

## **Racial/Ethnic & Gender Inequalities in Health and Health Care**

HSSP 114b

Meets Mondays, Tuesday, and Thursdays [8:30-11am]

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Office hours:  
by appointment

### **Course description:**

As I write this syllabus, we are collectively experiencing the effects of COVID-19, an unprecedented public health emergency. Everyone is affected in some way by this global crisis, but it has also revealed deep inequities in our society. Some Americans are sitting at home working remotely and grieving the loss of “normal,” seeking medical care in well-resourced facilities. Many others are out of work, struggling to pay rent and feed their children. Clinics are turning sick people away because they don’t have the resources to test or care for us. Current estimates place the death rate from COVID-19 in predominantly black counties at 6 times that of predominantly white counties. This unfortunately reflects current public health wisdom: “tell me your zip code and I’ll tell you your life expectancy.”<sup>1</sup>

This course lays a theoretical and empirical foundation for students to understand why we are seeing these inequities today. We will examine how social factors (poverty, community context, work environments, etc.) affect our health. We will evaluate the ways our health system puts the health and wellbeing of racial and ethnic minorities and other vulnerable populations in the United States at risk, and identify leverage points for change. Students will learn how structural factors (racism, segregation, gender hierarchies, dominant cultural norms within health systems and organizations, and their intersections) contribute to health disparities, and how policies and practices inside and outside of the healthcare system are advancing health equity.

If you are concerned by the following inequities, and curious to learn more about how they relate to health, this course is for you!

- In New Orleans, the life expectancy of residents from the poorest zip code in the city is 26 years lower than for residents of the wealthiest zip code.
- The median net worth for Black Bostonians is \$8.00 compared to White median net worth of \$247,500.00.

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<sup>1</sup> Dr. Anthony Iton, Senior Vice President for Healthy Communities at the California Endowment

- In 2015, women working full-time earned 80% of what men working full-time earned, and if trends continue, white women will have to wait until 2056 to see equal work for equal pay. Hispanic women will have to wait 232 years for the pay gap to close without active policy intervention.

We will review and critique key theoretical frameworks and evidence from public health, social policy, and community development that demonstrate how social and structural factors influence health and wellbeing and how these same factors drive health disparities and inequities. Each week, we will analyze a case study of a health equity policy, practice, or initiative and engage in active dialogue about the opportunities and challenges presented by this case.

This course prepares students interested in a wide range of disciplines (public health, medicine, sociology, public policy, and more) to understand and advance health and equity in their future careers by achieving the following course outcomes:

- Define key terms and constructs related health disparities and health equity
- Identify patterns of inequities in health status by race, ethnicity, gender, and socio-economic status from an epidemiological perspective
- Explain how systems, policies, and ideologies contribute to disparities in rates of illness, quality of life, premature death, mental health, and population-level health inequities
- Identify and critique current theories for racial/ethnic disparities in health status, access and quality
- Become familiar with and critically assess conceptual models, policies, initiatives, and strategies for reducing and/or eliminating health disparities.

**Course overview:**

<b>Date</b>	<b>Topic</b>	<b>Case study facilitators</b>	<b>Key assignments</b>
<b>Week 1: What determines Health?</b>			
Class 1	Determinants of health and inequities		
Class 2	Data: collection, analysis, and impact		
Class 3	Case study 1		Reflection #1 due
<b>Week 2: Health disparities: race, ethnicity, and nativity</b>			
Class 4	Racism, communities of color, and native Americans		
Class 5	Immigrant “paradox” and intergenerational trauma		
Class 6	Case study 2		Reflection #2 due
<b>Week 3: Gender, sexual orientation, socio-economic status, place, and Intersectionality</b>			
Class 7	Gender and sexual orientation		
Class 8	Immigrant integration and health		
Class 9	Case study 3		Reflection #3 due
<b>Week 4: Inside the health system</b>			
Class 10	Structure of the health system		
Class 11	Black Man in a White Coat (part 1)		
Class 12	Black Man in a White Coat (part 2)		Policy and action memo due
<b>Week 5: Moving towards equity</b>			
Class 13 Thursday	Workforce diversity and culturally effective organizations		
Class 14 Thursday	Reducing racial inequities in wealth, work, education, etc.		Final reflection #4 due
Class 15 Thursday	Final presentations		In-class presentations

## **Assignments:**

- 1) **Weekly 2-page reflections** Submit a 2-page single-spaced reflection that includes the following: key points from the readings that stood out to you and that improve your own understanding of health outcomes, health disparities, and/or health equity; connections that you made with the readings and your own lived experiences, other coursework, or professional experiences; questions that these readings generated for you; and any potential ideas that you have related to how we can create a healthier, more equitable health system and society based on the readings. **[due before class each Thursday on LATTE]**
  
- 2) **Case study co-facilitation (3 pages):**  
Working in a small group, students will prepare a 1-1.5-hr facilitated session to discuss the assigned case study. Students must submit a facilitation outline including: goals of session, room set-up, resources and technology needed, key questions, roles of each student, and anticipated outcomes from session. Teams will then co-facilitate a session and receive professional feedback on the content, structure, and outcomes of their work. **[class 3, 6, 9, or 12]**
  
- 3) **Policy and action memo (4-5 pages):**  
Identify a current active discourse/debate around a policy or practice problem related to health, health equity, or the social/structural determinants of health. Write a 4-5 page single-spaced memo to a specific decision-maker or funder outlining the status of the policy problem, current evidence to date, and key recommended action points for future research and/or policy. **[Due before class 13]**
  
- 4) **Final presentation:**  
Present your action and investment memo in a 15-minute class presentation. **[Due class 15]**
  
- 5) **Class participation:**  
Students are expected attend all classes, read all assigned readings, finish all small and large assignments, and come to class prepared to contribute to class discussion. I aspire toward a low-tech, high-engagement classroom. I kindly ask you to use your laptops for note-taking purposes only and request the courtesy of closing your laptop when not actively taking notes. Even better would be if you took notes by hand. The use of a laptop to do email, chat with friends or to do other class assignments during the class period is both obvious to and distracting to the instructors and your fellow students. Thank you very much for your cooperation.

## Course Details

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### Week 1: What determines Health?

- Structural, social, and environmental determinants of health
- Health Disparities and Inequities: Data, Definitions, and Theoretical Constructs
- Case study 1

Required readings for classes 1 & 2:

- Braveman, P. A., Kumanyika, S., Fielding, J., LaVeist, T., Borrell, L. N., Manderscheid, R., & Troutman, A. (2011). Health disparities and health equity: the issue is justice. *American Journal of Public Health, 101*(S1), S149-S155.  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3222512/>
- World Health Organization:  
[http://www.who.int/social\\_determinants/thecommission/finalreport/key\\_concepts/en/](http://www.who.int/social_determinants/thecommission/finalreport/key_concepts/en/)
- Braveman, P. (2006). Health Disparities and Health Equity: Concepts and Measurement, *Annual Review of Public Health, 27*, 167-194.
- Asada, Y. (January 01, 2005). A framework for measuring health inequity. *Journal of Epidemiology and Community Health, 59*, 8, 700-5.

Supplemental readings:

- Barr, D. A. (2014). *Health Disparities in the United States, Social Class, Race, Ethnicity and Health*, The Johns Hopkins University Press. "Race/Ethnicity and Health" pp. 105-133 and "Introduction to the Social Roots of Health Disparities" pp. 1-14
- Wagstaff, A., Van Doorslaer, E. (2004). Overall Versus Socioeconomic Health Inequality: A Measurement Framework and Two Empirical Illustrations. *Health Economics, 13*, 297-301.

Required policy and practice case study reading for class 3:

- TBD

### Week 2: Health disparities: race, ethnicity, and nativity

- Racism, communities of color, and native Americans
- Immigrants and the immigrant "paradox"
- Intergenerational trauma
- Case study 2

Required readings for classes 4 & 5:

- Jones, C. P., Jones, C. Y., Perry, G. S., Barclay, G., & Jones, C. A. (2009). Addressing the social determinants of children's health: a

- cliff analogy. *Journal of Health Care for the Poor and Underserved*, 20(4A), 1-12.
- Almaguer, T. (2012). Race, racialization, and Latino populations in the United States. *Racial Formation in the Twenty-First Century*. 143.
  - Green, T. (2012). *Black and Immigrant: Exploring the Effects of Ethnicity and Foreign-born status on Infant Health*. Migration Policy Institute. Retrieved from <http://fcd-us.org/sites/default/files/CBI-Green.pdf>
  - Viruell-Fuentes, E. A., Miranda, P. Y., & Abdulrahim, S. (2012). More than culture: structural racism, intersectionality theory, and immigrant health. *Social science & medicine*, 75(12), 2099-2106.
  - Heart, M. Y. H. B. (2003). The historical trauma response among natives and its relationship with substance abuse: A Lakota illustration. *Journal of psychoactive drugs*, 35(1), 7-13.
  - Unnatural Causes video: [http://www.unnaturalcauses.org/episode\\_descriptions.php?page=2](http://www.unnaturalcauses.org/episode_descriptions.php?page=2)
  - Hill Collins, P. (1990). Black Feminist Thought in the Matrix of Domination.

Supplemental readings:

- Thorpe Jr, R. J. & Kelley-Moore, J. A. (2013). Life course theories of race disparities: A comparison of the cumulative dis/advantage theory, perspective, and the weathering hypothesis. In LaVeist, T. A., & Isaac, L. A. (Eds.), *Race, ethnicity, and health: A public health reader* (pp. 355-376). San Francisco: Jossey-Bass.

Required policy and practice case study reading for class 6: TBD

**Week 3: Gender, sexual orientation, socio-economic status, place, and Intersectionality**

- Intersectionality
- Gender and sexual orientation
- Geography and place
- Socio-economic status and the American Dream
- Case study 3

Required readings for classes 7, 8 & 9:

- Carnevale, A. P., & Strohl, J. (2013). *Separate and unequal: How higher education reinforces the intergenerational reproduction of white racial privilege*. Retrieved from [https://cew.georgetown.edu/wp-content/uploads/2014/11/SeparateUnequal.FR\\_.pdf](https://cew.georgetown.edu/wp-content/uploads/2014/11/SeparateUnequal.FR_.pdf)
- IASP Immigrant and Refugee Wealth Pathways Infographic: <https://heller.brandeis.edu/iasp/pdfs/racial-wealth->

[equity/immigrant-integration/immigrant-refugee-wealth-pathways.pdf](#)

- Hopkinson, Rebecca A. (2017). Persecution experiences and mental health of LGBT asylum seekers. *Journal of Homosexuality*, 64(12), 1650.
- Commission on Social Determinants of Health. (2008). Closing the gap in a generation: health equity through action on the social determinants of health: final report of the commission on social determinants of health.
- Bates, L. M., Hankivsky, O., & Springer, K. W. (2009). Gender and health inequities: a comment on the final report of the WHO commission on the social determinants of health. *Social science & medicine*, 69(7), 1002-1004.

Supplemental readings:

- Phelan, J. C., Link, B. G., & Tehranifar, P. (January 01, 2010). Social conditions as fundamental causes of health inequalities: theory, evidence, and policy implications. *Journal of Health and Social Behavior*, 51, 28-40.
- Barr, D. A. (2008). *Health Disparities in the United States, Social Class, Race, Ethnicity and Health*, The Johns Hopkins University Press. Chapters 3-4. "The Relationship between SES and Health" and "How Low Social Status Leads to Poor Health" pp. 42-7

Required policy and practice case study reading for class 9: TBD

#### **Week 4: Inside the Health System**

- Black Man in a White Coat
- Empowerment economics and community-driven policy and practice

Required readings for classes 10, 11, & 12:

- Santos, J., Vo, A., Lovejoy, M. (2017). *Foundations for the Future: Empowerment Economics in the Native Hawaiian Context*. Institute on Assets and Social Policy.
- Santos, J., Vo, A., & Lovejoy, M. (2019). *Evaluating Empowerment Economics: A Preliminary Framework for Assessing Innovations in Financial Capability*. Federal Reserve Bank of San Francisco.
- Entire book: Tweedy, D. (2015). *Black man in a white coat: A doctor's reflections on race and medicine*. Picador.

#### **Week 5: Moving Towards Equity**

- Reducing the racial wealth gap
- Diversity and equity in health professions
- Cultural/linguistic congruence and competency

Required readings:

- Sullivan, L. W. (2004). Missing persons: minorities in the health professions, a report of the Sullivan Commission on Diversity in the Healthcare Workforce.
- Boguslaw, et al. (2016). *Good Jobs Good Health: Diversifying the Workforce through Policy and Practice*. Institute on Assets and Social Policy.
- Santos, J., Venner, S., Boguslaw, J., Tarahija, S., and McCracken, K. (October 2016). *Becoming a Culturally Effective Organization: A Case Study of the Manchester Community Health Center*. Waltham, MA: Institute on Assets and Social Policy.
- Melanie Doupé Gaiser, M., Nsiah Jefferson, L., Santos, J. Venner, S., Boguslaw, J., and Tellez, T. (April 2015). *Culturally Effective Organizations: A Framework for Success*. Waltham, MA: Institute on Assets and Social Policy, Brandeis University.
- Woolf, S. H., et al. (2015). *How are income and wealth linked to health and longevity?* Urban Institute.  
<https://www.urban.org/sites/default/files/publication/49116/2000178-How-are-Income-and-Wealth-Linked-to-Health-and-Longevity.pdf>
- Starfield, B., & Birn, A.-E. (2007). Income redistribution is not enough: income inequality, social welfare programs, and achieving equity in health. *Journal of Epidemiology & Community Health*, 61(12), 1038-1041.
- Asante-Muhammad, D., Nieves, E., Collins, C. & Hoxie, J. (2017) The Road to Zero Wealth: How the Racial Wealth Divide is Hollowing Out America's Middle Class. Prosperity Now.