Health Equity, Disparities, and Social Justice
CBH:6230 / EPID:6075
Spring 2017
Department of Community and Behavioral Health
College of Public Health, University of Iowa
Tuesdays and Thursdays, 11:00am-12:15pm
Room C410 CPHB

Course Instructor
Paul Gilbert, PhD, ScM
Office hours: Tuesdays and Thursdays, 12:30pm-1:00pm, and by appointment
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DEO
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Course Website
Students' HawkID provides access to the course's ICON website (http://icon.uiowa.edu), which includes announcements, readings, related documents, discussion forums, and external links.

Course Overview
This course will introduce students to the concept of health equity and will provide a broad overview of health disparities in the United States. The course will examine relevant historical issues, theories, and empirical data, emphasizing critical analysis and application of knowledge. Students will gain a better understanding of research on health disparities and interventions to promote health equity through a combination of readings, lectures, reflection papers, in-class exercises, and research assignments. Among outcomes, students will summarize the evidence regarding a specific health disparity (topic and population of their choice) and develop an intervention proposal to promote health equity.

Course Objectives
By the end of this course it is expected that students will have developed a rudimentary knowledge of the health disparities literature. Students successfully completing the course will be able to:

- Describe theoretical frameworks that may explain health disparities;
- Draw upon methods from social epidemiology to describe and analyze the determinants of health disparities for particular groups; and
- Generate ideas for programs and policies that promote health equity.

Course Competencies
This course contributes to enhancing the knowledge, skills, and abilities that a student needs to master the following CBH departmental competencies:

- Identify knowledge gaps, synthesize relevant information, and formulate focused research questions to address these gaps.
- Critically evaluate social and behavioral science research design and methodology related to public health.

- Design, implement, and evaluate community-based behavior interventions to prevent disease and/or promote health.
- Design and implement community-based research that incorporates knowledge of pertinent cultural, social, behavioral, and biological factors.

Course Structure
This course combines readings, lectures, interactive classroom activities, and applied assignments. As an introductory course, it is intended to provide a general foundation to understand health disparities and interventions to promote health equity in the United States. The literature covered in this course is not meant to be exhaustive; rather, it is intended to generate ideas and provide a background for further study of health equity, whether as public health practitioners or researchers, through specific examples. The course is run as a seminar. Students are expected to complete all required readings before class in order to be prepared to discuss and apply concepts from the readings.

COURSE REQUIREMENTS AND GRADING

Participation (10% of grade)
Participation is the expression of engagement with the course material and the process of learning. Students are expected to attend every class as classroom discussions constitute the basis of this seminar-style course. However, if attendance is not possible participation may take other forms, such as attending office hours or participating in online discussion forums on the course's ICON website.

Reflection Papers (30% of grade)
Students will write six brief (1-2 page) reflection papers over the course of the semester. Reflection papers are intended to prompt deeper consideration of course topics. The content will NOT be graded; students will receive full credit for on-time submission of each reflection paper. Late submissions will receive partial credit. General paper topics will be assigned by the instructor. Due dates are listed on the course schedule.

Case Study: Health Topic & Population Statement (ungraded assignment)
Students will submit a brief (one paragraph) summary of the health topic and population that will be the focus of a subsequent two-part case study. The topic and population statement will NOT be graded; rather, it is intended to serve as an early opportunity for instructor feedback to shape the direction of the two subsequent assignments.

Case Study (pt 1): Health Disparity Summary (25% of grade)
Students will conduct a literature review and write a short (1-3 page) summary of a health disparity in a specific population. The summary will describe the scope of the problem and identify factors associated with it (i.e., distribution and determinants of the health disparity). The summary should explain the importance of the problem and serve as the background for the next assignment, the health equity proposal. Specific guidelines for the summary will be distributed in class and available on the course's ICON website.

Case Study (pt 2): Analysis of Intervention Strategies (25% of grade)
Students will write a brief analysis (2-6 pages) to identify potential intervention points and suggest methods to address the problem described in the health disparity summary. Key elements of the analysis include describing the best theoretical or conceptual model on which to base any activities, explanation of the modifiable determinants of the disparity (i.e., intervention

targets), consideration of at least two social-ecological levels, including advantages and limitations of each strategy. Specific guidelines for the proposal will be distributed in class and available on the course's ICON website.

Student Presentations (10% of grade)
Students will give 10-15 minute presentations of their case study (health disparity summary and analysis of intervention strategies) to the class. Specific guidelines for presentations will be distributed in class and available on the course's ICON website.

Format of Written Assignments
All written assignments (e.g., reflection papers, health topic & population statement, health disparity summary, and health equity proposal) must be submitted electronically as Microsoft Word documents. Email assignments to the instructor by the start of class on the day it is due; late submissions will receive partial credit. Format the documents with one inch margins on all sides, double space text, and use 11 or 12 point font size. Recommended fonts are Calibri, Arial, or Times New Roman.

Grading Scale

Grade	Percent
A+	98%-100%
A	94%-97%
A-	90%-93%
B+	88%-89%
B	83%-87%
B-	80%-82%
C+	78%-79%
C	73%-77%
C-	70%-72%
D+	68%-69%
D	63%-67%
D-	60%-62%
F	59% or below

Course text
There is no required text book for this course. Instead, required readings will consist of journal articles, book chapters, and reports by government or non-profit organizations. Electronic copies of all readings will be available on the course ICON website.

Recommended texts
Students may find these optional texts informative and useful.

Berkman LF, Kawachi I, Glymour MM (2014). *Social Epidemiology*, 2nd ed. New York NY: Oxford University Press.
Donohoe MT (2013). *Public Health and Social Justice*. San Francisco CA: Jossey-Bass.
Marmot M, Wilkinson RG (2006). *Social Determinants of Health*, 2nd ed. New York NY: Oxford University Press.

ADDITIONAL UNIVERSITY OF IOWA POLICY AND PROCEDURES

Administrative Home

This course is given by the College of Public Health. This means that class policies on matters such as requirements, grading, and sanctions for academic dishonesty are governed by the College of Public Health. Students wishing to add or drop this course after the official deadline must receive the approval of the Associate Dean for Academic and Student Affairs in the College of Public Health. Details of the University policy of cross enrollments may be found at: http://www.uiowa.edu/~provost/deos/crossenroll.doc.

Electronic Communication

University policy specifies that students are responsible for all official correspondences sent to their standard University of Iowa email address (@uiowa.edu). Students should check this account frequently.

Availability of Accommodations for Students with Disabilities

Any student eligible for and needing academic adjustments or accommodations under the Americans with Disabilities Act is requested to notify the instructor as soon as possible to make appropriate arrangements. For more information please visit Student Disability Services at http://sds.studentlife.uiowa.edu.

Academic Misconduct

Academic misconduct is defined by the University of Iowa in its Code of Student Conduct (http://dos.uiowa.edu/policies/). Please take the time to read this short description. Academic misconduct refers primarily to plagiarism or cheating. **It is the student's responsibility to seek clarification from the course instructor of any situation in which he/she is uncertain whether academic misconduct is/has been involved.**

Plagiarism includes but is not limited to the following:

- Presentation of ideas of others without credit to the source;
- Use of direct quotations without quotation marks and without credit to the source;
- Paraphrasing without credit to the source;
- Participation in a group project which presents plagiarized materials;
- Failure to provide adequate citation for material obtained through electronic research;
- Downloading and submitting work from electronic databases without citation;
- Submitting material created/written by someone else as one's own, including purchased term/research papers;

Cheating includes but is not limited to the following

- Copying from someone else's exam, homework, or laboratory work
- Allowing someone to copy or submit one's work as his/her own;
- Accepting credit for a group project without doing one's share;
- Submitting the same paper in more than one course without the knowledge and approval of the instructors involved;
- Using notes or other materials during a test or exam without authorization;
- Not following the guidelines specified by the instructor for a "take-home" test or exam.

Academic misconduct is a serious matter and is reported to the departmental DEO and to the Associate Dean for Education and Student Affairs. Instructors and DEOs decide on appropriate consequences at the departmental level while the Associate Dean enforces additional

consequences at the collegiate level. For example, an incident involving plagiarism will result in consequences to the student ranging from a grade of zero for that assignment to being terminated from his/her graduate program. Egregious acts of misconduct, such as cheating on a final exam, may result in the course grade being reduced to an F. Additional details concerning the consequences associated with acts of plagiarism, including a student appeals process, is provided in the Graduate College Manual section IV.F.

Concerns about Faculty Actions
Students who have a concern about a faculty action should first address the issue with the instructor, then the course supervisor (if there is one), and then the departmental DEO. Students may also contact the Associate Dean for Education and Student Affairs in the College of Public Health. Another resource for students is the Office of the University Ombudsperson. If a complaint cannot be resolved at the departmental and/or collegiate level, students may file a formal complaint utilizing the procedure specified in the Operations Manual (II---29.7).

Understanding Sexual Harassment
Sexual harassment subverts the mission of the University and threatens the well-being of students, faculty, and staff. All members of the University of Iowa community have a responsibility to uphold this mission and to contribute to a safe environment that enhances learning. Incidents of sexual harassment should be reported immediately. The policy in its entirety may be found at II-4 Sexual Harassment | Operations Manual.

If you or someone you know may be a victim of sexual assault, sexual harassment, dating/domestic violence, stalking, or any other behaviors prohibited under this policy, you are strongly encouraged to seek assistance and support. Assistance is available 24 hours a day, 7 days a week, from:

- Rape Victim Advocacy Program (RVAP) -- confidential, certified victim advocacy services, 319-335-6000
- Domestic Violence Intervention Program (DVIP) -- confidential, certified victim advocacy services, 319-351-1043 or 800-373-1043
- Emergency Department, University of Iowa Hospitals and Clinics -- confidential medical services, 319-356-2233
- University of Iowa Department of Public Safety -- law enforcement services, 319-335-5022, or 911 from any campus phone

During business hours, you may also seek assistance from the University of Iowa Office of the Sexual Misconduct Response Coordinator at 319-335-6200.

Reacting Safely to Severe Weather
In severe weather, students should seek appropriate shelter immediately, leaving the classroom if necessary. The class will continue if possible when the event is over. For more information on Hawk Alert and the siren warning system, visit http://hawkalert.uiowa.edu.

Resources for Obtaining Additional Help
If additional help is needed, students should make an appointment with the instructor.

COUSE SCHEDULE

Date	Topic	Readings/Assignments
Jan 17	Introduction to course	Beauchamp DE (2013). Public Health as Social Justice. In Donohoe MT, *Public Health and Social Justice*. San Francisco CA: Jossey-Bass. Braveman P, Kumanyika S, Fielding J et al. (2011). Health disparities and health equity: The issue is justice. *Am J Public Health*; 101(Suppl 1): S149-S155.
Jan 19	Introduction to course	United Nations. *Universal Declaration of Human Rights.* World Health Organization. *Declaration of Alma Ata*.
Jan 24	Theoretical frameworks: Ecological models	Grzywacz JG, Fuqua J (2000). The social ecology of health: leverage points and linkages. *Behav Med*; 26(3): 101-115. McLeroy KR, Bibeau D, Steckler A et al. (1988). An ecological perspective on health promotion programs. *Health Educ Q*; 15(4): 351-377. **Reflection paper #1 due**
Jan 26	Theoretical frameworks: Life course theory	Elder GH, Johnson MK, Crosnoe R (2003). The Emergence and Development of Life Course Theory. In Mortimer JT, Shanahan MJ (eds). *Handbook of the Life Course* (pp. 3-19). New York NY: Kluwer Academic/Plenum Publishers. Halfon N (2012). Addressing health inequalities in the US: A life course health development approach. *Soc Sci Med*; 74(5):671-673.
Jan 31	Theoretical frameworks: Fundamental causes	Hicken MT (2015). Invited commentary: Fundamental causes, social context, and modifiable risk factors in the racial/ethnic inequalities in blood pressure and hypertension. *Am J Epidemiol*; 182(4): 354-357. Phelan J, Link BG, Tehranifar P (2010). Social conditions as fundamental causes of health inequalities: Theory, evidence, and policy implications. *J Health Soc Behav*; 51(Suppl): S28-S40. **Case study: Health topic and population statement due**
Feb 2	Theoretical frameworks: Minority stress models	Geronimus AT (2001). Understanding and eliminating racial inequalities in women's health in the United States: The role of the weathering conceptual framework. *J Am Med Womens Assoc*; 56(4): 133-136, 149-150. Meyer IH (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychol Bull*; 129(5):674-697.
Feb 7	Health disparities: Race	Garcia JJ, Zulfacar Sharif M (2015). Black lives matter: A commentary on racism and public health. *Am J Public Health*; 105(8): e27-e30.

Date	Topic	Readings/Assignments
		Krieger N (2008). Does racism harm health? Did child abuse exist before 1962? On explicit questions, critical science, and current controversies: An ecosocial perspective. *Am J Public Health*; 98(Suppl 9): S20-S25. Smedley A, Smedley BD (2005). Race as biology is fiction, racism as a social problem is real. *Am Psychol*; 60(1): 16-26. Torres JB, Torres Colón GA (2015). Racial experience as an alternative operationalization of race. *Hum Biol*; 87(4): 306-312. **Reflection paper #2 due**
Feb 9	Health disparities: Race	Gillespie CD, Wigington C, Hong Y (2013). Coronary heart disease and stroke deaths—United States, 2009. In CDC Health Disparities and Inequalities Report—United States, 2013. *MMWR Supplements*; 62(3): 157-160. Lukachko A, Hatzenbuehler ML, Keyes KM (2014). Structural racism and myocardial infarction in the United States. *Soc Sci Med*; 103:42-50. Task Force on Black and Minority Health (1985). Subcommittee on Cardiovascular and Cerebrovascular Diseases: Executive Summary. In *Report of the Secretary's Task Force on Black and Minority Health* (pp. 107-127). US Department of Health and Human Services: Washington DC.
Feb 14	Health disparities: Ethnicity	Gallo LC, Penedo FJ, Espinosa de los Monteros K, Arguelles W (2009). Resiliency in the face of disadvantage: do Hispanic cultural characteristics protect health outcomes? *J Pers*; 77(6): 1707-1746. Taylor P, Lopez MH, Martinez JH, Velasco G (2012). *When Labels Don't' Fit: Hispanics and Their Views of Identity*. Pew Hispanic Center: Washington DC. Zambrana RE, Carter-Pokras O (2010). Role of acculturation research in advancing science and practice in reducing health care disparities among Latinos. *Am J Public Health*; 100(1): 18-23.
Feb 16	Health disparities: Ethnicity	Chaufan C, Davis M, Constantino S (2011). The twin epidemics of poverty and diabetes: understanding diabetes disparities in a low-income Latino and immigrant neighborhood. *J Community Health*; 36(6): 1032-1043. Heuman AN, Scholl JC, Wilkinson K (2013). Rural Hispanic populations at risk in developing diabetes: Sociocultural and familial challenges in promoting healthy diet. *Health Commun*; 28(3): 260-274. Lopez L, Golden SH (2014). A new era in understanding diabetes disparities among US Latinos: All are not equal. *Diabetes Care*; 37(8): 2081-2083.

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Feb 21	Health disparities: Gender	Johnson J, Greaves L, Repta R (2009). Better science with sex and gender. Int J Equity Health; 8(14): doi:10.1186/1475-9276-8-14. Krieger N (2003). Genders, sexes, and health: What are the connections—and why does it matter? *Int J Epidemiol*; 32(4): 652-657. Scott-Samuel A, Crawshaw P, Oakley A (2015). "Men behaving badly:" Patriarchy, public policy and health inequalities. *Int J Mens Health*; 14(3): 250-258. **Reflection paper #3 due**
Feb 23	Health disparities: Gender	Jarvie JL, Foody JM (2010). Recognizing and improving health care disparities in the prevention of cardiovascular disease in women. *Curr Cardiol Rep*; 12(6): 488-496. O'Callaghan KM (2009). Solutions for disparities for women with heart disease. *J Cardiovasc Trans Res*; 2(4): 518-525. Williams RA (2009). Cardiovascular disease in African American women: A health care disparities issue. *J Natl Med Assoc*; 101(6): 536-540.
Feb 28	Health disparities: Sexual orientation and gender identity	Institute of Medicine [IOM] (2011). Later Adulthood. In *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding* (pp. 251-291) Washington DC: The National Academies Press.
Mar 2	Health disparities: Socio-economic status	Galobardes B, Shaw M, Lawlor DA, Lynch JW, Davey Smith G (2006). Indicators of socioeconomic position (part 1). *J Epidemiol Community Health*; 60(1): 7-12. Jarvis MJ, Wardle J (2006). Social Patterning of Individual Health Behaviors: The Case of Cigarette Smoking. In Marmot M, Wildinson RG (eds.), *Social Determinants of Health, Second Edition* (pp.224-237). Oxford University Press: New York NY.
Mar 7	Health disparities: Neighborhood	Cagney KA, Browning CR, Wen M (2005). Racial disparities in self-rated health at older ages: what difference does the neighborhood make? *J Gerontol B Psychol Sci Soc Sci*; 60(4): S181-S190. Keene DE, Padilla MB (2010). Race, class and the stigma of place: Moving to "opportunity" in Eastern Iowa. *Health Place*; 16: 1216-1223. Williams DR, Collins C (2001). Racial residential segregation: a fundamental cause of racial disparities in health. *Public Health Rep*; 116(5): 404-416.
Mar 9	Health disparities:	Gilbert PA, Daniel-Ulloa J, Conron KJ (2015). Does comparing alcohol use along a single dimension obscure within-group

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	"Hidden" inequities	differences? Investigating men's hazardous drinking by sexual orientation and race/ethnicity. *Drug Alcohol Depend*; 151: 101-109. Lee HK, Han B, Gfroerer JC (2013). Differences in the prevalence rates and correlates of alcohol use and binge alcohol use among five Asian American subpopulations. *Addict Behav*; 38(3): 1816-1823. Vaeth PAC, Caetano R, Ramisetty-Mikler S, Rodriguez LA (2009). Hispanic American Baseline Alcohol Survey (HABLAS): alcohol-related problems across Hispanic national groups. *J Stud Alcohol Drugs*; 70(6): 991-999. **Reflection paper #4 due**
Mar 14 & 16	Spring Break	
Mar 21	Promoting health equity: social epidemiology & social determinants of health	Adler NE, Rehkopf DH (2008). US disparities in health: Descriptions, causes, and mechanisms. *Annu Rev Public Health*; 29: 235-252. Krieger N (2001). A glossary for social epidemiology. *J Epidemiol Community Health*; 55(10):693-700. Marmot M, Friel S, Bell R, Houweling TAJ, Taylor S (2008). Closing the gap in a generation: Health equity through action on the social determinants of health. *Lancet*; 372: 1661-1669.
Mar 23	Promoting health equity: social epidemiology & social determinants of health	Boyce CA, Olster DH (2011). Strengthening the public health research agenda for social determinants of health; *Am J Prev Med*; 40(Suppl 1): S86-S88. Furtado K, Banks KH (2016). A research agenda for racial equity: Applications of the Ferguson Commission Report to public health. *Am J Public Health*; 106(11): 1926-1931. Sadana R, Blas E (2013). What can public health programs do to improve health equity? *Public Health Rep*; 128(Suppl 3): S12-S20. **Case Study part 1 (health disparity summary) due**
Mar 28	Promoting health equity: community engagement & capacity building	Campbell-Voytal K (2010). Phases of "pre-engagement" capacity building: Discovery, exploration, and trial alliance. *Prog Community Health Partnersh*; 4(2): 155-162. MacQueen KM, McLellan E, Metzger DS, Kegeles S, Strauss RP, Scotti R, Blanchard L, Trotter RT (2001). What is community? An evidence-based definition for participatory public health. *Am J Public Health*; 91(12): 1929-1938. Ochoa ER, Nash C (2009). Community engagement and its impact on child health disparities: Building blocks, examples, and resources. *Pediatrics*; 124(Suppl 3): S237-S245.

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Mar 30	Promoting health equity: community assessments	Alfonso ML, Jackson G, Jackson A, DeShannon H, Gupta A (2015). The Willow Hill community health assessment: Assessing the needs of children in a former slave community. *J Community Health*; 40(5): 855-862. Cristancho S, Garces DM, Peters KE, Mueller BC (2008). Listening to rural Hispanic immigrants in the Midwest: A community-based participatory assessment of major barriers to health care access and use. *Qual Health Res*; 18(5): 633-646. Levy SR, Anderson EE, Issel LM et al. (2004). Using multilevel, multisource needs assessment data for planning community interventions. *Health Promot Pract*; 5(1): 59-68.
Apr 4	Promoting health equity: Privilege and power	Chavez V, Duran B, Baker QE, Avila MM, Wallerstein N (2003). The Dance of Race and Privilege in Community Based Participatory Research. In: Minkler M, Wallerstein N (eds.), *Community-Based Participatory Research for Health* (pp. 81-97). San Francisco CA: Jossey-Bass. Young I (2004). Five Faces of Oppression. In: Heldke L, O'Connor P (eds.). *Oppression, Privilege, & Power: Theoretical Perspectives on Racism, Sexism, and Heterosexism* (pp. 37-63). New York NY: McGraw Hill Higher Education.
Apr 6	Promoting health equity: Privilege and power Guest lecture by Dr. Sherry Watt	Kivel, P (2011). *Uprooting Racism: How White People Can Work for Racial Justice*. Gabriola Island BC: New Society Publishers. Read: • The Culture of Power (pp. 47-50) • Entitlement (pp. 51-54) • Retaining Benefits, Avoiding Responsibility (pp. 59-65) • It's Good to Talk about Racism (pp. 69-73) McIntosh P (1990). White privilege: Unpacking the invisible knapsack. *Independent School*; 49(2): 31-36. Watt SK (2007). Difficult dialogues, privilege and social justice: Uses of the Privileged Identity Exploration (PIE) Model in student affairs practice. *College Student Affairs Journal*; 26(2): 114-126.
Apr 11	Promoting health equity: Community-engaged work	Attend Iowa Governor's Conference on Public Health. Theme: "Building Health Equity: Where We Work, Live, and Play" Or Watch Eliseo Perez-Stable's grand rounds talk: Reducing Disparities in Health Outcomes: The NIMHD Agenda on Equity (https://www.youtube.com/watch?v=UvjzYyhhNVU)
Apr 13	Promoting health equity: Intervention strategies	Jackson L, Langille L, Lyons R, Hughes J, Martin D, Winstanley V (2009). Does moving from a high-poverty to a lower-poverty neighborhood improve mental health? A realist review of Moving to Opportunity. *Health Place*; 15(4): 961-970.

Date	Topic	Readings/Assignments
		Leventhal T, Brooks-Gunn J (2003). Moving to Opportunity: An experimental study of neighborhood effects on mental health. *Am J Public Health*; 93(9): 1576-1582. Turney K, Kissane R, Edin K (2013). After Moving to Opportunity: How moving to a low-poverty neighborhood improves mental health among African American women. *Soc Ment Health*; 3(1): 1-21. **Reflection #5 due**
Apr 18	Promoting health equity: Intervention strategies	Community Preventive Services Task Force [CPSTF] (2015). Promoting Health Equity through Educational Programs and Policies: School-Based Health Centers. Available at https://www.thecommunityguide.org/sites/default/files/assets/Health-Equity-School-Based-Health-Centers_1.pdf Kaplan DW, Brindis CD, Phibbs SL, Melinkovich P, Naylor K, Ahlstrand K (1999). A comparison study of an elementary school-based health center: Effects on health care access and use. *Arch Pediatr Adolesc Med*; 153: 235-243. Walker SC, Kerns SEU, Lyon AR, Bruns EJ, Cosgrove TJ (2010). Impact of school-based health center use on academic outcomes. *J Adolesc Health*; 46(3): 251-257.
Apr 20	Promoting health equity: intervention strategies	Bassett MT (2016). Beyond berets: The Black Panthers as health activists. *Am J Public Health*; 106(10): 1741-1743. Hampton ML, Anderson J, Lavizzo BS, Bergman AB (1974). Sickle cell "nondisease:" A potentially serious public health problem. *Am J Dis Child*; 128:58-61. Pope RJ, Flanigan ST (2013). Revolution for breakfast: Intersections of activism, service, and violence in the Black Panther Party's community services programs. *Soc Just Res*; 26: 445-470. **Reflection paper #6 due**
Apr 25	Promoting health equity: Intervention strategies	Hirono K, Haigh F, Gleeson D, Harris P, Thow AM, Friel S (2016). Is health impact assessment useful in the context of trade negotiations? A case study of the Trans Pacific Partnership Agreement. *BMJ Open*; 6: e010339. doi:10.1136/bmjopen-2015-010339. McCarthy M (2016). Soda tax brings sharp fall in sugary drink consumption in Californian City. BMJ Wehby G, Dave D, Kaestner R (2016). *Effects of Minimum Wage on Infant Health*. Working Paper 22373. National Bureau of Economic Research: Cambridge MA. OPTIONAL: *Healthy Chicago 2.0*. Available at https://www.cityofchicago.org/content/dam/city/ depts/cdph/ CDPH/Healthy%20Chicago/HC2.0Upd4152016.pdf.

Date	Topic	Readings/Assignments
Apr 27	Promoting health equity: Future directions & challenges	Fine MJ, Ibrahim SA, Thomas S (2005). The role of race and genetics in health disparities research. *Am J Public Health*; 95(12): 2125-2128. Kaufman JS, Hall SA (2003). The slavery hypertension hypothesis: Dissemination and appeal of a modern race theory. *Epidemiol*; 14(1): 111-118. Satel SL, Klick J (2005). The Institutes of Medicine report: Too quick to diagnose bias. *Perspect Biol Med*; 48(Suppl 1): S15-S25. **Case study part 2 (analysis of intervention strategies) due**
May 2	Student presentations and course evaluations	
May 4	Student presentations and course evaluations	