality
- D. Assessment and Interventions Addressing Health Disparities among U.S. ethnic groups and vulnerable populations (listed in B1 and B2) across the Life Span (basic science, clinical, community-based) (SLO D, E)
  - 1. Strategies for health promotion and disease prevention (e.g., screening, wireless health monitoring, health education, lifestyle behavior change)
  - 2. Approaches to treatment of health problems (e.g., personalized medicine, biomarkers, clinical decision support systems, behavioral treatment, exercise therapy)

## **VI. Course Modality**

- A. Lectures:  
Lecture is used to present basic information about the topic, the basic concepts, principles, facts, or theories and elaboration of such.
- B. Discussions:  
Discussions are encouraged through the probing of questions and answers between teacher and students to enable critical thinking relative to cognitive, affective, and psychomotor domains. Student-led discussions will require student interaction and group discussion on various topics
- C. Guest speakers:  
Experts in the field will present research and strategies currently being utilized to address health disparities
- D. Multi-media presentations:  
Lectures are presented through overheads or PowerPoint presentations using the computer laptop and LCD. Course handouts, illustrations, course packet materials and study guides, and videos illustrating health disparities topics.
- E. Small group discussions:  
Small group discussions are encouraged in the form of exercises that utilize critical thinking and analysis, synthesis, or evaluation of facts, situations, or cases.
- F. Group activities:  
Small group activities include exercises that encourage students to apply theory to practice as well as develop analytical, problem solving and decision-making skills that influence their thinking, attitudes, and behaviors about health disparities.
- G. Student group presentations:  
Students will be required to develop a presentation integrating at least two discipline's approaches to health disparities research.

## **VII. Extent and Nature of the Use of Technology**

- A. Use of Beach Board for class communication
- B. Power Point presentations for lectures
- C. Web-based or internet research for student assignments and projects.
- D. Video/audio presentations
- E. Computer word-processing for student assignments
- F. Internet-based journal/periodical indexes to conduct literature searches for their research papers and small group activities/presentations.

## VIII. Instructional Requirements for Faculty

### A. Required Text:

**Course reader:** Compilation of required readings relevant course topics

### B. Mandatory Assignments, Examinations, and Other Demonstrations of Competence:

1. Writing assignments  
Four short papers based on an identified reading of interest (e.g., news article, media coverage), relevant to course topic, and preparation of class discussion (each worth 10% of total grade)
2. Quizzes  
Weekly quizzes to assess grasp of basic ideas relevant to course topics. Multiple choice and/or short answer format (total 10%)
3. Examination  
One midterm that covers definitions, prevalence, and risk and protective factors topics. Test items will be objective, multiple choice and short answer questions (total 20%)
4. Final project and presentation  
Group project to develop a proposed interdisciplinary approach to addressing health disparities for a specific health topic and diverse population. Students must identify their health topic by the 4<sup>th</sup> week of the course, and will be grouped based on health topic preference (max 4 students per group). Proposal will entail a paper including literature review to provide rationale for the approach and description of the program. Students will orally present (e.g., powerpoint, Prezi) the proposal during the last three weeks of class (last week of instruction and date of final exam), during which all students will be present and will evaluate fellow classmate presentations. (paper worth 15%, presentation worth 10% of total grade)
5. Participation  
Students are expected to attend every class and arrive on time. Active participation includes reading materials prior to class and full engagement in class discussions and activities.

### C. Percentage of total grade per requirement:

1. Midterm	20%
2. Final project & presentation	25%
3. Writing assignments (4 @ 10% each)	40%
4. Quizzes	10%
5. Participation	5%

Course grades may be based on a descriptive scale such as the following (PS 08-10):

90-100% = A performance at the highest level showing sustained excellence.

80-89% = B performance at high level showing consistent and effective achievement.

- 70-79% = C performance at an adequate level meeting basic requirements.  
60-69% = D performance is less than adequate meeting minimum course requirements.  
Below 60% = F performance in which minimal course requirements have not been met.

Final course grades shall be based on at least three, and preferably more, of competence by the student. Exceptions require the college dean's approval. In no case shall the grade on any single demonstration of competence count for more than one-third of the final course grade. Exceptions require the college dean's approval. (PS 09-07)

## **IX. Instructional Policies Requirements**

All sections of the course will have a syllabus that includes information required by the syllabus policy adopted by the Academic Senate (PS11-07). Instructors will include information on the interpretation of the withdrawal policy, how students may make up work for excused absences, and how participation will be assessed. Instructors will also include the following statements as part of the syllabus in accordance with the policies of the College of Health and Human Services.

### **A. Commitment to Inclusion**

California State University, Long Beach is committed to maintaining an inclusive learning community that values diversity and fosters mutual respect. All students have the right to participate fully in university programs and activities free from discrimination, harassment, sexual violence, and retaliation. Students who believe they have been subjected to discrimination, harassment, sexual violence, or retaliation on the basis of a protected status such as age, disability, gender, gender identity/expression, sexual orientation, race, color, ethnicity, religion, national origin, veteran/veteran status or any other status protected by law, should contact the Office of Equity and Diversity at (562) 985-8256, University Student Union (USU) Suite 301, <http://www.csulb.edu/depts/oed>.

### **B. Statement of Accessibility - Accommodation**

Students needing special consideration for class format and schedule due to religious observance or military obligations must provide the instructor with written notice of those needs by the second week of class.

Students who require additional time or other accommodation for assignments must secure verifications/assistance from the CSULB Disabled Student Services (DSS) office located at Brotman Hall 270. The telephone number is (562)985-5401.

Accommodation is a process in which the student, DSS, and instructor each play an important role. Students contact DSS so that their eligibility and need for accommodation can be determined. DSS identifies how much time is required for each exam. The student is responsible for discussing his/her need with the instructor and for making appropriate arrangements. Students who are eligible to receive accommodation should present an Accommodation Cover Letter and a DSS Student/Teacher Testing Agreement Form to the instructor as early in the semester as possible, but no later than a week before the first test. (It takes one week to schedule taking an exam at the DSS office.) The instructor welcomes the opportunity to implement the accommodations determined by DSS. Please ask the instructor if you have any questions.

### C. Cheating and Plagiarism

1. "Plagiarism is defined as the act of using the ideas or work of another person or persons as if they were ones own, without giving credit to the source. Such an act is not plagiarism if it is ascertained that the ideas were arrived at through independent reasoning or logic or where the thought or idea is common knowledge. Acknowledge of an original author or source must be made through appropriate references, i.e., quotation marks, footnotes, or commentary. Examples of plagiarism include, but are not limited to, the following: the submission of a work, either in part or in whole, completed by another; failure to give credit for ideas, statements, facts or conclusions which rightfully belong to another; in written work, failure to use quotation marks when quoting directly from another, whether it be a paragraph, a sentence, or even a part thereof; or close and lengthy paraphrasing of another's writing or programming. A student who is in doubt about the extent of acceptable paraphrasing should consult the instructor. Students are cautioned that, in conducting their research, they should prepare their notes by (a) either quoting material exactly (using quotation marks) at the time they take notes from a source; or (b) departing completely from the language used in the source, putting the material into their own words. In this way, when the material is used in the paper or project, the student can avoid plagiarism resulting from verbatim use of notes. Both quoted and paraphrased materials must be given proper citations."
2. "Cheating is defined as the act of obtaining or attempting to obtain or aiding another to obtain academic credit for work by the use of any dishonest, deceptive or fraudulent means. Examples of cheating during an examination would include, but not be limited to the following: copying, either in part or in whole, from another test or examination; discussion of answers or ideas relating to the answers on an examination or test unless such discussion is specifically authorized by the instructor; giving or receiving copies of an exam without the permission of the instructor; using or displaying notes; "cheat sheets," or other information or devices inappropriate to the prescribed test conditions, as when the test of competence includes a test of unassisted recall of information, skill, or procedure; allowing someone other than the officially enrolled student to represent the same. Also included are plagiarism as defined and altering or interfering with the grading procedures. It is often appropriate for students to study together or to work in teams on projects. However, such students should be careful to avoid use of unauthorized assistance, and to avoid any implication of cheating, by such means as sitting apart from one another in examinations, presenting the work in a manner which clearly indicates the effort of each individual, or such other method as is appropriate to the particular course."
3. " One or more of the following academic actions are available to the faculty member who finds a student has been cheating or plagiarizing. These options may be taken by the faculty member to the extent that the faulty member considers the cheating or plagiarism to manifest the student's lack of scholarship or to reflect on the student's lack of academic performance in the course. These actions may be taken without a request for or before the receipt of a Report from the Academic Integrity Committee.
  - a. Review – no action.
  - b. An oral reprimand with emphasis on counseling toward prevention of further occurrences;
  - c. A requirement that the work be repeated;
  - d. Assignment of a score of zero (0) for the specific demonstration of competence, resulting in the proportional reduction of final course grade;

- e. Assignment of a failing final grade;
- f. Referral to the Office of Judicial Affairs for possible probation, suspension, or expulsion.”

#### D. Campus Behavior

1. “California State University, Long Beach, takes pride in its tradition of maintaining a civil and non-violent learning, working, and social environment. Civility and mutual respect toward all members of the University community are intrinsic to the establishment of excellence in teaching and learning. They also contribute to the maintenance of a safe and productive workplace and overall healthy campus climate. The University espouses and practices zero tolerance for violence against any member of the University community (i.e., students, faculty, staff, administrators, and visitors). Violence and threats of violence not only disrupt the campus environment, they also negatively impact the University’s ability to foster open dialogue and a free exchange of ideas among all campus constituencies. To fulfill this policy, the University strives: 1) to prevent violence from occurring; and 2) to enforce local, state, and federal laws, as well as University regulations, regarding such conduct. The University also has established procedures for resolving and/or adjudicating circumstances involving violence, as well as threats of violence. A threat of violence is an expression of intention that implies impending physical injury, abuse, or damage to an individual or his/her belongings. All allegations of such incidents (i.e., acts and threats) will be aggressively investigated. Allegations that are sustained may result in disciplinary action up to and including dismissal from employment, expulsion from the University, and/or civil and criminal prosecution.” (CSULB Catalog, AY 2013-2014, p. 837)
2. Classroom Expectations – All students of the California State University system must adhere to the Student Conduct Code as stated in Section 41301 of the Title 5 of the California Code of Regulations as well as all campus rules, regulations, codes and policies. Students as emerging professionals are expected to maintain courtesy, respect for difference, and respect for the rights of others.
3. Unprofessional and Disruptive Behavior – It is important to foster a climate of civility in the classroom where all are treated with dignity and respect. Therefore, students engaging in disruptive or disrespectful behavior in classes will be counseled about this behavior. If the disruptive or disrespectful behavior continues, additional disciplinary actions may be taken.

#### E. Withdrawal Policy

1. Withdrawal Between the 3rd and 12th Weeks of a Semester – Withdrawals during this period semester are permissible only for “**serious and compelling reasons.**”
  - a. The definition of “serious and compelling reasons” as applied by faculty and administrators becomes narrower as the semester progresses.
  - b. Please be advised that doing poorly in a class does *not* constitute a serious or compelling reason. The “W” is not intended to be used as a mechanism to escape being awarded the grade that a student has been earning. Thus, the instructor and Department Chair will generally not authorize a withdrawal from this course unless the student seeking to withdraw (a) has been regularly attending classes; (b) has been performing at the level of a “C” or higher in the course; and (c) has a serious and compelling reason for seeking withdrawal.
  - c. To withdrawal during this period you will need both the signature of the course instructor *and* the signature of the Department Chairperson. Please note that the Department Chair may apply more stringent criteria than your instructor for

assessing whether your reasons for seeking to withdraw are "serious and compelling."

2. Withdrawal During the Final 3 Weeks of a Semester – Withdrawals after the 12th week of instruction are not granted absent the most serious and compelling of reasons, such as the documented death of an *immediate* (not extended) family member; a documented, serious medical condition that requires withdrawal from all courses; a call from reserve to active military service; etc. The procedures for withdrawal during this period are the same as in above, but also require the approval and signature of the Dean or Associate Dean of the College of Health and Human Services. Moreover, the Office of the Provost will review all such requests before they are formally approved.

## **X. Consistency of SCO Standards Across Sections**

Course instructors meet twice a semester, once at the beginning and once at the end. They review course assignments, criteria sheets and student outcomes. As a result of the meetings, necessary changes are made in instruction and assignments. All course syllabi are in close alignment with the SCO. All course sections use the same textbook and grading guidelines for assessments.

## **XI. Program-Level Assessment Plan**

- A. Exam grades will be used to assess students' learning of critical, foundational and research information contained in the SLO's.
- B. GE skills will be assessed utilizing rubrics and criteria sheets generated by faculty and based on best-practices for each domain assessed. All instructors will utilize the same rubrics and criteria sheets for all skill-based assessments.
- C. At the close of the each semester, the Faculty Coordinator for the course will convene a meeting of all instructors to conduct an assessment of all rubrics, and any necessary edits will be made at that time.

## **XII. Justification for Course Offering**

HHS 207 (Interdisciplinary Approaches to Health Disparities) encourages students to explore the health disparities faced by various underserved communities, their influencing factors, and methods to intervene to reduce disparities. Students will gain comprehension of the importance of cultural, linguistic and literacy-level-appropriate research and education and how this can be used to improve health disparities among underserved populations. Throughout the course, students are provided with process-oriented activities that stimulate thinking and foster analysis and evaluation of their beliefs and attitudes. The course assignments and requirements are designed to promote written and oral communication skills, and information competency.

There are limited courses that provide students with tools and skills needed to work with diverse populations, addressing health disparities and serving underrepresented groups. This course focuses on illustrating methodological and research approaches to attend to the needs of diverse groups. The course is complementary to existing curriculum, adding to the cadre of professional skills and understanding needed to work in a changing world population. Further supporting the merit and need for this course, NIH funding from the BUILD training grant was received to develop this course.

## **XIII. Bibliography**

- Barr, D. A. (2014). *Health Disparities in the United States: Social Class, Race, Ethnicity, and Health*. Johns Hopkins University Press.
  - Berner, E. T. (2009). Clinical Decision Support Systems: State of the Art. AHRQ Publication No. 09-0069-EF
  - Bruhn, J (2014). *Culture and Health Disparities: Evaluation of Interventions and Outcomes in the U.S.-Mexico Border Region*. Springer International Publishing.
  - Department of Health and Human Services & Centers for Disease Control and Prevention (2014). *Promoting Health Equity: A Resource to Help Communities Address Social Determinant of Health*. St. Louis: CreateSpace Independent Publishing Platform.
  - Food & Drug Administration. (2013). Paving the Way for Personalized Medicine: FDA's Role in a New Era of Medical Product Development.
  - Gomez, L. E., & Lopez, N. (2013). *Mapping "Race": Critical Approaches to Health Disparities Research*. Rutgers University Press.
  - Gurung, R.A.R. (2014). *Health Psychology: A Cultural Approach, International Edition*. San Francisco, CA: Wadsworth.
  - Halvorson, G. C. (2013). *Ending Racial, Ethnic, and Cultural Disparities in American Health Care*. CreateSpace Independent Publishing Platform.
  - Huff, R. M., Kline, M. V., Peterson, D. V. (2014) *Health Promotion in Multicultural Populations: A Handbook for Practitioners and Students*. Los Angeles: SAGE Publications, Inc.
  - Institute of Medicine. (2003). *Unequal treatment: Confronting racial and ethnic disparities in health care*. Washington, DC: National Academies Press. Can purchase on-line.
  - LaVeist, T.A., & Isaac, L.A. (2013). *Race, ethnicity, and health: A public health reader*. San Francisco: Jossey-Bass.
  - Minkler, M., & Wallerstein, N. (Eds.). (2008). *Community-based participatory research for health: From process to outcomes*. San Francisco: Jossey Bass.
  - Sarafino, E.P., & Smith, T.W. (2014). *Health Psychology: Biopsychosocial Interactions*. New York, NY: Wiley.
  - Satcher, D., & Pamies, R.J. (2006). *Multicultural Medicine and Health Disparities*. McGraw Hill.
  - Wallace, B. C. (2007). *Toward Equity in Health: A New Global Approach to Health Disparities*. New York: Springer Publishing Company.
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- International Journal for Equity in Health
  - Journal of Equity in Health
  - Journal of Health Disparities Research and Practice
  - Journal of Racial and Ethnic Health Disparities
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- Cross-Cultural Competency in US Health Care, available at: [http://www.globalny.com/wp-content/themes/gas/images/whitepapers/pdf/Cross-Cultural\\_Health\\_Care\\_Competence\\_Report.pdf?goback=gde\\_103452\\_member\\_193046362](http://www.globalny.com/wp-content/themes/gas/images/whitepapers/pdf/Cross-Cultural_Health_Care_Competence_Report.pdf?goback=gde_103452_member_193046362)
  - Disparities in Healthcare Quality Among Racial and Ethnic Minority Groups, available at: [www.ahrq.gov/research/findings/nhqrdr/nhqrdr10/minority.html](http://www.ahrq.gov/research/findings/nhqrdr/nhqrdr10/minority.html)
  - Health Disparities and Inequalities Report, 2011 (CDC Fact Sheet), available at: [www.cdc.gov/minorityhealth/CHDIR/2011/FactSheet.pdf](http://www.cdc.gov/minorityhealth/CHDIR/2011/FactSheet.pdf)
  - Racial and Ethnic Disparities in US Healthcare : A Chartbook, available at: [http://www.commonwealthfund.org/usr\\_doc/mead\\_raceethnicdisparities\\_chartbook\\_1111.pdf](http://www.commonwealthfund.org/usr_doc/mead_raceethnicdisparities_chartbook_1111.pdf) Disparities in Healthcare Quality Among Racial and Ethnic Minority Groups

- Transcending Impasses in Health Disparities - Urban ... – YouTube Video for systems approach to health disparities, available at: [www.youtube.com/watch?v=F3Djam9wtv8](http://www.youtube.com/watch?v=F3Djam9wtv8) Keynote Speaker Ana Dies-Roux, M.D.
- <http://www.nlm.nih.gov/hsrinfo/disparities.html>
- <http://www.cdc.gov/omhd/>
- <http://www.cdc.gov/mmwr/>
- <http://minorityhealth.hhs.gov/>
- <http://www.cdc.gov/nccdphp/dch/index.htm>
- <http://www.solvingdisparities.org/about>
- <http://www.rwjf.org/en/our-topics/topics/health-disparities.html>
- <http://kff.org/disparities-policy/>
- <http://seer.cancer.gov/hdcalc/>
- Diez Roux, A. V. (2011). Complex Systems Thinking and Current Impasses in Health Disparities Research. *Am J Public Health*, 101, 1627–1634.
- Diez Roux, A. V. (2012). Conceptual Approaches to the Study of Health Disparities. *Annual Review of Public Health*, 33: 41-58. DOI: 10.1146/annurev-publhealth-031811-124534
- Egede L. E. (2006). Race, ethnicity, culture, and disparities in health care. *Journal of General Internal Medicine*, 21, 667-669. doi:10.1111/j.1525-1497.2006.0512.x.
- Shonkoff, J. P., Boyce, W. T., & McEwen, B. S. (2009). Childhood roots of health disparities *JAMA*, 301, 2252-2259. doi:10.1001/jama.2009.754
- Health Care in the Two Americas, available for download: [http://www.commonwealthfund.org/~media/files/publications/fund-report/2013/sep/1700\\_schoen\\_low\\_income\\_scorecard\\_full\\_report\\_final\\_v4.pdf](http://www.commonwealthfund.org/~media/files/publications/fund-report/2013/sep/1700_schoen_low_income_scorecard_full_report_final_v4.pdf)
- AHRQ Disparities Report 2013, available for download: <http://www.ahrq.gov/research/findings/nhqrd/nhdr13/index.html>
- The 2014 Health Disparities Profile, available for download: [http://www.healthstatus2020.com/disparities/images/Combined\\_Disparities6.pdf](http://www.healthstatus2020.com/disparities/images/Combined_Disparities6.pdf)
- Strategies for Reducing Health Disparities — Selected CDC-Sponsored Interventions, United States, 2014, available for download: <http://www.cdc.gov/mmwr/pdf/other/su6301.pdf>
- Closing the Quality Gap Series: Quality Improvement Interventions to Address Health Disparities, available for download: [http://www.effectivehealthcare.ahrq.gov/ehc/products/386/1242/EvidReport208\\_CQGHalthDisparities\\_FinalReport\\_20120824.pdf](http://www.effectivehealthcare.ahrq.gov/ehc/products/386/1242/EvidReport208_CQGHalthDisparities_FinalReport_20120824.pdf)
- A Roadmap and Best Practices for Organizations to Reduce Racial and Ethnic Disparities in Health Care, available for download: <http://link.springer.com/article/10.1007%2Fs11606-012-2082-9>
- Interventions to Reduce Racial and Ethnic Disparities in Health Care, available for download: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2366039/pdf/nihms-44291.pdf>
- Interventions to Improve Minority Health Care and Racial and Ethnic Disparities, available for download: <http://www.hsrd.research.va.gov/publications/esp/healthcare-disparities.pdf>
- A Nation free of disparities in health and health care, available for download: [http://minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS\\_Plan\\_complete.pdf](http://minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS_Plan_complete.pdf)

- PCORI Scientific Program Area: Addressing Health Disparities, available for download: <http://www.pcori.org/sites/default/files/PCORI-Addressing-Health-Disparities-Topic-Briefs-All-0416131.pdf>
- In Pursuit of Health Equity: Comparing U.S. and EU Approaches to Eliminating Disparities, available for download: [http://www.rwjf.org/content/dam/farm/reports/issue\\_briefs/2014/rwjf414060](http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2014/rwjf414060)
- U.S. Health in International Perspective: Shorter Lives, Poorer Health, available for download: [http://books.nap.edu/openbook.php?record\\_id=13497](http://books.nap.edu/openbook.php?record_id=13497)

### Sample Schedule

Schedule is based on two class meetings per week, 1hr 15min each

**NOTE:** The term “diverse groups” refers to the U.S. ethnic groups and vulnerable populations listed in week 3. When presenting on diverse groups throughout the semester, content must include at least two of the following groups: African Americans, Native Americans, Latino Americans, Asian Americans, Pacific Islander Americans, and Middle Eastern Americans; must address gender differences; and must address at least one of the following socially-diverse groups: persons with disabilities, the elderly, economically disadvantaged, persons with varying sexual orientation.

Wk#	Topic
1	<ul style="list-style-type: none"> <li>• Overview and definitions of diversity, health disparities, and health equity</li> <li>• The value of diversity in science</li> </ul>
2	<ul style="list-style-type: none"> <li>• Explanation of what qualifies as diversity-focused and/or health disparities research</li> <li>• Ethical considerations for research with diverse populations</li> </ul>
3	<ul style="list-style-type: none"> <li>• Prevalence of Health Disparities among U.S. Ethnic Groups (Overview of diseases/conditions related to ethnic groups (e.g., African-Americans, Asians, Latinos, Middle Easterners, Native Americans, Pacific Islanders), descriptions of diseases/conditions most prevalent among each group)</li> <li>• Prevalence of Health Disparities among Vulnerable Populations (Overview of diseases/conditions related to vulnerable groups (e.g., disadvantaged, persons with disabilities, elderly, LGBTQ, veterans, gender, children), descriptions of diseases/conditions most prevalent among each group)</li> </ul>
4	<ul style="list-style-type: none"> <li>• Guest speaker: Health and Disease (e.g., department of public health)</li> <li>• Biological/genetic risk and protective factors that influence diseases/conditions to cause disparities among diverse groups (i.e., ethnic groups and vulnerable groups)</li> </ul>
5	<ul style="list-style-type: none"> <li>• Socio-cultural risk and protective factors and systems-level risk and protective factors that influence diseases/conditions to cause disparities among diverse groups</li> <li>• Socio-cultural risk and protective factors and systems-level risk and protective factors that influence diseases/conditions to cause disparities among diverse groups</li> </ul>
6	<ul style="list-style-type: none"> <li>• Systems-level risk and protective factors that influence diseases/conditions to cause disparities among diverse groups</li> <li>• Global risk and protective factors that influence diseases/conditions to cause disparities among diverse groups</li> </ul>

7	<ul style="list-style-type: none"> <li>• Environmental risk and protective factors that influence diseases/conditions to cause disparities among diverse groups</li> <li>• Disparities in health care access, utilization, and quality among diverse groups</li> </ul>
8	<ul style="list-style-type: none"> <li>• Guest speaker: Ecological Approaches to Understanding Health Disparities</li> <li>• Midterm Review</li> </ul>
9	<ul style="list-style-type: none"> <li>• Midterm Exam</li> <li>• Discipline-specific (natural science, engineering, behavioral) assessment to facilitate disparities research among diverse groups</li> </ul>
10	<ul style="list-style-type: none"> <li>• Interdisciplinary/collaborative (natural science, engineering, behavioral) assessment to facilitate disparities research among diverse groups</li> <li>• Guest speaker: Assessment for Health Disparities Research</li> </ul>
11	<ul style="list-style-type: none"> <li>• Natural science and engineering focused prevention interventions for diverse groups</li> <li>• Behavioral focused prevention interventions for diverse groups</li> </ul>
12	<ul style="list-style-type: none"> <li>• Interdisciplinary/collaborative (natural science, engineering, behavioral) prevention interventions for diverse groups</li> <li>• Guest speaker: Health Disparities Prevention Intervention</li> </ul>
13	<ul style="list-style-type: none"> <li>• Behavioral and public health focused treatment interventions for diverse groups</li> <li>• Natural science and engineering focused treatment interventions for diverse groups</li> </ul>
14	<ul style="list-style-type: none"> <li>• Interdisciplinary/collaborative(natural science, engineering, behavioral) treatment interventions for diverse groups</li> <li>• Guest speaker: Health Disparities Treatment Intervention for diverse groups</li> </ul>
15	<ul style="list-style-type: none"> <li>• FinalPresentations (max 3 groups)</li> <li>• FinalPresentations (max 3 groups)</li> </ul>
Finals	<ul style="list-style-type: none"> <li>• FinalPresentations (max 3 groups)</li> </ul>