HSMP 6602 Health Equity Syllabus

Instructor: Angela Sauaia, MD, PhD
Associate Professor of Public Health, Medicine, and Surgery
University of Colorado Denver Colorado School of Public Health and School of Medicine
2 credits

Office hours: my office (Bldg. 500, 3rd floor, East wing, Room E3309), right after class, from 10:30am to 11:30am (except for Sept 11, when I will not be available after class) or by appointment (please, set it up via Outlook).

Course Overview:
This course focuses on the achievement of health equity. Health is taken here in its most global sense, as defined by the WHO: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity", which includes the achievement of one's full career potential (e.g. equality of opportunity for minorities to become public health professionals). In this course, we address disparities existing in several populations to include (but not be limited to) low-income, racial and ethnic minorities, women, children, low literacy, disabled, GLBTI, as well as other groups who are victims of health disparities. While the needs of these populations are discussed openly and candidly we vigorously fight stereotyping of specific groups.

We will study the institutionalized, personally-mediated and internalized mechanisms, which cause or perpetuate differences in opportunities, stresses and exposures as well as in health care access and quality. Currently, health disparities represent the most important challenge of public health. This course proposes to unveil the often undetected aspects of health disparities embedded in all aspects of public health. For the elimination of health disparities, it is pivotal that its study and combat be integrated to all public health initiatives.

Pedagogic Methods:
We will employ traditional and non-traditional pedagogic methods including those proposed by the Brazilian educator Paulo Freire 1, 2, always using an interactive, learner-centered, real life driven educational approach. Concepts are discussed based on critical appraisal of available evidence in current literature. Reading references are provided as suggestions, but participants are encouraged to bring their own readings and critically appraise them with the group.

Disclaimer: Uncomfortable issues such as racism and discrimination in health and health care are discussed, respectfully but openly. These issues are never easy to talk about; however, being too comfortable often means very little change. Being uncomfortable can be a stimulus for change.

Honor code: Education at the Colorado School of Public Health is conducted under the honor system. All students who have entered health professional programs should have developed the qualities of honesty and integrity, and each student should apply these principles to his or her academic and subsequent professional career. All students are expected to have achieved a level of maturity, which is reflected in appropriate conduct at all times. All work done on exams or other assignments is to be done independently unless specific instruction to the contrary is provided. For example, work on the small group projects is obviously to be done collaboratively.

Competencies: The participant should, at the end of this course, have gained and/or increased competencies in the following areas:

- Define inequities in health and health care
• Consult most recent health disparities data sources and be able to critically evaluate their value and limitations
• Discuss the basic concepts and challenges of measurements in health disparities
• Discuss institutionalized, personally-mediated and internalized mechanisms that cause and/or perpetuate health and health care disparities
• Critically appraise the literature and data sources regarding health equity related issues
• Discuss legal, business and academic aspects and implications of health disparities
• Discuss cross-cultural communication needs and requirements, such as medical translators and interpreters
• Discuss existing and propose new strategies, measurements and solutions for eliminating health disparities.
• Appreciate the difficulties and problems involved in the quest for health equity (e.g., backlash)

Readings:

- Books (recommended, not required)
  - Sauaia, A. The Quest for Health Equity. Nova Publishers, New York, 2014 (chapters of the book will be available on Canvas during the course)
  - Unequal treatment: Confronting racial and ethnic disparities in health care. Smedley BD, Stith AY, Nelson AR, editors. 2002. Washington, DC, National Academy Press (this book can also be read online free of charge at the site of the Institute of Medicine)

- Articles, data sources and other readings are listed by topic below

Course Grading

The maximum grade is 400 points; grade components are as follows:

- Preparation for class and class participation= 100 points (~ 40% of your final grade). Be sure to choose and read at least two of the recommended readings per class; if the reading is a long report, make sure to read the executive summary. Be prepared to summarize your reading in class if asked by instructor.

- Assignments: 300 points

Assignments: (please, read this carefully)

➔➔➔ THERE ARE TWO MAJOR DUE DATES: OCTOBER 30TH AND DECEMBER 4TH.

Written Assignment or “The grant” (200 points): The participants must write a grant proposal to fund a program aimed at reducing a health inequity affecting an underserved vulnerable population within the USA (at the local, state or federal level) using the format described below. Health inequity is defined as a “systematic difference in health judged to be avoidable by reasonable action”. You MUST show that the underserved, vulnerable group has a demonstrable disparity regarding risk factors, prevention, diagnosis, treatment or mortality of a specified condition. If you propose a research proposal, then you must also demonstrate that your project fills an existing knowledge gap.

Write the proposal as an employee/member of an existing eligible organization (e.g., your current workplace, a local health department, an existing non-profit community-based organization, an Area Health Education Center or AHEC, a Federally Qualified Health Center, a hospital, etc).

This assignment has 3 steps:

- 1st Draft due October 30th. It should be delivered in hard copy (please print both sides of paper) to the instructor in class prior to the deadline. This draft is basically the literature review pertinent to your chosen topic citing proper references. It MUST include three parts: a) Defining the disparity
using data at the national, state and regional level, b) Discussion of causes using bibliographic references; c) Presentation of potential solutions. (100 points)

- Brief 3-min, informal, oral presentation (no slides) describing the grant draft on October 30th. The presentation is NOT graded, but not delivering it is penalized with a 40-point deduction of the 400 total points of the final grade (10% deduction), UNLESS there are very good reasons for missing this class (disease, funerals, etc.).

- **Final draft due Dec 11th**: the final proposal should be submitted in hard copy (please print both sides of paper) to the instructor in class prior to the deadline or to the instructor's office (Bldg. 500, E-3309) by no later than Dec 11th at noon. Format and content requirements are in the Appendix “Grant Format”. (200 points)
Yes, there are way too many readings; the intention is to give you a good bibliography on health equity. Please, make sure you read at least two of them per class. Many readings are from the book “The Quest for Health Equity” (hereafter named “Quest book”) and I will post chapters on Canvas as needed. If the reading is a long report, make sure you read the executive summary or the “highlights” chapter.

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<tr>
<th>Date</th>
<th>Topic</th>
<th>Readings</th>
<th>Speaker</th>
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<tbody>
<tr>
<td>1</td>
<td>Course and Assignments Overview</td>
<td>Syllabus in Canvas</td>
<td>Sauaia</td>
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<tr>
<td></td>
<td>The study of health equity: definitions and framework</td>
<td>• Quest book: Preface and 1st section of Chapter 1</td>
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<pre><code>      |                                           | Sauaia        |
      |                                           | Sauaia        |
</code></pre>
<p>|       |                                                 | • Quest book: Chapter 1                                                  |               |
| 3     | Cultural Competence-1                           | References below; (1)                                                   | Cerise Hunt  |
|       | Cultural Competence-2                           |                                                                         | (confirmed)   |</p>
| 4     | Health Inequities: Institutionalized Causes and Social Determinants of Health | • Closing the gap in a generation: Health equity through action on the social determinants of health at http://www.who.int/social_determinants/thecommission/finalreport/en/index.html  
          |                                           | Sauaia        |
|       | Environmental Injustice and GIS as a tool to eliminate health disparities | • References below; (2, 3)  
          |                                           |               |
|       |                                                 | • References below; (4)                                                  |               |
|       |                                                 | • Quest book: Chapter 3                                                  |               |
          |                                           | Sauaia        |
|       | Health disparities in end of life and palliative care | • References below; (7, 8)  
<p>| | |
|                                           |               |
|       |                                                 | • References below; (9-11)                                                |               |
|       |                                                 | • Quest book: Chapters 4 and 6                                            |               |
|       |                                                 | References: (12)                                                         | Stacy Fischer|</p>
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| 6     | Community engagement and partnerships                                 | • References below: (13)  
• Quest book: Chapter 9                                                                                                                                  | Mariana Ledezma-Amorosi (confirmed)          |
|       | Language related barriers; Interpretation/ Translation in Health Care | • References below: (14, 15)  
• Quest book: Chapter 7                                                                 | Sauaia                                       |
| 7     | Specific issues regarding health disparities of Native Americans      | • A Profile of American Indians and Alaska Natives and Their Health Coverage, Issue Brief, September 2009 at [http://kaiserfamilyfoundation.files.wordpress.com/2013/01/7977.pdf](http://kaiserfamilyfoundation.files.wordpress.com/2013/01/7977.pdf)  
• Quest book: Chapter 13                                                                 | Carol Kaufman confirmed                      |
|       | Internalized causes of health inequities                             | • References below: (16, 17)  
• Quest book: Chapter 5                                                                                                                                  | Sauaia                                       |
| 8     | Academic and financial aspects of health inequities                   | • Quest book: Chapter 8 Academic and Financial Aspect of health inequities                                                                               | Sauaia                                       |
|       | The role of public health in promoting /achieving health equity       | • References below: (21)                                                                                                                   | Tim Byers confirmed                          |
| 9     | Health inequities in GLBTI populations                                | • References below: (22-24)  
• Quest book: Chapter 10  
• Health care reform: impact on underserved populations  
  • Visit [http://kff.org/health-reform/](http://kff.org/health-reform/) and watch the YouToons video | Rita Lee confirmed                           |
| 10    | Presentation and discussion of first draft of the proposals            |                                                                                                                                                                                                          | Sauaia                                       |
| 11    | Injustice in health research-1                                        | • References below: (32-35)  
• Quest book: Chapter 11                                                                                                                                  | Sauaia                                       |
| 12    | Health Equity Solutions (includes Health Care Navigators)            | • References below: (27, 28),(29)  
• Quest book: Chapters 14 and 15                                                                                                                          | Sauaia                                       |
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<tbody>
<tr>
<td>13</td>
<td>11-20 Inequities in mental health and substance abuse</td>
<td>Health Equity at: URL: <a href="http://www.minorityhealth.hhs.gov/npa/templates/content.aspx?lvl=1&amp;lvlid=33&amp;ID=286">http://www.minorityhealth.hhs.gov/npa/templates/content.aspx?lvl=1&amp;lvlid=33&amp;ID=286</a></td>
<td>To be confirmed</td>
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<td>Health Inequities in Prisoners and Former Inmates Populations</td>
<td>References below: (30, 31)</td>
<td>To be confirmed</td>
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<td>11-27</td>
<td>Thanksgiving Holiday - no class</td>
<td>No class</td>
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<td>14</td>
<td>12-4 Unconscious bias and other forms of personally mediated racism</td>
<td>TBD</td>
<td>Dayna Bowen</td>
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<td>Health disparities and the Law</td>
<td>References below: (25)</td>
<td>Matthew</td>
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<td>Reference below: (26)</td>
<td>Matthew</td>
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<td>15</td>
<td>12-11 Finals. No class. Please, deliver final assignment to instructor’s office (Bldg 500, Room E-3309) by no later than 12:00pm (noon)</td>
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Health Disparities – Selected Data Sources
by Angela Sauaia, MD, PhD
angela.sauaia@ucdenver.edu
Updated August 20, 2013

- Racial and Ethnic Disparities:
  - Census http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml
  - Kaiser Family Foundation: http://kff.org/statedata/
  - The Office of Women’s Health (data by state, and county) http://www.healthstatus2020.com/disparities/ChartBookData_search.asp

- Children/Youth disparities:
  - National Survey of Children’s Health at www.nschdata.org
  - Child Stats: http://www.childstats.gov/americaschildren/
  - Helping America’s Youth at www.helpingamericasyouth.gov, for a variety of resources, including mapping data and resources by region.
  - State and County level juvenile justice and delinquency prevention data by race, sex, age http://www.ojjdp.gov/ojstatbb/dat.html

- Elderly:
  - CDC Healthy Aging and the National Institutes on Aging at http://www.cdc.gov/aging/data/index.htm

- Individuals’ with disabilities
  - CDC Disability Data: http://www.cdc.gov/nccdphp/dsd/cdisabilityandhealth/data.html

- Gay, Lesbians, Bisexuals, Transgender and Intersex Individuals
  - CDC: http://www.cdc.gov/lgbthealth/
  - Gay And Lesbian Medical Association: Publications: http://www.glma.org/index.cfm?fuseaction=Page.viewPage&pageId=622&parentId=534&nodeId=1
Gay Data: http://www.gaydata.org/ds001_Index.html

Women: The Office of Women’s Health (data by state, and county)

Low Literacy
- Literacy Information and Communication System: http://lincs.ed.gov/
- Center for Health Care Strategies Health Literacy Fact Sheets
  http://www.chcs.org/publications3960/publications_show.htm?doc_id=291711

Regional data:
- Colorado Health Institute http://www.coloradohealthinstitute.org/insights/category/all/all
- Colorado health data by county: http://www.chd.dphe.state.co.us/HealthIndicators/Default.aspx
- American health rankings:
  http://statehealthstats.americashealthrankings.org/#/country/US/2011/Overall
- Community Health Status Reports- for the U.S. by county:
  http://www.communityhealth.hhs.gov/homepage.aspx?=1
- National Minority Quality Forum’s: http://www.nmqf.org/category/national-health-index/
- The County Health Rankings identify the healthiest and least healthy counties within every state in the nation. http://www.countyhealthrankings.org/colorado
APPENDIX: GRANT FORMAT/CONTENT REQUIREMENTS AND GRADING

• General guidelines:
  o Page limits: min 8 pages, max 10 pages, 1.5-spaced, font Arial size 11, 1 inch margins
  o Pages must have a header with the last name of author
  o All pages must be numbered.
  o Display Tables and Figures at the end in the order they were cited in the text; all Tables and Figures must have titles that allow the reader to understand them without using the text; include abbreviations, and other notes that assist the reader in understanding the table or figure below the figure/table.
  o Quote at least 10 different references, and placed the bibliography at the end of the document before Tables and Figures in a standard format (e.g., AMA style), which allows the reader to access the reference. (e.g., personal communications do not count as one of the references). If a website is referenced, put the entire URL address, and the date it was accessed.
  o Abstract, References, Tables and Figures are excluded of the 8-10 page limits.
  o Appendices may be included if they show educational materials, surveys, but the grant must not rely on any material included in the Appendix (i.e., if the Appendix is lost, the grant is still sufficient)

• Time covered by grant: students should propose a 2–year project

• Grant format/structure:
  o Cover Page (does not count toward page limits)
    ▪ Title of the Proposed Project
    ▪ Name of student
    ▪ Abstract: maximum of ½ page, 1.5-spaced, same font/page/margins format as in the grant (it does not count toward page limits)

  o The need: “Why are you proposing to do this?”
    ▪ Describe the health disparity you are addressing using data (it must conform to the definition above of a health disparity)
    ▪ Describe potential limitations of the existing health disparities data (or lack of existing data)
    ▪ Describe in detail the population affected by the disparity
    ▪ Describe temporal trends in the health disparity
    ▪ Discuss the causes of the health disparity (cite sources to support your statements)
    ▪ Cite a regional or national strategic plan or recommendations addressing this disparity (if there isn’t one, please state that)
    ▪ End this part of the proposal with a clear statement of what needs to be done to address this health disparity

  o The proposed project:
    ▪ Describe what has been done to address this disparity; cite existing work by you or others addressing this disparity, describe their successes and challenges. This section should clearly lead to the next item
    ▪ Define the gap your project is supposed to fill
    ▪ Describe your project
    ▪ Describe the evidence and rationale supporting your project (e.g., is this an evidence-based intervention? If so, cite the sources).
    ▪ Describe your objectives using the SMART framework 3
    ▪ Describe the activities and timeline for completing them during the 2-year duration of the project
    ▪ Describe your team and your strengths that qualify you to fill the gap described before
    ▪ Describe the partners and collaborators that you intend to engage in the project
    ▪ Describe how you will engage the target population in the planning and execution of the project
    ▪ Describe difficulties you anticipate and proposed solutions
**Final written assignment grading**

- The final draft of the proposal is graded as follows:

<table>
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<tr>
<th>Item</th>
<th>Points</th>
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<tbody>
<tr>
<td><strong>Grant Format:</strong> did you follow the guidelines?</td>
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<td>Not following the guidelines leads to a 40 point deduction</td>
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<td>(20% of the total number of points for this assignment)</td>
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<td><strong>Cover Page (does not count toward page limits)</strong></td>
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<td>• Title of the Proposed Project</td>
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<td>• Name of student</td>
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<td>• <strong>Abstract:</strong> maximum of ½ page, single-spaced (it does not count</td>
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<td>toward page limits)</td>
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<td><strong>The need:</strong> basically you will answer the question “Why are you</td>
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<td>your statements)</td>
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<td>addressing this disparity (if there isn’t one, please state that)</td>
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<td>End this part of the proposal with a clear statement what needs to</td>
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<td>be done to address this health disparity</td>
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<td><strong>The proposed project:</strong></td>
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<td>Describe what has been done to address this disparity; cite existing</td>
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<td>work from others and/or from you addressing this disparity,</td>
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<td>describe their successes or lack of success. This section should</td>
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<td>clearly lead to the next item</td>
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<td>is this an evidence-based intervention? If so, cite the sources).</td>
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<td>This topic may precede the previous one (description of the</td>
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<td>project) if you feel it will flow better that way.</td>
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<td>Describe your objectives using the SMART framework</td>
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<td>Describe the activities and timeline for completing them during</td>
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<td>the 2-year duration of the project</td>
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<td>Describe your team</td>
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<td>and execution of the project</td>
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<td>Describe difficulties you anticipate and proposed solutions</td>
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<td><strong>TOTAL POINTS</strong></td>
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REFERENCES


