1. General Information

1a. Submitted by the College of: MEDICINE

Date Submitted: 12/16/2015

1b. Department/Division: Behavioral Science

1c. Contact Person

Name: Anita Fernander

Email: afern2@uky.edu

Phone: 323-4679

Responsible Faculty ID (if different from Contact)

Name:

Email:

Phone:

1d. Requested Effective Date: Semester following approval

1e. Should this course be a UK Core Course? No

2. Designation and Description of Proposed Course

2a. Will this course also be offered through Distance Learning?: No

2b. Prefix and Number: BSC 755

2c. Full Title: RACE, RACISM & HEALTH DISPARITIES AMONG BLACKS IN THE U.S.

2d. Transcript Title: RACE, RACISM &HEALTH DISPARITIES

2e. Cross-listing: N/A

2f. Meeting Patterns

SEMINAR: 40

2g. Grading System: Letter (A, B, C, etc.)

2h. Number of credit hours: 3

2i. Is this course repeatable for additional credit? No

If Yes: Maximum number of credit hours:

If Yes: Will this course allow multiple registrations during the same semester?

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OFFICE OF THE SENATE COUNCIL

New Course Report



- 2j. Course Description for Bulletin: This course on racism and health disparities is designed to support graduate studies in the social sciences, allied health, and medical disciplines. This course will briefly review the biological and social history of race in America; critique emerging views on the genetics of race; discuss how the classification/mechanism of "race" operates to contribute to health disparities; explore theoretical frameworks of racism and related measures; differentiate between the terms "health inequities", "health inequalities" and "health disparities"; and, examine the biopsychosocial impact of racism on health. Although it is recognized that the discussion of race, racism and health is relevant to other "racially-classified social groups" the course will draw primarily upon the experience of Blacks in the U.S.
- 2k. Prerequisites, if any: N/A
- 21. Supplementary Teaching Component:
- Will this course taught off campus? No If YES, enter the off campus address:
- 4. Frequency of Course Offering: Fall,

Will the course be offered every year?: Yes

If No, explain:

- 5. Are facilities and personnel necessary for the proposed new course available?: Yes If No. explain:
- 6. What enrollment (per section per semester) may reasonably be expected?: 12
- 7. Anticipated Student Demand

Will this course serve students primarily within the degree program?: No

Will it be of interest to a significant number of students outside the degree pgm?: Yes

If Yes, explain: Medical students and graduate students in all areas of health sciences and social sciences will benefit from the course.

8. Check the category most applicable to this course: Not Yet Found in Many (or Any) Other Universities,

If No, explain:

- 9. Course Relationship to Program(s).
 - a. Is this course part of a proposed new program?: No

If YES, name the proposed new program:

b. Will this course be a new requirement for ANY program?: No

If YES, list affected programs:

- 10. Information to be Placed on Syllabus.
 - a. Is the course 400G or 500?: No

New Course Report



b. The syllabus, including course description, student learning outcomes, and grading policies (and 400G-/500-level grading differentiation if applicable, from **10.a** above) are attached: Yes

Distance Learning Form

Instructor Name:

Instructor Email:

Internet/Web-based: No

Interactive Video: No

Hybrid: No

- 1. How does this course provide for timely and appropriate interaction between students and faculty and among students? Does the course syllabus conform to University Senate Syllabus Guidelines, specifically the Distance Learning Considerations?
- 2. How do you ensure that the experience for a DL student is comparable to that of a classroom-based student's experience? Aspects to explore: textbooks, course goals, assessment of student learning outcomes, etc.
- 3. How is the integrity of student work ensured? Please speak to aspects such as password-protected course portals, proctors for exams at interactive video sites; academic offense policy; etc.
- 4. Will offering this course via DL result in at least 25% or at least 50% (based on total credit hours required for completion) of a degree program being offered via any form of DL, as defined above?

If yes, which percentage, and which program(s)?

- 5. How are students taking the course via DL assured of equivalent access to student services, similar to that of a student taking the class in a traditional classroom setting?
- 6. How do course requirements ensure that students make appropriate use of learning resources?
- 7.Please explain specifically how access is provided to laboratories, facilities, and equipment appropriate to the course or program.
- 8.How are students informed of procedures for resolving technical complaints? Does the syllabus list the entities available to offer technical help with the delivery and/or receipt of the course, such as the Information Technology Customer Service Center (http://www.uky.edu/UKIT/)?
- 9. Will the course be delivered via services available through the Distance Learning Program (DLP) and the Academic Technology Group (ATL)? NO

If no, explain how student enrolled in DL courses are able to use the technology employed, as well as how students will be provided with assistance in using said technology.

- 10. Does the syllabus contain all the required components? NO
- 11.I, the instructor of record, have read and understood all of the university-level statements regarding DL.

Instructor Name:



New Course Report

SIGNATURE|CLEUKEF|Carl G Leukefeld|BSC 755 NEW Dept Review|20151217
SIGNATURE|DDBEAT1|Dorcas D Beatty|BSC 755 NEW College Review|20160125
SIGNATURE|ZNNIKO0|Roshan N Nikou|BSC 755 NEW Graduate Council Review|20160322

New Course Form

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b. *[Department/Division: Behavioral Scien	ice			
c.					
	Contact Person Name:	Anita Fernander	Email: afern2@uky.edu	Phone: 323-4679	
	Responsible Faculty ID (if different fro		Email:	Phone:	
d. * F	Requested Effective Date: 🍳 Semest	er following approval OR 🔘	Specific Term/Year 1		
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Courses are typically made effective for the semester following approval. No occurse will be made effective until at approvals are received.
 The chair of the cross-tisting department must sign off on the Signature Routing Log.

Ill in general, undergraduate courses are developed on the principle that one semester hour of credit represents one hour of classroom meeting per week for a semester, exclusive of any laboratory meeting. Laboratory meeting, generally, re two hours per week for a semester for one credit hour, from SR 5.2.1)

By Your must also submit the Distance Learning Form in order for the proposed course to be considered for DL delivery.

If in order to change a program, a program change form must also be submitted.

Rev 8/09

BSC 755: RACE, RACISM AND HEALTH DISPARITIES AMONG BLACKS IN THE U.S.

University of Kentucky
Department of Behavioral Science
Medical Behavioral Science Bldg, Room 104
Wednesdays, 4-6:30 pm

Professor: Dr. Anita F. Fernander

College of Medicine

Department of Behavioral Science

Office:

103 Medical Behavioral Science Bldg.

Lexington, KY 40536-0086

Phone: Email:

Phone: 859-323-4679 Email: afern2@uky.edu

Office Hours: Walk-ins are welcome, but appointments are preferred.

Course Description:

This course on racism and health disparities is designed to support graduate studies in the social sciences, allied health, and medical disciplines. This course will briefly review the biological and social history of race in America; critique emerging views on the genetics of race; discuss how the classification/mechanism of "race" operates to contribute to health disparities; explore theoretical frameworks of racism and related measures; differentiate between the terms "health inequities", "health inequalities" and "health disparities"; and, examine the biopsychosocial impact of racism on health. Although it is recognized that the discussion of race, racism and health is relevant to other "racially-classified social groups" the course will draw primarily upon the experience of Blacks in the U.S.

Student Learning Outcomes: The course will enable students to:

- 1. <u>Articulate</u> the underpinnings of "race" as a social classification as opposed to a biological/genetic classification.
- 2. <u>Engage in and direct</u> thought-provoking discussions of relevant theoretical concepts (i.e., social class, white privilege) and models (i.e., biopsychosocial model of stress and coping) as they relate to race, racism and health/illness.
- 3. Critically examine ways in which race and racism are assessed in health-related research.
- 4. <u>Understand and identify link(s)</u> between race, racism, and health disparities.
- 5. <u>Describe</u> how race and/or racism might influence the etiology or epidemiology of a health disparate disease/illness in a "racially-defined" group.
- 6. Write a brief proposal that seeks to examine, describe or intervene on a health disparate issue among a "racially-defined" group.

Required Materials

No textbook required. Readings and other materials will be sourced from scientific journals, and internet-based media.

Course Format:

Too often students simply accept what they see in print as truth without critically evaluating the information. In this course students are encouraged to and should be prepared to make constructive comments and discuss **ALL** assigned readings. To best succeed in this course students should play an active role in lecture/presentations in structured group discussions and should expect that their opinions and thoughts will be respected.

Course Requirements:

The course requirements reflect the amount of work adequate for a graduate-level class as determined by the professor.

Reading Assignments:

Selected readings are listed in the syllabus and it is the responsibility of each student to obtain ALL of the assigned readings. Please plan ahead as some articles may require requesting from a campus library. Reading assignments and typed responses to questions posed are to be completed and emailed to the instructor no later than one hour prior to the class period.

Typed Reaction Papers:

For each class period, each student is to prepare a typed paper in response to questions that are attached to each day's assigned readings (at least two double-spaced pages), ideas from which they will share with the class. The response paper may consist of commentary or pose questions to prompt further discussion during the class. Students should feel free to reference additional readings (journal articles, newspaper articles, books, etc. to illustrate concepts and/or issues raised in their write-up). All typed response papers should be emailed to the instructor no later than one hour prior to the beginning of each class period.

Mid-term and Final:

Two written assignments will be required: a mid-term paper and a final paper. Each student will select a specific health disparate disease/illness or health behavior topic from the list on the course syllabus. Consultation with the instructor regarding the mid-term and final is highly encouraged!

Mid-term:

For the mid-term each student will write a 10-20 page double-spaced paper that: (1) discusses the impact (or potential impact) that racism has on the etiology of the selected health disparate illness or risk factor (select one from the topics on the next page of the syllabus) in a "racially-defined" group; and, (2) provide a model (informed by the literature) via which racism might influence the etiology or epidemiology of the health disparate outcome chosen. The paper should include a description of the population as well as a description and supporting statistics regarding the disease/illness/health behavior. The paper should be written in APA format. Each student will prepare a presentation (no more than 15 minutes each) on their mid-term.

Final:

For the final each student will then write a 10-20 page double-spaced research strategy section for a research proposal that seeks to examine the influence of racism on the health disparate topic chosen for their mid-term. The proposal can be an examination of a theoretical model, the development of an intervention, or the testing of any other conceptual foundation that relates to the topic chosen for the mid-term. The methods section should follow the NIH Research Plan Format

of: 1) Specific Aims; 2) Significance, 3) Innovation, and 4) Approach. Each student should pay special attention to how they propose to assess race and racism in their study as well as how they propose to recruit and retain individuals for their study. The proposal should be written in APA style. Each student will prepare a presentation (no more than 15 minutes each) on their final.

Potential Topics:

Hypertension

Breast Cancer Colon Cancer

Myocardial Infarction Prostate Cancer

Lung Cancer

Diabetes

Physical Activity/Exercise

Drug Use Alcohol Use Nutrition Mental Health

Cervical Cancer

HIV/AIDS

Evaluation and Grading:

Your final course grade will be determined as follows:

In class participation	20%
Response Papers	20%
Mid-term	30%
Final	30%

Grading Scale:

91% - 100% = A: Outstanding quality of work

81% - 90% = B: Solid, graduate-level work

71% - 80% = C: Additional time, effort, and consultations are needed in order to enhance the quality of work to that of graduate level.

Class Attendance:

It will be critical to attend each class meeting to get the most out of the course. If extenuating circumstances arise that make it difficult to attend class <u>please let me know before class if you cannot attend</u>. If you have a unique circumstance that makes missing more than two class periods unavoidable, you may not be eligible for an A grade. If your attendance is sporadic you will be advised to either drop the course or take an incomplete grade.

The course is intended to assist students in developing independent thought in a collaborative, stimulating environment. The content of the course will, at times be sensitive in nature, however, ALL students should feel free to contribute to and thoughtfully participate in the course discussions. Respect for all individual views is required and will be encouraged. If a student is not participating in the course discussion, the instructor will assume the student is not fully listening and learning. Participating in class is a way of engaging in the topic. Learning from your peers, colleagues, and the course instructor is a crucial part of your graduate education.

Academic Integrity

The faculty in the Department of Behavioral Science in the College of Medicine will enforce and administer rules concerning plagiarism as set forth in the *Student Rights and Responsibilities*. Please refer to the student manual for further information regarding this policy.

Students with Disabilities

The Americans with Disabilities Act (ADA) is a federal anti-discrimination statute that provides comprehensive civil rights protection for persons with disabilities. Among other things, this legislation requires that all students with disabilities be guaranteed a learning environment that provides for reasonable accommodation of their disabilities. If you believe you have a disability requiring an accommodation, please contact the Disability Resource Center, Room 2, Alumni Gym, 257-2754.

BSC 755: RACE, RACISM AND HEALTH DISPARITIES IN THE U.S.

Tentative Course Schedule

Wednesday, August 26

Introduction

In-class Media:

(1) Race the power of an illusion: The Story We Tell. Episode 2 [Videodisc]. Questions the belief that race has always been with us and traces the race concept to the European conquest of the Americas. 60 minutes.

Wednesday, September 2

Let's Talk About Race: Genes, Ancestry & Society Assigned Readings:

- (1) Caulfield, T., Fullerton, S.M., Ali-Khan, S.E. et al. (2009). Race and ancestry in biomedical research: exploring the challenges. Genomic Medicine, 1(8), 1-8.
- (2) Krieger, N. (2005). Stormy weather: Race, gene expression, and the science of health disparities. <u>American Journal of</u> Public Health, 95(12), 2155-2160.
- (3) Tashiro, C.J. (2005). The meaning of race in healthcare and research Part 2 current controversies and emerging research. Pediatric Nursing, 31(4), 305-308.
- (4) Listen to the following on the web. NPR: State of the Re:Union. The entire Pike County, Ohio, episode "As Black as We Wish to Be". http://stateofthereunion.com/pike-county-oh-as-black-as-we-wish-to-be/. 51 minutes.

Assigned Questions:

- (1) When was the first time you were made aware of "race"?
- (2) Why don't we just get rid of racial categories altogether?
- (3) Should "race" be used in biomedical research?
- (4) Which of the above articles construct of "race" do you most agree with? Why?..

In-class Media:

(1) Race the power of an illusion: The Difference Between Us: Episode 1 [Videodisc]. Explores how recent scientific discoveries have toppled the concept of biological race. 60 minutes.

Wednesday, September 9

Racism & White Privilege: How Can Racism Exist in a "Post-Racial" Society?

Assigned Readings:

- (1) Jones, C.P. (2000). Levels of racism: A theoretical framework and a gardener's tale. <u>American Journal of Public Health</u>, 90(8), 1212-1215.
- (2) Kendall, F.E. (2002). Understanding white privilege. www.cpt.org/.../Undoing%20Racism%20-%...

- (3) Jones, C.P. (2008). Using "socially assigned race" to probe white advantages in health status.
- (4) View at least 5 individual interviews on the following site: www.whitenessproject.org.

Assigned Questions:

- 1. Based on the readings, what is "white privilege"?
- 2. Based on the readings, how would you define "racism"?
- 3. In your opinion, which matter's most: having other's define your "race" or self-identify yourself as a "race"?

In-class Media:

- (1) Whitewashed, Unmasking the World of Whiteness. 35 min. http://www.youtube.com/watch?v=rdaF_h06YX4#t=33.
- (2) The Angry Eye [Videodisc]. 51 minutes. The Angry Eye skillfully interweaves the young adults in the exercise with post-session interviews that show the participants struggling to come to terms with their recent experiences. Through the intense and often painful emotions that the exercise provokes shines a hope that, someday, we overcome the capricious lines that divide us if only we can learn to accept and appreciate our differences.

Wednesday, September 16

Health Disparities, Health Inequalities, and Health Inequities: What's the Difference?

Assigned Readings:

- (1) Braveman, P.A., Kumanyika, S., Fielding, J., LaVeist, T., Borrell, L.N., Manderscheid, R. & Troutman, A. (2011). Health disparities and health equity: The issue of justice. American Journal of Public Health, 101(S1), S149-S155.
- (2) Braveman, P.A. (2006). Health disparities and health equity: concepts and measurements. <u>Annual Review of Public Health</u>, 27, 167-194.
- (3) Carter-Pokras, O. and Baquet, C. (2002). What is a "Health Disparity"? Public Health Reports, 117, 426-434.

Assigned Questions:

- (1) Using <u>examples</u>, <u>define</u> and <u>differentiate</u> between a "health disparity", "health inequity" and "health inequality".
- (2) Which of the above terms is most closely related to social and health justice?

In-class Media:

- (1) Unnatural Causes: Not Just a Paycheck (30 minutes). Unemployment takes a toll in Michigan, but not Sweden.
- (2) Unnatural Causes: Collateral Damage (29 minutes): Marshall Islanders are caught between the developing and industrialized worlds.

Wednesday, September 23

Social Determinants of Health: Racial Segregation

Assigned Readings:

- (1) Listen to the This American Life's audio of "House Rules" which can be found on their webcast. www.thisamericanlife.org/radio-archives/episode/512/house-rules.
- (2) Denton, N.A. (1999). Half empty or half full: Segregation and segregated neighborhoods 30 years after the Fair Housing Act. Cityscape: A Journal of Policy Development and Research, 4(3), 107-122.
- (3) Williams, D.R., & Collins, C. (2001). Racial residential segregation: A fundamental cause of racial disparities in health. Public Health Reports, 116, 404-416.

Assigned Questions:

- (1) How has racial residential segregation led to differences in health risk?
- (2) How do differences in residential neighborhoods influence racial health disparities?

<u>In-class Media:</u> Unnatural Causes: Place Matters: (29 minutes). Where you live predicts your health.

Wednesday, September 30

Social Determinants of Health: Socioeconomic Status (SES) Assigned Readings:

- (1) Williams, D.R. (1999). Race, socioeconomic status, and health: The added effects of racism and discrimination. <u>Annals of the NY Academy of Sciences</u>, 896, 173-188.
- (2) Kawachi, I., Daniels, N. and Robinson, D.E. (2005). Health disparities by race and class: Why both matter. <u>Health Affairs</u>, 24(2), 343-352.

Assigned Questions:

- (1) Can race be used as a proxy for socioeconomic status or vice versa? Explain your answer.
- (2) Do you think that socioeconomic status mediates or moderates the impact of race on health OR do you think racial status mediates or moderates the impact of socioeconomic status on health? Explain your answer.

<u>In-class Media</u>: Unnatural Causes: In Sickness and in Wealth (56 minutes): What connections exist between healthy bodies, healthy bank accounts and skin color.

Wednesday, October 7

Assessing Race & Racism in Biomedical Research Assigned Readings:

- (1) Jones, C.P. (2001). Invited Commentary: Race, racism and the practice of epidemiology. <u>American Journal of Epidemiology</u>, 154(4), 299-304.
- (2) Krieger, N., Sidney, S. and Coakley, E. (1998). Racial discrimination and skin color in the CARDIA Study:

- Implications for Public Health Research. <u>American Journal of</u> Public Health, 88(9), 1308-1313.
- (3) Klonoff, E.A. and Landrine, H. (2000). Is skin color a marker for racial discrimination? Explaining the skin color-hypertension relationship. <u>Journal of Behavioral Medicine</u>, 23(4), 329-338.

Assigned Questions:

(1) Based upon the readings what is the best way to assess the following terms and constructs in health research: 1) race; 2) racism.

<u>In-class Media</u>: Race the power of an illusion: The House We Live In: Episode 3 [Videodisc]. Focuses on how our institutions shape and create the idea of race. 60 minutes.

Wednesday, October 14

Wednesday, October 21

NO CLASS: WORK ON MID-TERMS

Race, Racism & Health: Theoretical Foundations & Conceptual Models

Assigned Readings:

- (1) Clark, R., Anderson, N.B., Clark, V.R. and Williams, D.R. (1999). Racism as a stressor for African Americans: A biospychosocial model. <u>American Psychologist</u>, 54(10), 805-816.
- (2) Krieger, N. (2012). Methods for the scientific study of discrimination and health: An ecosocial approach. <u>American</u> Journal of Public Health, 102(5), 936-945.
- (3) Gee, G.C., Walsemann, K. & Brondolo, E. (2012). A lifecourse perspective on how racism may be related to health inequities. American Journal of Public Health, 102(5), 967-974.
- (4) Myers, H. (2009). Ethnicity- and socio-economic status-related stresses in context: an integrative review and conceptual model. <u>Journal of Behavioral Medicine</u>, 32, 9-19.

Assigned Questions:

(1) Which of the following conceptual models do you think is best applicable to the study of racism and health: Gee et al.'s Life Course Perspective, Myers Lifespan Biopsychosocial Model of Cumulative Vulnerability, Clark et al.'s biopsychosocial model or Krieger's ecosocial model? Discuss the reasons for your choice and why you did not select the other models.

<u>In-class Media</u>: Unnatural Causes: When the Bough Breaks (29 minutes): How racism gets embedded in the body and affects birth outcomes.

Wednesday, October 28

MID-TERM PAPERS DUE & MID-TERM PRESENTATIONS

Wednesday, November 4

Racism and Health Outcomes

Assigned Readings:

- (1) Wyatt, S.B., Williams, D.R., Calvin, R., Henderson, F.C., Walker, E. and Winters, K. (2003). Racism and cardiovascular disease in African Americans. <u>American Journal of Medical Science</u>, 325(6), 315-331.
- (2) Shariff-Marco, S., Klassen, A.C. & Bowie, J.V. (2010). Racial/ethnic differences in self-reported racism and its association with cancer-related health behaviors. <u>American Journal of Public Health</u>, 100(2), 364-374.
- (3) Wagner, J.A., Osborn, C.Y. et al. (2011). Beliefs about racism and health among African American women with diabetes: A qualitative study. <u>Journal of the National Medical Association</u>, 103(3), 224-232.

Assigned Questions:

- (1) Describe the etiology of how racism impacts blood pressure and cardiovascular disease.
- (2) In what way might racism be associated with diabetes?
- (3) In what way is racism associated with the prevention, diagnoses, or treatment of cancer?

<u>In-class Media:</u> Bad Sugar (29 minutes): Diabetes in two Native American communities.

Wednesday, November 11

Race, Racism, Personalized Medicine & Pharmacogenomics Assigned Readings:

- (1) Lee, S.S., (2005). Racializing drug design: Implications of pharmacogenomics for health disparities. <u>American Journal of Public Health</u>, 95(12), 2133-2138.
- (2) Urban, T.J. (2010). Race, ethnicity, ancestry, and pharmacogenetics. <u>Mount Sinai Journal of Medicine</u>, 77, 133-139.

Assigned Questions:

- 1. How does the field of pharmacogenomics reify race as a biological construct?
- 2. How do you distinguish between "personalized medicine" and "racialized medicine"?

<u>In-class Media:</u> Dorothy Roberts: Fatal Invention, The New Biopolitics of Race.

https://www.youtube.com/watch?v=RUukdHM 2Uw

Wednesday, November 18

Implicit Bias & Healthcare

Assigned Readings

(1) Chapman, E.N., Kaatz, A. & Carnes, M. (2013). Physicians an implicit bias: How doctors may unwittingly perpetuate health care disparities. <u>Journal of General Internal Medicine</u>, 28(11), 1504-1510.

- (2) Blair, I.V., Steiner, J.F., and Havranek, E.P. (2011). Unconscious (implicit) bias and health disparities: Where do we go from here? The Permanente Journal, 15(2), 71-78.
- (3) Ansell, D.A. and McDonald, E.K. (2015). Bias, black lives, and academic medicine. New England Journal of Medicine, 372, 1087-1089.
- (4) View: "Targeting Unconscious Bias in Health Care". Michelle van Ryn, Ph.D. at http://newsnetwork.mayoclinic.org/discussion/targeting-unconscious-bias-in-health-care/.

Assigned Questions

- (1) Discuss the role implicit bias/attitudes/stereotypes play in health care.
- (2) How can implicit bias' in medicine be addressed?

 In-class Media: Unnatural Causes: Becoming American (29 minutes): Latino immigrants arrive healthy but don't stay that way.

Wednesday, November 25

NO CLASS: THANKSGIVING BREAK

Wednesday, December 2

Race, Racism, Health Policy & Progress

Assigned Readings:

- (1) Airhihenbuwa, C.O. and Liburd, L. (2006). Eliminating health disparities in the African American population: The interface of culture, gender, and power. <u>Health Education & Behavior</u>, 33(4), 488-501.
- (2) Bleich, S.N., Jarlenski, M.P., Bell, C.N. and LaVeist, T. (2012). Health inequalities: Trends, progress, and policy. Annual Review of Public Health, 33, 7-40.

Assigned Questions:

- (1) Discuss the aims and objectives of the Centers for Disease Control (CDC) REACH objectives.
- (2) In an ideal situation describe the social, environmental, economic and cultural factors that would need to be in place to eliminate health disparities.

Wednesday, December 9

FINAL PAPERS DUE & FINAL PRESENTATIONS