

Sociology 3769 (section 002) 3 credit hours
Disparities in Health
Spring 2020
Time: MW 8:05-9:25 am
Location: BEH S 102

With community engaged learning (CEL)

Instructor: Dr. Akiko Kamimura, Ph.D., M.S.W., M.A.

Office: 324 BEH S

Phone: 801-585-5496

E-mail: akiko.kamimura@soc.utah.edu

• **I prefer to only be contacted through Canvas email.**

Office Hours: By appointment

Course description:

This course examines links between disparities in health and social and individual factors including socio demographic status, health indicators, and health literacy. Cultural competency, advocacy, social justice, health policy and provider education to reduce health disparities will be discussed. Guest speakers will be invited for in-depth understandings of specific populations (e.g. refugees, Latino(a)/Hispanic, Tongan, homeless, the elderly) and health disparities. This course meets the Diversity (DV) requirement. Throughout the semester, this course will address the following learning outcomes: Inquiry & Analysis, Critical Thinking, and Intercultural Knowledge & Competence.

Objectives:

At the end of the course, the student will be able to:

- Become familiar with some of the key works in health disparities
- Identify the dimensions of health disparity
- Gain good understanding of social contexts of health disparities
- Describe health policy and community implications to reduce health disparities
- Understand current social theories and knowledge about health-related perceptions, behaviors of individuals, and health care organizations
- Think critically about social arrangements related to health, illness and health care organizations

Teaching and learning methods:

Teaching strategies include lecture and discussion. Students are expected to read course materials prior to the class, raise questions, and come prepared to discuss the issues on topics of the day.

Grading:

Class attendance/participation	17
In class exercises 26*0.5 point	13
CEL – services	32
CEL - Weekly reflections 14*2points	28
CEL – project	10
Total	100

Grading Scale:

100-92.5 points: A
92-89.5 points A-
89-86.5 points B+
86-82.5 points B
82-79.5 points B-
79-76.5 points C+
76-72.5 points C
72-69.5 points C-
69-66.5 points D+
66-62.5 points D
62-59.5 points D-
59 and below E

Text books:

All reading materials will be posted on Canvas.

Recommended books:

Rachel Pearson. No Apparent Distress: A Doctor's Coming of Age on the Front Lines of American Medicine. 2018 ISBN-10: 0393355853 ISBN-13: 978-0393355857 W. W. Norton & Company

Mary Otto. Teeth: The Story of Beauty, Inequality, and the Struggle for Oral Health in America. 2019. ISBN-10: 1620974827. ISBN-13: 978-1620974827 The New Press

The ADA statement:

The University of Utah seeks to provide equal access to its programs, services and activities for people with disabilities. If you will need accommodations in the class, reasonable prior notice needs to be given to the Center for Disability Services, 162 Union Building, 581-5020 (V/TDD). CDS will work with you and the instructor to make arrangements for accommodations.

The Academic Misconduct statement:

Per University of Utah regulations (Policy # 6-400). "A student who engages in academic misconduct," as defined in Part I.B. and including, but not limited to, cheating, falsification, or plagiarism, "may be subject to academic sanctions including but not limited to a grade reduction, failing grade, probation, suspension or dismissal from the program or the University, or revocation of the student's degree or certificate. Sanctions may also include community service, a written reprimand, and/or a written statement of misconduct that can be put into an appropriate record maintained for purposes of the profession or discipline for which the student is preparing." Please refer to the Student Code for full elaboration of student academic and behavioral misconduct policies (<http://regulations.utah.edu/academics/6-400.php>).

Addressing Sexual Misconduct:

Title IX makes it clear that violence and harassment based on sex and gender (which includes sexual orientation and gender identity/expression) is a Civil Rights offense subject to the same kinds of accountability and the same kinds of support applied to offenses against other protected categories such as race, national origin, color, religion, age, status as a person with a disability, veteran's status or genetic information. If you or someone you know has been harassed or assaulted, you are encouraged to report it to the Title IX Coordinator in the Office of Equal Opportunity and Affirmative Action, 135 Park Building, 801-581-8365, or the Office of the Dean of Students, 270 Union Building, 801-581-7066. For support and confidential consultation, contact the Center for Student Wellness, 426 SSB, 801-581-7776. To report to the police, contact the Department of Public Safety, 801-585-2677(COPS).

Safety statement

The University of Utah values the safety of all campus community members. To report suspicious activity or to request a courtesy escort, call campus police at 801-585-COPS

(801-585-2677). You will receive important emergency alerts and safety messages regarding campus safety via text message. For more information regarding safety and to view available training resources, including helpful videos, visit safeu.utah.edu.

Class schedule (*This schedule is tentative and subject to change at any time.)

Week	Date	Topic	Reading (Additional reading materials will be posted on Canvas)
1	1/6 M	Introduction	
	1/8 W	Definition of health disparities	Horton, S. (2006). The double burden on safety net providers: Placing health disparities in the context of the privatization of health care in the US. <i>Social Science & Medicine</i> , 63(10), 2702-2714. Koh, H. K., Oppenheimer, S. C., Massin-Short, S. B., Emmons, K. M., Geller, A. C., & Viswanath, K. (2010). Translating Research Evidence Into Practice to Reduce Health Disparities: A Social Determinants Approach. <i>American Journal of Public Health</i> , 100, S72-S80.
2	1/13 M	Socioeconomic status	Burgard, S. A., & Chen, P. V. (2014). Challenges of health measurement in studies of health disparities. <i>Social Science & Medicine</i> , 106, 143-150. Kamimura, A., Christensen, N., Prevedel, JA., Tabler, J., Hamilton, BJ., Ashby, J., & Reel, J. (2014). Quality of life among free clinic patients associated with somatic symptoms, depression, and perceived neighborhood environment. <i>Journal of Community Health</i> , 39(3), 524-530.
	1/15 W	Race/ ethnicity (1)	Croll, P. R., & Gerteis, J. (2019). Race as an Open Field: Exploring Identity beyond Fixed Choices. <i>Sociology of Race and Ethnicity</i> , 5(1), 55-69. doi:10.1177/2332649217748425 Baer, R. D., Arteaga, E., Dyer, K., Eden, A., Gross, R., Helmy, H., . . . Reeser, D. (2013). Concepts of race and ethnicity among health researchers: patterns and implications. <i>Ethnicity & Health</i> , 18(2), 211-225. doi: 10.1080/13557858.2012.713091 Yu, S. M., Huang, Z. J., & Singh, G. K. (2010). Health Status and Health Services Access and Utilization Among Chinese, Filipino, Japanese, Korean, South Asian, and Vietnamese Children in California. <i>American Journal of Public Health</i> , 100(5), 823-830. doi: 10.2105/ajph.2009.168948
3	1/20 M – No class MLK Day 1/22 W	Race/ ethnicity (2)	
4	1/27 M	Health indicators (1)	Factor, R., Kawachi, I., & Williams, D. R. (2011). Understanding high-risk behavior among non-dominant minorities: A social resistance framework. <i>Social Science & Medicine</i> , 73(9), 1292-1301. Gordon-Larsen, P., Nelson, M. C., Page, P., & Popkin, B. M. (2006). Inequality in the built environment underlies key health disparities in physical activity and obesity. <i>Pediatrics</i> , 117(2), 417-424.
	1/29 W	Dr. Troy Andersen (Social Work): Veterans	Lutfiyya, M. N., Bianco, J. A., Quinlan, S. K., Hall, C., & Waring, S. C. (2012). Mental Health and Mental Health Care in Rural America: The Hope of Redesigned Primary Care. <i>Dm Disease-a-Month</i> , 58(11), 629-638. doi: 10.1016/j.disamonth.2012.08.004
5	2/3 M	Health indicators (2)	
	2/5 W	Populations at risk (1)	Dowd, J. B., Zajacova, A., & Aiello, A. (2009). Early origins of health disparities: Burden of infection, health, and socioeconomic status in US children. <i>Social Science & Medicine</i> , 68(4), 699-707.
6	2/10 M	Populations at risk (2)	
	2/12 W	Immigrants (1)	Jasso, G. (2009). Ethnicity and the immigration of highly skilled workers to the United States. <i>International Journal of Manpower</i> , 30(1-2), 26-42. doi: 10.1108/01437720910948375 Beechinor, L. A. V., & Fitzpatrick, J. J. (2008). Demands of immigration among nurses from Canada and the Philippines. <i>International Journal of Nursing Practice</i> , 14(2), 178-187. doi: 10.1111/j.1440-172X.2008.00680.x
7	2/17 M – no class 2/19 W	Immigrants (2)	
8	2/24 M	Culture, health beliefs and health	Singer, M. K. (2012). Applying the concept of culture to reduce health disparities through health behavior research. <i>Preventive Medicine</i> , 55(5), 356-361.
	2/26 W	Refugee health	Sastre, L., & Haldeman, L. (2015). Environmental, Nutrition and Health Issues in a US Refugee Resettlement Community. <i>Medic Review</i> , 17(4), 18-24.
9	3/2 M	Dr. Maija Holsti (pediatrics): Health of Native Americans	Henley, T., & Boshier, M. (2016). The future of Indian Health Services for native Americans in the United States: an analysis of policy options and recommendations. <i>Health Economics Policy and Law</i> , 11(4), 397-414. doi: 10.1017/s1744133116000141

			Rutman, S., Phillips, L., & Sparck, A. (2016). Health Care Access and Use by Urban American Indians and Alaska Natives: Findings from the National Health Interview Survey (2006-09). <i>Journal of Health Care for the Poor and Underserved</i> , 27(3), 1521-1536.
	3/4 W	Dr. AJ Smith (Dentistry) Oral health for underserved populations	Kamimura, A., Gull, B., Lindsey, W., Weaver, S., Edwards, A., Nourian, K., Ashby, J., & Erickson, L. (2016). Factors associated with oral health-related quality of life among safety-net clinic patients. <i>Journal of Public Health Dentistry</i> . DOI: 10.1111/jphd.12193. Kamimura, A., Gull, B., Weaver, S., Wright, L., W., Ashby, J., & Erickson, L. Association between health-related beliefs and oral health behaviors among uninsured primary care patients. <i>Journal of Primary Care & Community Health</i> . doi: 10.1177/2150131916680887.
10	3/16 M	Health literacy (1)	Paasche-Orlow, M. K., & Wolf, M. S. (2010). Promoting Health Literacy Research to Reduce Health Disparities. <i>Journal of Health Communication</i> , 15, 34-41. Kamimura, A., Christensen, N., Tabler, J., Ashby, J., & Olson, L. M. (2013). Patients Utilizing a Free Clinic: Physical and Mental Health, Health Literacy, and Social Support. <i>Journal of Community Health</i> , 38(4), 716-723.
	3/18 W	Health literacy (2)	
11	3/23 M	Dr. Caren Frost (Social Work) Muslims in the US	Inhorn, M. C., & Serour, G. I. (2011). Islam, medicine, and Arab-Muslim refugee health in America after 9/11. <i>Lancet</i> , 378(9794), 935-943. Kamimura, A., Pye, M., Sin, K., Nourian, M. M., Assasnik, N., Stoddard, M., & Frost, C. (2018). Health and Well-being of Women Migrating from Predominantly Muslim Countries to the United States. <i>Journal of Health Care for the Poor and Underserved</i> , 29, 337-348.
	3/25 W	Social justice and health policy & Access to health care	Braveman, P. A., Kumanyika, S., Fielding, J., LaVeist, T., Borrell, L. N., Manderscheid, R., & Troutman, A. (2011). Health Disparities and Health Equity: The Issue Is Justice. <i>American Journal of Public Health</i> , 101, S149-S155. Currie, J. (2009). Policy interventions to address child health disparities: moving beyond health insurance. <i>Pediatrics</i> , 124 Suppl 3, S246-254. Lurie, N., & Dubowitz, T. (2007). Health disparities and access to health. <i>Jama-Journal of the American Medical Association</i> , 297(10), 1118-1121
12	3/30 M	Advocacy	Israel, B. A., Coombe, C. M., Cheezum, R. R., Schulz, A. J., McGranaghan, R. J., Lichtenstein, R., . . . Burris, A. (2010). Community-Based Participatory Research: A Capacity-Building Approach for Policy Advocacy Aimed at Eliminating Health Disparities. <i>American Journal of Public Health</i> , 100(11), 2094-2102. Ingram, M., Sabo, S., Rothers, J., Wennerstrom, A., & de Zapien, J. G. (2008). Community Health Workers and Community Advocacy: Addressing Health Disparities. <i>Journal of Community Health</i> , 33(6), 417-424.
	4/1 W	Provider prejudice and bias	Gaskin, D. J., Spencer, C. S., Richard, P., Anderson, G. F., Powe, N. R., & LaVeist, T. A. (2008). Do hospitals provide lower-quality quality care to minorities than to whites? <i>Health Affairs</i> , 27(2), 518-527.
13	4/6 M	Cultural competency and provider education	White-Means, S., Dong, Z. Y., Hufstader, M., & Brown, L. T. (2009). Cultural Competency, Race, and Skin Tone Bias Among Pharmacy, Nursing, and Medical Students Implications for Addressing Health Disparities. <i>Medical Care Research and Review</i> , 66(4), 436-455.
	4/8 W	Vietnamese American	Choi, J. Y., Hwang, J., & Yi, J. (2011). Acculturation, Body Perception, and Weight Status Among Vietnamese American Students. <i>Journal of Immigrant and Minority Health</i> , 13(6), 1116-1124. doi: 10.1007/s10903-011-9468-3 Nguyen, A. B., Belgrave, F. Z., & Sholley, B. K. (2011). Development of a breast and cervical cancer screening intervention for Vietnamese American women: a community-based participatory approach. <i>Health promotion practice</i> , 12(6), 876-886. doi: 10.1177/1524839909355518
14	4/13 M	South Asian	Bharmal, N., Kaplan, R. M., Shapiro, M. F., Kagawa-Singer, M., Wong, M. D., Mangione, C. M., . . . McCarthy, W. J. (2013). The association of religiosity with overweight/obese body mass index among Asian Indian immigrants in California. <i>Preventive Medicine</i> , 57(4), 315-321. doi: 10.1016/j.ypmed.2013.06.003 Tirodkar, M. A., Baker, D. W., Khurana, N., Makoul, G., Paracha, M. W., & Kandula, N. R. (2011). Explanatory models of coronary heart disease among South Asian immigrants. <i>Patient Education and Counseling</i> , 85(2), 230-236. doi: 10.1016/j.pec.2010.10.002
	4/15 W	Russian speaking immigrants & Hispanic/Latino/Latina	Guarino, H., Moore, S. K., Marsch, L. A., & Florio, S. (2012). The social production of substance abuse and HIV/HCV risk: an exploratory study of opioid-using immigrants from the former Soviet Union living in New York City. <i>Substance Abuse Treatment Prevention and Policy</i> , 7, 14. doi: 10.1186/1747-597x-7-2 Bjomstrom, E. E. S., & Kuhl, D. C. (2014). A different look at the epidemiological paradox: Self-rated health, perceived social cohesion, and neighborhood immigrant context. <i>Social Science & Medicine</i> , 120, 118-125. doi: 10.1016/j.socscimed.2014.09.015
15	4/20 M	Ms. Valentine Mukudente (CCTS) African refugees	Simonsen SE, Digre KB, Ralls B, Mukudente V, Davis FA, Rickard S, Tavake-Pasi F, Napia EE, Aiono H, Chirpich M, Stark LA, Sunada G, Keen K, Johnston L, Frost CJ, Varner MW & Alder SC (2015). A gender-based approach to developing a healthy lifestyle and healthy weight intervention for diverse Utah women. <i>Evaluation and program planning</i> . Vol. 51, 8-16.

Class attendance/participation:

One point deduction per one missed class. The first two missed classes will not affect total points. A make-up will be considered only if the student submits a note from a hospital or other PROFESSIONAL individual or organization (up to twice per semester). A make-up will include additional reading materials and a brief paper. A make-up must be completed within 2 weeks after the missed class. (Students need to submit a note from professional individual/organization before they start a make-up process. If you would like to do a make-up assignment, you need to request at the time of the submission of a letter.)

No texting/emailing in class – A student texting/emailing in class is not considered attended/participated in the class.

Class disruptions will be a subject of point deduction from your participation grade.

Weekly reflections and assignments (Due 11:59 pm every Friday):

All reflections/assignments are to be completed on Canvas.

No late submission will be accepted.

There won't be any make-up or bonus points.

If the students are asked to write “approximately one paragraph”, the approximate amount of “one paragraph” refers to 1/3 of a letter size paper (single spaced, Times New Roman 12 points).

Assignments will be based on lectures and reading materials.

The student can see any course materials and own class notes but should not collaborate with or seek help from other people.

The purpose of the assignments is to assess levels of understanding of lectures and course materials. If your answer is solely based on materials outside of lectures and course materials, it may be concluded that you do not understand lectures/course materials. Thus, it is not necessary to use materials outside of the course. But if you still want to use materials outside of the course, the source should be properly cited.

If there is a question that you are unable to answer because you missed a class, request another question by submitting the evidence that you had a reasonable reason to miss the class (e.g. a note from a health care facility, a letter from your work supervisor). – you can do this up to twice/semester.

In class exercise (26 exercises, 0.5 point each):

Pick up a handout at the beginning of class and submit it at the end of class. To make up class exercise, please review all materials of the class which you missed and come to my office hours. You can make-up up to 5 class exercises.

Services:

*No student is required to participate in a service placement that creates a religious, political and/or moral conflict for the student.

Community organization:

Maliheh Free Clinic (primary care free clinic for the uninsured, patients are from more than 50 countries) 415 East 3900 South, Salt Lake City

- 3 hours/ week for 13 weeks (Week 2- Week 14) – 13 shifts in total.
- Sign-up sheet for CEL shifts available online (for weeks 2-14)
- There will be an orientation session at the clinic (Week 1).
- Sign-up sheet for CEL orientation (for week 1) Will be available on Canvas.
- The student will sign contract and liability forms and submit to the instructor before the student starts services.

- Service interactions in the community will respond to the needs of community partners. Service content will be decided based on community partners' needs.
 - Spring 2019 services
 - Collect surveys on social barriers
- The number of surveys that you collected is a primary component of grade on services since it is the only objective measure of your performance.

Project (Complete by the end of week 14):

Students will give an hour long informal health education class in the waiting room work on a project which will be requested by the clinic during weeks 8-14. Detailed instructions will be posted on Canvas.

Last updated: January 4, 2020