



Department of Public Health Sciences
MPH Program Syllabus

Course name:	Eliminating Health Disparities
Course no.:	PUBH 5322
Course CRN:	22369
Semester/year	Spring semester
Graduate credit hours:	3
Class location:	Health Sciences & Nursing Building 217
Class meeting time:	Thursday 5:00-7:50 PM
Class instructor:	Gabriel Ibarra-Mejia, MD, Ph.D., MScErg.
Office location:	HSN Bldg. Office 409
Phone:	915-747-7270
Email:	gabmejia@utep.edu
Office hours:	Tuesday & Thursday 11:00 – 12:30 or by appointment
Preferred contact method:	Email & whatsapp
Course description: (MPH Capstone Course)	This capstone course for MPH students examines the theoretical models, causes, consequences, and solutions related to health and health care disparities in Hispanic/border and other minority communities in the U.S. and globally. Students engage in a community learning project to gain deeper understanding of the socio-cultural, economic, geographic, environmental, nutritional, political, and individual factors that contribute to health disparities and their solutions in the local U.S. - Mexico border community.
Course pre-requisites:	Admitted MPH Program student; completion of all public health core courses & PUBH 5352 and PUBH 5321 concentration courses; departmental permission
Required textbooks:	There is no required textbook. Seminal readings will be assigned from peer-reviewed journals, book chapters, and materials posted on the websites of reputable organizations (e.g., CDC, APHA, PAHO, WHO). See syllabus
Supplemental reading:	See page 11-12 of syllabus for listing
Course format:	Lecture & discussion, in-depth readings/reflective responses, student oral & written presentation, class learning project.
Major learning objectives	By the end of this course, students will be able to: <ol style="list-style-type: none">1. Discuss the evolution of health disparities and health equity as subjects of study and public health action.2. Identify the multiple dimensions of health disparities as described in <i>Healthy People 2020</i>.3. Describe how the selection of reference groups can affect the measurement of health disparities.4. Analyze, interpret, and present health disparities data in tabular and graphic form.5. Compare and contrast ethnic/racial and other health disparities in the U.S. population.6. Use the socioecological framework to inform and design interventions to eliminate health disparities and increase health equity.7. Critically assess existing programs & policies designed to eliminate health

	<p>disparities in US groups.</p> <p>8. Present and defend a position paper on a major Hispanic health disparity and recommend practical strategies for its reduction;</p> <p>10. Collaborate to produce a comprehensive analysis of the major health disparities affecting border groups that can be used as an authoritative web-based source by policy makers, public health practitioners, and the public.</p>
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Assessment strategies:	<p>1. Weekly written reflective responses on reading assignments</p> <p>2. Successful completion of Health Disparities Measurement online short course (pass online exam to receive certificate of completion).</p> <p>3. Hispanic health disparity case study presentation</p> <p>a. Oral & written assessment (evaluation rubric) by instructor</p> <p>b. Oral & written assessments (evaluation rubric) by student peers.</p>
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MATRIX

Program Competencies	Learning objectives	Assessment strategies
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This course meets the following MPH Program core & concentration competencies		
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Program Competencies	Learning objectives	Assessment strategies
HISPANIC AND BORDER HEALTH CONCENTRATION COMPETENCIES		
1. Describe the historical, cultural, social, economic, political and other similarities and differences among Hispanic and border groups and how these affect health equity and health disparities.	1,2,5	1,3a,3b,4a,4b
2. Analyze the roles of history, power, privilege, economics and other structural inequalities that restrict health equity and produce health disparities in Hispanic and border communities.	1,2,5	1
3. Identify the major chronic, infectious, and other health challenges that face Hispanic and border communities.	5	1,3a,3b,4a,4b
5. Identify and access the major sources of public health data that pertain to Hispanic and border communities (e.g., vital statistics and disease registries, health and nutrition surveillance databases, census data, and national surveys).	3,4,5	3a,3b,4a,4b
6. Develop public health strategies and interventions that are responsive to the unique needs and cultural values/traditions of Hispanic and border communities.	8,9	3a,3b,4a,4b
9. Effectively communicate information to the public and policy makers regarding the special public health challenges and needs of Hispanic and border communities.	10	4a,4b
10. Act as an effective resource person for Hispanic and border residents, organizations, and communities.	10	4a,4b
BIOSTATISTICS CORE COMPETENCIES		
1. Apply basic informatics techniques with vital statistics and public health records in the description of public health characteristics and in public health research and evaluation.	3,4,5	2,3a,3b,4a,4b
2. Interpret results of statistical analyses found in public health studies.	3,4,5	1, 2,3a,3b,4a,4b

EPIDEMIOLOGY CORE COMPETENCIES: 3. Communicate epidemiologic information to lay and professional audiences. 4. Draw appropriate inferences from epidemiologic data.	8,10 8,9	3a,3b, 4a,4b 1,2,3a,3b
SOCIAL & BEHAVIORAL SCIENCES CORE COMPETENCIES 1. Identify the causes of social and behavioral factors that affect health of individuals and populations. 2. Apply evidence-based approaches in the development and evaluation of social and behavioral science interventions. 3. Specify multiple targets and levels of intervention for social and behavioral science programs and/or policies.	1,2,6 7 6	1,3a,3b,4a,4b 3a,3b,4a,4b 3a,3b,4a,4b

Grading scale & criteria	<p>Student performance evaluation (course grade). A high degree of graduate level performance and professionalism is expected of all students. Student performance in the class will be based on the following:</p> <ol style="list-style-type: none"> 1. Individual reading assignments reflective responses (total weighted % =40 %) 2. Successful completion of Health Disparities Measurement online course- you must submit original certificate of completion to instructor (total weighted % =10 %) 3. Hispanic health disparity individual presentation and report (total weighted % =40 %) 4. In-class active participation and engagement (total weighted % = 10 %) <p>Grading scale:</p> <ul style="list-style-type: none"> ▪ A (> 90%-exceptional graduate-level performance) ▪ B (80-89%-average graduate-level performance) ▪ C (70-79%-below average graduate-level performance) ▪ D (60-69%-unacceptable graduate-level performance) ▪ F (< 60%-very unacceptable graduate-level performance)
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Class Participation	<p>Active participation in this MPH capstone course is especially important. Students must be prepared to come to class to discuss, answer questions, and participate in all class activities. They also must actively participate in activities outside the classroom related to the community learning project. Prepared participation by students is a core feature of this capstone course.</p>
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Incomplete policy:	<p>An "I" (incomplete grade) can only be considered only <u>if requested by the student in advance of the conclusion of the course</u> and only for <u>legitimate, documented</u> emergencies. Failure to request and negotiate the terms of an "Incomplete" grade before the conclusion of the course will result in a denial except in the most extraordinary circumstances.</p>
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Course/Instructor & Institutional Policies

Attendance:	<p>It is UTEP policy that all students attend all scheduled classes. Attendance will be taken at each class. When a student registers for a course, it is assumed that she/he has made arrangements to avoid such conflicts. Students are responsible for any information or activities presented in class discussions, lectures, assignments, and/or readings. If you are unable to attend class, it is your responsibility to inform the instructor before the respective class session. Students may be administratively withdrawn for excessive unexcused absences (2 or more classes). Compliance to due dates, in class presentations, homework, exams and other activities, is mandatory. All emergency- related absences must be verified.</p>
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	Chronic tardiness not only reflects lack of commitment and professional behavior but also is disruptive to your classmates and the instructor. You are expected to be in class and seated by 5:00 PM.
Reading assignments:	All assigned readings need to be completed prior to coming to the next scheduled class session. Example: the reading assignments for week 2 need to be completed prior to coming to the week 2 class session.
Writing standards	Effective public health leaders and practitioners are also effective written as well as oral communicators. Written communication is a critical element of the communication process. Our MPH graduate program both recognizes and expects good writing to be the norm for course work. Please feel free to seek out assistance from the UTEP Writing Center. It is free and they are very helpful.
Policy for late assignments	Due dates for homework, exams, presentations and other assignments are designed for fairness to all students. No exceptions to those dates will be made excepting in cases of university-designated closures. All assignments are due at the beginning of the class period on the due date. Five (5) points will be deducted for each day an assignment is late (including weekend days).
Permission to record lectures & discussions	Not permitted without express permission of the instructor
Cellphone/electronic tablet/ use policies:	Please note that all cellular telephones, pagers, headphones, iPods, iPads, mp3 players, earpieces, laptops, and other forms of communication and entertainment technology equipment must be powered off and put away during the class period. If a situation should arise which necessitates a student to be contacted by a physician or family member, the instructor shall be notified and cell phone can be set to “vibrate.” Please be advised that students who use unauthorized technology during class time will be dismissed from that week’s class session.
Field trip policies:	N/A
Class participation:	Active student participation in this course is very important. Students must be prepared to come to class to discuss, answer questions, and participate in all class activities.
Special accommodations:	If you have a disability and need classroom accommodations, please contact The Center for Accommodations and Support Services (CASS) at 915.747.5148, cass@utep.edu , or visit their office located in UTEP Union East, Room 106. For additional information, visit http://sa.utep.edu/cass/ . CASS’ Staff are the only individuals who can validate and if need be, authorize accommodations for students with disabilities.
MPH handbook:	http://chs.utep.edu/publichealthsciences/pdf/MPH%20STUDENT%20%20HANDBOOK%202013-2014.pdf
Student conduct:	Students are expected to be above reproach in all scholastic activities. Students who engage in scholastic dishonesty are subject to disciplinary penalties, including the possibility of failure in the course and dismissal from the university. “Scholastic dishonesty includes but is not limited to cheating, plagiarism, collusion, the submission for credit of any work or materials that are attributable in whole or in part to another person, taking an examination for another student, any act designed to give unfair advantage to a student or the attempt to commit such acts.” <u>Regent’s Rules and Regulations</u> , Part One, Chapter VI, Section 3.2, Subdivision 3.22. Since scholastic dishonesty harms the individual, all students, and the integrity of the University, policies on scholastic dishonesty will be strictly enforced. From the UTEP Dean of Student Affairs (http://studentaffairs.utep.edu/Default.aspx?tabid=4386) “It is an official policy of university that all suspected cases or acts of alleged scholastic dishonesty must be referred to the Dean of Students for investigation and appropriate disposition. Any student who commits an act of scholastic dishonesty is subject to discipline. Scholastic

dishonesty includes, but is not limited to cheating, plagiarism, collusion, the submission for credit of any work or materials that are attributable in whole or in part to another person, taking an examination for another person, any act designed to give unfair advantage to a student or the attempt to commit such acts”.

Examples of “cheating” include:

- Copying from the homework, in-class work or exam paper of another student, engaging in written, oral, or any other means of communication with another student during an exam or homework assignment, or giving aid to or seeking aid from another student during a test;
- Possession and/or use during an exam or home test of materials which are not authorized by the person giving the test, such as class notes, books, or specifically designed “crib notes”;
- Using, obtaining, or attempting to obtain by any means the whole or any part of non-administered test, test key, homework solution, or computer program; using a test that has been administered in prior classes or semesters but which will be used again either in whole or in part without permission of the instructor; or accessing a test bank without instructor permission;
- Collaborating with or seeking aid from another student for an assignment without authority;
- Substituting for another person, or permitting another person to substitute for one's self, to take a test;
- Falsifying research data, laboratory reports, and/or other records or academic work offered for credit.

“Plagiarism” means the appropriation, buying, receiving as a gift, or obtaining by any means another's work and the unacknowledged submission or incorporation of it in one's own academic work offered for credit, or using work in a paper or assignment for which the student had received credit in another course without direct permission of all involved instructors. NOTE: This includes cutting-and-pasting and photocopying from on-line and other material.

“Collusion” means the unauthorized collaboration with another person in preparing academic assignments offered for credit or collaboration with another person to commit a violation of any provision of the rules on scholastic dishonesty.

COURSE SCHEDULE*

DATES	Weekly Topics & Activities	Required Readings & Other Assignments
WEEK 1 Jan 19	Course overview/assignments Orientation to project	
WEEK 2 Jan 26	Overview of health disparities & health equity Health disparity theories Social determinants of health & health disparities	- Week 2 assigned reading list -
WEEK 3 Feb 2	- No scheduled class. Instead, you are required to take the “Measuring Health Disparities” online mini-course from the Michigan Public Health Training Center that requires approximately 2-3 hours to complete. Please register for/turn in certificate of completion to Dr. Ibarra-Mejia. Certificates are manually processed and you will be notified via email when it has been posted to your Training Gateway account. The certificate you turn in must be an original print-out and it must include your name as registered with the training center. The on-line mini-course is located at: https://practice.sph.umich.edu/mphtc/site.php?module=courses_one_online_course&id=247	
WEEK 4 Feb 9	Healthy People 2020 and health disparities	- Week 4 assigned reading list - Week 2 reading reflections due
WEEK 5 Feb 16	Hispanic and border health disparities overview I	- Week 5 assigned reading list - Week 4 reading reflections due
WEEK 6 Feb 23	Hispanic and border health disparities overview II	- Week 6 assigned reading list - Week 5 reading reflections due
WEEK 7 Mar 2	Health Disparities Calculator (HD*Calc)	- Week 7 assigned reading list - Week 6 reading reflections due
WEEK 8 Mar 9	Health Disparities Calculator (HD*Calc)	- Week 7 assigned reading list - Preliminary plan for analysis due
WEEK 9 Mar 16	SPRING BREAK (no class March 13-17)	
WEEK 10 Mar 23	Guest lecture	No assignments due
WEEK 11 Mar 30	Guest lecture	No assignments due
WEEK 12 April 6	Student health disparity oral presentations Student 1 & 2 Project work in class	- 2 student-assigned topical readings - Oral & written project activity report due
WEEK 13 April 13	Student health disparity oral presentations Student 3, 4 & 5 Project work in class	- 3 student-assigned topical readings - Oral & written project activity report due
WEEK 14 April 20	Student health disparity oral presentations Student 6 & 7 Project work in class	- 2 student-assigned topical readings - Oral & written project activity report due
WEEK 15 April 27	Student health disparity oral presentations Student 8 & 9 Project work in class	- 2 student-assigned topical readings - Oral & written project activity report due
WEEK 16 May 4	Student health disparity oral presentations Student 10, 11 & 12 Project work in class	- 3 student-assigned topical readings - Oral & written project activity report due
WEEK 17 May 11	Student health disparity oral presentations Pending presentations Project work in class	- Pending student-assigned topical readings - Oral & written project activity report due

Final corrected versions of your health disparities position (paper copy) are due no later by 5:00 pm on May 12, 2017.

Assignments

1. Individual reading assignments: reflective responses. For each instructor- or student-assigned reading, please answer all questions using the format shown in Appendix 1. You must completely address all questions for each article. Graduate-level responses that reflect graduate comprehension of the readings is required. The length of the reflection paper must be at least one page and no more than three pages (Times New Roman 12 font, single-spaced, APA format).

- **Appendix 1: Individual reflective responses paper:** Reflective responses must be provided addressing the list of questions. Topic will be covered in class based on assigned weekly readings.
- **Appendix 2: Rubric for Reflection Responses Paper assignment:** Must address all questions from Appendix 1.
- **Appendix 3: Assigned Reading Assignments:** List provided by instructor. Additional or alternative readings selected by student presenter must be sent via email to instructor & class no later than one week (7 days) prior to presentation.

IMPORTANT NOTES:

- Assignments that do not follow these format and content instructions will be returned. These assignments are due at the beginning of the class on the due date shown in the syllabus schedule.
- No assignments submitted on your behalf by another class member will be allowed.
- Late assignments will not be accepted without a university-valid excuse and documentation (please see UTEP website).

2. Health disparity oral & written presentation. Each student is required to prepare an oral presentation and written paper on an instructor-approved Hispanic/border health disparity topic. The topic must address Hispanic Health Disparities from the perspective of your own, individual area of research interest, or preference. It must include estimation of the measure of the particular health disparity using HD*Calc software. You will be required to analyze secondary data, thus it is expected that the student identifies a source dataset in which he/she will support his/her claims of the measured health disparity. Detailed instructions will be given to students during class (also see **Appendix 4** for guidelines). Oral and written feedback provided by the instructor and student peers during the required class presentation should be incorporated into the final written document which will constitute the final grade for this assignment.

IMPORTANT NOTES:

- Students must provide the class & instructor via email with two seminal background readings on their topic a minimum of one week (i.e., 7 days) prior to the day of their class presentation.
- Students also must provide the instructor and classmates with a printed handout of their presentation at the beginning of the class session in which they present. Please see **Appendix 5** for oral presentation evaluation rubric, and **Appendix 6** for written paper evaluation rubric.

Appendix 1

SPRING 2017 SEMESTER Eliminating Health Disparities (PUBH 5322) INDIVIDUAL READING ASSIGNMENTS: REFLECTIVE RESPONSES PAPER.

- Instructor Reading Assignment list- See list at end of the syllabus
- Student-Assigned Readings: Will be provided by student presenter no later than one week (7 days) prior to presentation. These must be peer-reviewed review articles or data-based articles (2011 or later).
- For each instructor- or student-assigned reading, please answer the following questions using the format below with the headings shown in Appendix 1 in the order shown. Also, please see instructions in prior section regarding complexity of answers. You must answer all questions for each article. The length of each article reflection reviewed must be 1-3 pages (Times New Roman 12 font, double -spaced, APA style). Turn in these assignments in class on the due date.
 1. What are the major questions raised by the author(s) of the article?
 2. What are the underlying assumptions or theoretical unpinning of this article?
 3. What methodology was used? (Design, data source(s), analytic approach)
 4. What are the main conclusions reached by the author(s)?
 5. What theoretical or methodological contribution does the author's work make to the field of health disparities or health equity?
 6. In what specific ways is the author's argument intellectually unsatisfying, inconsistent or incomplete?
 7. Are the proposed solutions offered in this article, if any, feasible or practical in real world terms? Explain why or why not?
 8. What additional questions does this work raise and how might you go about investigating those?
- Students should be prepared to discuss the assigned readings from the perspective of their own field/topic of interest or expertise. During the discussion, students will receive feedback, questions, and opinions from peers to be used to enrich their reflective paper.
- Reflective paper will then be submitted on to Blackboard no later than midnight on the following Sunday after class.

Appendix 2
PUB 5322 - Rubric for Reflection Responses Paper assignment
(Final scores is based on a percentage out of 30 possible points)

Criteria	Expert = 5	Proficient = 4	Intermediate = 3	Apprentice = 2	Novice/not addressed = 1	Score
Content	<ul style="list-style-type: none"> • Demonstrates a complete and thorough reflective cycle • Is of the assigned length, and all content contributes to the paper • Shows mastery of the core content of the addressed Hispanic health disparity and discusses fully an approach towards reduction or elimination. 	<ul style="list-style-type: none"> • Demonstrates a complete reflective cycle • Is of the assigned length • Shows comprehension of most core content of the addressed Hispanic health disparity, and some ability to approach its reduction or elimination. 	<ul style="list-style-type: none"> • Demonstrates a complete reflective cycle • Is outside the assigned length • Demonstrates limited comprehension of content of the addressed Hispanic health disparity, or only superficially discusses an approach in its reduction or elimination 	<ul style="list-style-type: none"> • Does not demonstrate a complete reflective cycle • Is significantly outside the assigned length, or is “padded” with a large amount of irrelevant material • Does not demonstrate comprehension of content of the addressed Hispanic health disparity, or fails to discuss an approach in its reduction or elimination. 	<ul style="list-style-type: none"> • Demonstrates little or no actual reflection • Is significantly outside the assigned length • Misrepresents content of the addressed Hispanic health disparity, or fails to discuss an approach in its reduction or elimination 	
Organization	Writer expresses relationships among ideas; careful and subtle organization enhances effectiveness of communication	Relationships among ideas is assisted by transitions and logical progression of ideas.	Relationships among ideas is sometimes clear, but conveyed inconsistently.	Few relationships between ideas are presented.	Ideas are presented in an unrelated way.	
Details	Rich supporting details enhance the effectiveness of communication.	Details are specific and enhance the effectiveness of communication.	Details are adequate and relevant.	Details lack elaboration; important details omitted	Few relevant details are presented.	
Grammar, Spelling, Mechanics	Mastery of grammar, spelling, mechanics enhances the effectiveness of communication.	A small number of errors in grammar, spelling and mechanics do not distract from the overall effectiveness of the paper.	Errors in grammar, spelling, mechanics distract or interfere with understanding.	Errors in grammar, spelling, and mechanics cause reader to frequently stop reading.	Errors in grammar, spelling, mechanics prevent effective communication.	
Sentences	Sentence variety enhances style and effectiveness of communication.	Complete sentences with some sentence variety mostly support effective communication.	Poor sentence structure such as run-ons and fragments occasionally distract, or interfere with understanding.	Poor sentence structure such as run-ons and fragments frequently interfere with understanding.	Many fragments and run-ons prevent effective communication.	
Citations	<ul style="list-style-type: none"> • Material needing citation is appropriately cited <i>and</i> enhance the content. • No errors in the application of the APA 6th edition 	<ul style="list-style-type: none"> • All necessary citations are present. • Some errors in application of APA 6th edition 	<ul style="list-style-type: none"> • All necessary citations are present. • Frequent errors in application of APA 6th edition 	<ul style="list-style-type: none"> • Some necessary citations are missing. • Errors in application of APA 6th edition 	Citations, when necessary, are lacking.	

Appendix 3
PUBH 5322
READING ASSIGNMENTS

WEEK 1: No assignment prior to first class

WEEK 2: Overview of health disparities & health equity; Social determinants of health & health disparities

- CDC. *Health Disparities and Inequalities Report 2013*. MMWR 2013; 62(3): 1-187.
- <http://www.cdc.gov/mmwr/pdf/other/su6203.pdf>. **IMPORTANT REVIEW ARTICLE!**
- **Note:** you must read but do not need to turn in as reading assignment. Note: You should revisit this very useful website when preparing for your presentation and project chapter assignments.
- Braverman P et al., Social Determinants of Health: Coming of Age. *Annual Review of Public Health* 2011; 32:381-398.
- Adler N & Rehkopf D. U.S. Disparities in Health: Descriptions, Causes, and Mechanisms. *Annual Review of Public Health* 2008; 29: 235-52.
- Marmot M, Bell R, Bloomer E, Goldblatt P; Consortium for the European Review of Social Determinants of Health and the Health Divide. WHO European review of social determinants of health and the health divide. *Lancet* 2012; 15;380(9846):1011-29. doi: 10.1016/S0140-6736(12)61228-8.
- Health Disparities Videos:
 - Health Disparities to Health Equities: Dr. Paula Braveman, University of California at San Francisco <https://www.youtube.com/watch?v=yVhp71bSRJk>
 - Tackling Ethnic Health Disparities: Dr. Lisa Cooper, Johns Hopkins School of Medicine, <https://www.youtube.com/watch?v=CBNWaQM2JrE>

WEEK 3: Measuring Health Disparities: No assigned readings. Students must complete “Measuring Health Disparities” online mini-course

WEEK 4: Healthy People 2020 & Health Disparities

- CDC. Healthy People 2020 Website. <http://www.healthypeople.gov/2020/topicsobjectives2020>. **Note:** Please peruse the website and get familiar with it. However, the site’s content will not be considered for the required weekly reflective paper.
- Thomas SB, Quinn SC, Butler J, Fryer CS, Garza MA. Toward a Fourth Generation of Disparities Research to Achieve Health Equity. *Annual Review of Public Health* 2011. 32:399–416. Access at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3419584/pdf/nihms284888.pdf>
- Adler NE, Stewart J. Health disparities across the lifespan: meaning, methods, and mechanisms. *Annals of the New York Academy of Science* 2010; 1186:5–23. <https://www.ncbi.nlm.nih.gov/pubmed/20201865>

WEEK 5: Hispanic & Border Health Disparities

- Vega WA, Rodriguez MA, Gruskin E. Health Disparities in the Latino Population. *Epidemiological Reviews*. 2009; 31:99-112. DOI: 10.1093/epirev/ mxp008.
- Bastida E, Brown HS 3rd, Pagán JA. Persistent disparities in the use of health care along the US-Mexico border: an ecological perspective. *Am J Public Health*. 2008; 98(11):1987-95.

WEEK 6: Hispanic & Border Health Disparities II

- Salinas JJ, Su D, Al Snih S. Border health in the shadow of the Hispanic paradox: issues in the conceptualization of health disparities in older Mexican Americans living in the Southwest. *J Cross Cult Gerontol*. 2013;28(3):251-66. doi: 10.1007/s10823-013-9202-9.
- Mier N, Ory MG, Zhan D, Conkling M, Sharkey JR, Burdine JN. Health-related quality of life among Mexican Americans living in colonias at the Texas-Mexico border. *Social Science & Medicine* 2008; 66:1760-1771.

WEEK 7 & 8: Health Disparities Calculator (Health Disparities Calculator (HD*Calc))

HD* Calc Videos:

- Health Disparities Webinar: National Cancer Institute Research to Reality Webinars
<https://www.youtube.com/watch?v=tBxcKmUPBnk>
- Environmental Contribution to Health Disparities: Where the Health Burden is? J Nadine Garcia, US Department of Health and Human Services. <http://environmentalhealthcollaborative.org/images/Gracia.pdf> (Important PowerPoint presentation explaining contribution of various environmental and social factors toward generating health disparities in communities).
- General HD*Calc Information Factsheet:
https://surveillance.cancer.gov/publications/factsheets/HD_Calc_Fact_Sheet.pdf
- Main website for HD * Calc <https://seer.cancer.gov/hdcalc/>
- Important Webinars for HD * Calc

HD*Calc Webinars at: <https://seer.cancer.gov/hdcalc/webinars/>

- a. Measuring Social Inequities in Health: Measurement and Value Judgments – Sam Harper, McGill University
- b. HD*Calc Software Demonstration, Steve Scoppa IMS, Inc.

HD*Calc Journal Articles

- c. Health Disparities Calculator: A methodologically rigorous tool for analyzing inequalities in Population Health – Breen et al., 2014 <https://www.ncbi.nlm.nih.gov/pubmed/25033114>
- d. Assessing disparities in colorectal cancer mortality by socioeconomic status using new tools: Health Disparities Calculator and Socioeconomic Quintiles – Breen et al., 2017*. <https://www.ncbi.nlm.nih.gov/pubmed/28083800> (Latest paper that actually uses HD*Calc in their analyses).
- e. US trends in survival disparities among adolescents and young adults with non-Hodgkin lymphoma – Kent et al., 2015. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4556271/pdf/nihms-718115.pdf> (Explains important health disparities indices used in the paper).
- f. Health Inequality: what does it mean and how we can measure it? Cristina Masseria, Cristina Hernandez-Quevedo, Sara Allin. Expert Review of Pharmacoeconomics & Outcomes Research 10.2 (April 2010): 177. DOI: <http://0-dx.doi.org.lib.utep.edu/10.1586/erp.10.14>
- g. Environmental Health Disparities in Housing. David Jacobs, Supplement 1, 2011, Vol.101, No. S1. American Journal of Public Health. <http://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2010.300058>
- h. Environmental Health Disparities: A Framework Integrating Psychosocial and Environmental Concepts. Gilbert Gee and Devon C. Payne-Sturges, Environmental Health Perspectives. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1253653/pdf/ehp0112-001645.pdf>

Appendix 4
SPRING 2017 SEMESTER-
Reducing Hispanic Health Disparities Paper

Instructions. Your paper needs to be accurate, evidence-based, up-to-date and convincing. Base on the assumption that the selected Hispanic health disparity exists, the students must provide analytical evidence that such one exists, then if so, present strategies for eliminating or reducing it. Your presentation should provide an overview of the specific health disparity (health status and/or health care disparity), the use of HD*Calc for supporting your disparity measurement, an explanation as to why the disparity appears to exist or not, and suggest strategies at the individual, community, organizational, and individual levels that could be undertaken to reduce or eliminate the health disparity. The proposed strategies should target the most significant factors contributing to the target health disparity. This assignment is based on your health topic of interest or expertise. You will present your assignment during a power point presentation (30-45 minutes). Don't forget that you are required to provide the class and instructor (via email or Blackboard) assigned seminal readings on your topic (2 seminal published review or other peer-reviewed articles) no less than one week (7 days) prior to your scheduled presentation.

Step 1. Document the health disparity (based on published evidence). You will need to perform a search of extant information using reliable published articles (see databases such as PubMed, Google Scholar, other available UTEP library database) and the web sites of reputable organizations (e.g., NIH, CDC, WHO, PAHO, WHO, American Cancer Society, March of Dimes, El Paso Dept. of Public Health, American Lung Association, etc.) in order to locate the most up-to-date statistics available (2014 or later) on the prevalence/incidence of the health disparity and other information on its severity or impact on Hispanics. Must show the application of HD*Calc software to support the claim that such disparity exists. The statistics that you present on the specific health disparity in Hispanics should be compared with that reported for the general U.S. population, a specific reference group (e.g., "white" persons), or both.

Step 2. Overview of the causes of the target health disparity in Hispanics (based on published evidence). Outline possible environmental, structural, social, cultural or behavioral causes that might have been historically responsible for the health disparity and those that are responsible for maintaining it in current times.

Step 3. Identify specific causes that you think should be targeted for intervention in Hispanics (based on published evidence). Based on your research, identify the major factor(s) that you believe are at the root of the health disparity in question and that you suggest should be targeted to reduce or eliminate the disparity in health status and/or health care.

Step 4. Discuss major issues that need to be taken into consideration when developing specific health disparity interventions for Hispanics. Discuss some the major issues which need to be considered (e.g., improving health literacy, cultural competency, improved health care access, health education, etc.) in order to be able to develop effective strategies to reduce or eliminate the disparity in health status for the selected ethnic group. Need to think about which ones would give the "biggest bang for the buck" and which would be most sustainable.

Step 5. Describe the strategy(s) that you propose to reduce or eliminate the specific health disparity in Hispanics. Based on the evidence, describe in detail strategies at the policy, community, organizational, and/or individual levels that should receive greater funding priority. You must explain the reason(s) why you selected these particular strategies and if there is any evidence for their effectiveness for this or similar target groups. This should be as evidence-based as possible.

Step 6. Discuss potential threats to strategy implementation. Finally discuss the challenges that you anticipate would occur in implementing the proposed strategy(s) to reduce or eliminate the target health disparity in Hispanics.

Step 7. References (you should use 10-15 references and these should be from peer-reviewed journals; no more than 20% can be from reputable websites such as the CDC, WHO, PAHO, AMA or similar sources). Citations from Wikipedia and low-quality web sources are not allowed.

Step 8. Present and turn in typed and electronic report.

Need to make corrections? Turn in your paper as is on the day of presentations, then notify the instructor that you will be making amendments, editions, etc.

Last day to turn in and upload final version: May 12 at 5:00 PM.

**Appendix 5
Spring 2017
Eliminating Health Disparities (PUBH 5322)**

ORAL PRESENTATION EVALUATION RUBRIC (Hispanic Health Disparities Assignment (Hispanic House of Representative Hypothetical Scenario))

Student Presenter Name: _____

Date: ____/____/2017

Presentation Title: _____

Student evaluator name: _____

TOPIC SCORE (Note: Assigned score within a range is subjective assessment of degree criterion is met.)							
TOPIC (Weight)	Exceptional (range 9.0-10.0)	Acceptable (range 8.0-8.9)	Marginal (range 7.0-7.9)	Unacceptable (range 0.0-6.9)	Topic Score	Wt	Topic Pts. (topic score x wt)
Presentation Content (5.0)	Speaker provides an abundance of accurate information clearly related to assigned health disparities topic.	Provides sufficient accurate information that relates to the assigned health disparities topic.	There is a great deal of information that is not accurate or only peripherally related to the assigned health disparities topic.	The information provided is clearly not related to the assigned health disparities topic.	_____	x 5.0	_____
Presentation Organization (1.5)	Presentation is clear, logical, and organized. Listener can follow line of reasoning.	Presentation is generally clear and well organized. A few minor points may be confusing.	Listener can follow presentation only with effort. Some arguments are not clear. Organization seems haphazard.	Listener unable to follow presentation. Arguments are not clear. No evidence of organization in presentation.	_____	x 1.5	_____
Level of Presentation (1.5)	Level of presentation is appropriate for the audience. Presentation is paced for audience understanding. It is not a reading of a power point. Speaker is comfortable in front of the group and can be heard by all.	Level of presentation is generally appropriate. Pacing is sometimes too fast or too slow. Presenter seems slightly uncomfortable at times, and audience occasionally has trouble hearing him/her.	Aspects of presentation are too elementary or too sophisticated for audience. Much of the information is read. Presenter seems uncomfortable and can be heard only if listener is very attentive	The entire presentation is too elementary or too sophisticated for audience. The information is read with limited or no eye contact with audience. Presenter is uncomfortable and cannot be heard by listener.	_____	x 1.5	_____
Contact with Audience and Handling of Questions (2.0)	Consistently clarifies, restates, and responds to questions. Summarizes when needed.	Generally responsive to audience comments, questions, and needs.	Misses some opportunities for interaction. Responds to questions inadequately.	Lack of interaction with audience. No questions are answered. No interpretation is made.	_____	x 2.0	_____
Total points for evaluation (sum of Topic Points in right most column; maximum of 100)						Total points=	

Additional Qualitative Comments (please write clearly on the back of this page)

Appendix 6

Eliminating Health Disparities (PUBH 5322) - Spring 2017 Research Paper Report: Reducing Hispanic Health Disparities

Student Name: _____

CATEGORY	4	3	2	1	Score
Abstract	An accurate and concise description of the research project. Overviews the methods, findings, and implications.	The abstract is a concise description of the research project, but is lacking in one of these areas: methods, findings, implications.	The abstract is relatively concise but not a good reflection of the research project and is lacking in more than one of these areas: methods, findings, implications.	The abstract is a poor reflection of the research project and/or is excessively wordy.	
Introduction	Sufficient background and how it relates to Hispanic Health disparities is provided. The purpose(s) is/are explained early on.	Good background information and how it relates to Hispanic Health disparities. The purpose of the paper is clear.	Limited background information and purpose of the study is provided or the author is vague on the purpose of the paper.	Insufficient background information. Author is vague on the purpose of the paper.	
Integration of the Literature	Exceptional integration and synthesis of the literature.	Generally, the literature is integrated and well synthesized.	Very little integration and/or synthesis, which impedes flow of the paper.	The literature review is annotated with almost not synthesis or integration.	
Methodology	Methodology is appropriate for the research question. Sample and measurement are thoroughly discussed.	Methodology section is appropriate for the research question. Sample and measurement are discussed.	Methodology section is appropriate for the research question. The sample and measurement sections are limited.	Either the methodology is inconsistent with the research question or the sample and measurement sections are missing crucial information.	
Results and implications for Practice	Effectively applies findings to current practice effectiveness.	Applies findings to current practice effectiveness.	Application to current practice effectiveness is limited.	Does not apply findings to current practice effectiveness.	
Conclusion	Succinct, conclusive statement that connects the identified themes to practice AND discussion of short and long term implications.	Evidenced synthesis of ideas when connecting the identified themes to existing practices. Includes implications for practice.	Conclusion connects identified themes to practice and provides some discussion of implications.	Conclusive statement fails to connect theme to practice. Little to no implications for practice.	
References	Substantial list of appropriate references to support the study.	Adequate list of appropriate references to support the study.	Many of the citations are outdated or from questionable sources.	Insufficient sources cited.	
Format and Grammar	Proper APA formatting and no grammatical, spelling, or punctuation errors.	Few or no APA formatting errors. Almost no grammatical, spelling, or punctuation errors.	A few APA formatting errors and grammatical, spelling, or punctuation errors.	Not APA format. Many grammatical, spelling, or punctuation errors.	

Appendix 7
Participation Rubric

Category	Exemplary (90%-100%)	Proficient (80%-90%)	Developing (70%-80%)	Unacceptable (>70%)
Frequency of participation	Student initiates contributions more than once in each lecture/session.	Student initiates contribution once in each lecture/session.	Student initiates contribution at least in half of the lectures/sessions	Student does not initiate contribution & needs instructor to solicit input.
Quality of comments	Comments always insightful & constructive; uses appropriate terminology. Comments balanced between general impressions, opinions & specific, thoughtful criticisms or contributions.	Comments mostly insightful & constructive; mostly uses appropriate terminology. Occasionally comments are too general or not relevant to the discussion.	Comments are sometimes constructive, with occasional signs of insight. Student does not use appropriate terminology. Comments not always relevant to the discussion.	Comments are uninformative, lacking in appropriate terminology. Heavy reliance on opinion & personal taste, e.g., "I love it", "I hate it", "It's bad" etc.
Listening Skills	Student listens attentively when others present materials, perspectives, as indicated by comments that build on others' remarks, i.e., student hears what others say & contributes to the dialogue.	Student is mostly attentive when others present ideas, materials, as indicated by comments that reflect & build on others' remarks. Occasionally needs encouragement or reminder from T.A of focus of comment.	Student is often inattentive and needs reminder of focus of class. Occasionally makes disruptive comments while others are speaking.	Does not listen to others; regularly talks while others speak or does not pay attention while others speak; detracts from discussion; sleeps, etc.

Appendix 8

Supplemental Websites

- **The Paso del Norte Institute for Health Living.** Resources. Available at: <http://chs.utep.edu/pdnhl/resources.php>
- **City of El Paso,** Department of Public Health. 2013 Community Health Assessment (CHA).
- **Paso del Norte Health Foundation/City of El Paso** Department of Public Health. Paso del Norte Regional Strategic Health Framework Report, 2012.
- **Strategic Health Intelligence Planning Group.** Assessment of Determinants of Health in the PdNHF Region: A Review of Select Health Indicators for the counties of El Paso and Hudspeth in Texas; the counties of Doña Ana and Otero in New Mexico; and the city of Ciudad Juárez, Chihuahua, Mexico.
- **Centers for Disease Control and Prevention (CDC).** The Community Guide. Available on the web at: <http://www.thecommunityguide.org/index.html>. Access to materials showing “what is known,” “what works,” and “where to go next” in the field of public health. Systematic reviews are used to answer (1) which program and policy interventions have been proven effective? (2) Are there effective interventions that are right for the target community? (3) What might effective interventions cost; what is the likely return on investment?
- **World Health Organization (WHO).** WHO Case studies on the social determinants of health. http://www.who.int/sdhconference/resources/case_studies/en/
- **CDC. Healthy People 2020 Website.** <http://www.healthypeople.gov/2020/topicsobjectives2020>.
- United States–México Border Health Commission. Health Disparities and the U.S.-México Border: Challenges and Opportunities, White Paper October 25, 2010. Access at: http://www.borderhealth.org/files/res_1719.pdf
- **CDC.** Hispanic/Latino Heritage Month (overview with additional information sources). <http://www.cdc.gov/Features/HispanicHeritageMonth/>
- **CDC.** Hispanic or Latino Populations. <http://www.cdc.gov/minorityhealth/populations/REMP/hispanic.html>
- **CDC.** Other At-Risk Populations. <http://www.cdc.gov/minorityhealth/populations/atrisk.html>

Supplemental Readings:

- Adler N & Rehkopf D.** U.S. Disparities in Health: Descriptions, Causes, and Mechanisms. *Annual Review of Public Health* 2008; 29: 235-52.
- Bastida E, Brown HS 3rd, Pagán JA.** Persistent disparities in the use of health care along the US-Mexico border: an ecological perspective. *Am J Public Health.* 2008; 98(11):1987-95.
- Bertrand JT.** Diffusion of Innovations and HIV/AIDS. *Journal of Health Communication* 2004; 9: 113-121.
- Campbell MK et al.,** Church-based health promotion interventions: Evidence and lessons learned. *Annual Review of Public Health* 2007; 28: 213-34.
- Braverman P et al.,** Social Determinants of Health: Coming of Age. *Annual Review of Public Health* 2011; 32:381-398.
- CDC.** Health Disparities and Inequalities Report. MMWR 2011; 60 (suppl):1-113
<http://www.cdc.gov/mmwr/pdf/other/su6001.pdf>
- Glanz K, Bishop DP.** The Role of Behavioral Science Theory in Development and Implementation of Public Health Interventions. *Annual Review of Public Health* 2010; 31: 399-418.
- Grier S, Bryant CA.** Social Marketing in Public Health. *Annual Review of Public Health* 2005; Vol. 26: 319-339. DOI: 10.1146/annurev.publhealth.26.021304.144610.
- Katz, D. L. (2009).** School based interventions for health promotion and weight control: Not just waiting on the world to change. *Annual Review of Public Health* 2009; 30: 253-72.
- Marmot M, Bell R, Bloomer E, Goldblatt P;** Consortium for the European Review of Social Determinants of Health and the Health Divide. WHO European review of social determinants of health and the health divide. *Lancet* 2012 Sep 15; 380(9846):1011-29. doi: 10.1016/S0140-6736(12)61228-8. Epub 2012 Sep 8.
- Mier N, Ory MG, Zhan D, Conkling M, Sharkey JR, Burdine JN.** Health-related quality of life among Mexican Americans living in colonias at the Texas-Mexico border. *Social Science & Medicine* 2008; 66:1760-1771.

- Murray** CJL, et al. (2006) Eight Americas: Investigating mortality disparities across races, counties, and race-counties in the United States. *PLoS Medicine* 3(9): e260. DOI: 10.1371/ journal.pmed.0030260.
- Ramirez** AG, Thompson IM, Vela L. (eds). *The South Texas Health Status Review. A Health Disparities Roadmap*. Springer, 2013.
- Richard** L, et al. Ecological Models Revisited: Their Uses and Evolution in Health Promotion Over Two Decades. *Annual Review of Public Health* 2011; 32: 307-26; DOI: 10.1146/ annurev-publhealth-031210-101141
- Sallis** JF, Owen N. Ecological Models of Health Behavior. Chapter 20; In Glanz G, et al. (eds). *Health Behavior and Health Education. Theory, Research & Practice*, 3rd edition, 2002: 462-484.
- Sampson** RJ, et al. Neighborhoods and Violent Crime: A Multilevel Study of Collective Efficacy. *Science* 1997; Vol. 277 no. 5328 pp. 918-924; DOI: 10.1126/ science. 277. 5328.918.
- Vega** WA, Rodriguez MA, Gruskin E. Health Disparities in the Latino Population. *Epidemiological Reviews* 2009; 31:99-112. DOI: 10.1093/epirev/ mxp008.
- Wilkinson** R, Marmot M, eds. *Social Determinants of Health: the Solid Facts*. 2nd ed. Geneva, Switzerland: World Health Organization; 2003. Access at: <http://www.euro.who.int/en/what-we-publish/abstracts/social-determinants-of-health.-the-solid-facts>.
- Williams** DR, Sternthal M. Understanding Racial-Ethnic Disparities in Health: Sociological Contributions. *Journal of Health and Social Behavior* 2010 51: S15. DOI: 10.1177/0022146510383838
- Wolf** SH, Braveman P. Where Health Disparities Begin: The Role of Social and economic Determinants and Why. Current Policies May Make Matters Worse. *Health Affairs* 2011; 30(10): 1852-1859. DOI: 10.1377/hlthaff.2011.0685.