

**Fall 2022, PPHA 37910**  
**Race and Ethnic Differences in Health: Epidemiology, Behavior and Policy**

**Class Meeting Time: Tuesday and Thursday 11:00 a.m. – 12:20 p.m.**

**Instructor:** Robert Kaestner  
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**Office:** Keller 3057  
**Office Hours:** Email anytime; TH. 1:00 -2:00 pm; and by appt.

**Teaching Assistants:**  
Anna Kenig-Ziesler

**Office:** TBD **Office Hours:** TBD

### **Course Description**

The course will focus on health disparities between three racial/ethnic groups in the USA: non-Hispanic Black people, non-Hispanic white people and Hispanic people. These categories are imperfect and imprecise, and obscure important variation within each group, but are widely used by government statisticians, academic researchers and policymakers (see: <https://www.govinfo.gov/content/pkg/FR-1997-10-30/pdf/97-28653.pdf>, and <https://www.census.gov/library/stories/2021/08/improved-race-ethnicity-measures-reveal-united-states-population-much-more-multiracial.html>). For that reason, they are useful.

The course will begin with a review of the human capital model of demand for health and healthcare over the life course. This disciplinary focus is intended to provide a framework (among other disciplinary frameworks) that can be used to identify potential causes and solutions to racial and ethnic health disparities. The conceptual model will also aid in the formulation and evaluation of empirical research, and public policy concerned with racial and ethnic disparities in health. Conceptual models used by sociologists will also be reviewed and integrated into the human capital model.

The course will review the extent and magnitude of health disparities by race and ethnicity, and how those disparities evolve over the life course from birth to old-age. At each age, racial and ethnic disparities in illnesses that account for a large share of poor health will be identified. The time series pattern of racial and ethnic health disparities at each age will also be reviewed. The course will review and assess research intended to explain (identify causes of) racial and ethnic disparities at each age. Some of the primary explanations include socioeconomic status (income and education) and discrimination/racism—both as experienced by individuals and as manifested systemically, for example, by healthcare providers. Some major government interventions to reduce racial and ethnic disparities in health at each age will be reviewed and assessed in terms of efficacy.

The literature on racial and ethnic disparities in health is huge and a one-quarter course cannot reasonably cover everything. The course is intended to serve as an introduction to the topic and provide a conceptual and empirical foundation for further study. The course highlights the nature and extent of racial/ethnic disparities in health, how to place these disparities in a conceptual context, and it reviews representative descriptive and causal studies of possible explanations of racial/ethnic health disparities.

### **Course Objectives**

The course is intended to provide the following learning objectives:

1. A basic understanding of the human capital model of the demand for health and health care and how that model can be used to formulate and evaluate research and policy intended to explain racial and ethnic disparities in health.
2. An understanding of some sociological models of health disparities and how those models relate to the economic model.
3. A familiarity with the magnitudes of racial and ethnic disparities in health by age and time period including the leading illnesses that account for much of the health disparities.
4. A familiarity with the major government interventions to reduce racial and ethnic disparities in health.
5. A conceptual and empirical foundation to critically evaluate research and policy about the causes and solutions to racial and ethnic disparities in health.
6. A conceptual and empirical foundation to formulate and advance research and policy about the causes and solutions to racial and ethnic disparities in health.

## Relationship to Curriculum

This course builds on the foundation of microeconomics provided in the core economics sequence. In this course, we will focus on consumer theory as it relates to choices about health and healthcare, and the unique aspects of those choices, for example, how biological and clinical constraints and the uncertainty of illness affect those choices. The course also contributes to a better understanding of diversity and how racial and ethnic diversity interacts with society and the health care system in particular to affect health. The course will build on the core methods courses in statistics and program evaluation through an assessment of empirical research related to racial and ethnic disparities in health.

## Course Format

In-person meetings during scheduled class time—Monday and Wednesday 9-10:20 am.

Class participation: The nine class participation assignments (see below) are intended to encourage student engagement, and to allow students to articulate course content in their own words, deepen their understanding of the course content and to provide an opportunity for students to learn from one another. Everyone is expected to participate and everyone should feel comfortable expressing their view. I understand that it may be difficult for some students to speak publicly, but the class is a welcoming, respectful community. The class discussions are an active learning process and by definition learning means not knowing already. So, feel free to think creatively and openly even though sometimes it will be a miss hit.

## Course Policies:

### Academic Integrity: (<https://studentmanual.uchicago.edu/Policies>)

It is worth explicitly stating the University's approach here: "It is contrary to justice, to academic integrity, and to the spirit of intellectual inquiry to submit the statements or ideas of work of others as one's own. To do so is plagiarism or cheating, offenses punishable under the University's disciplinary system. Because these offenses undercut the distinctive moral and intellectual character of the University, we take them very seriously and punishments for them may include expulsion from the University."

"Proper acknowledgment of another's ideas, whether by direct quotation or paraphrase, is expected. In particular, if any written or electronic source is consulted and material is used from that source, directly or indirectly, the source should be identified by author, title, and page number. Any doubts about what constitutes "use" should be addressed to the instructor."

### Use of Web and Email:

I will post course materials to the university's CANVAS web-based course management system: the URL is <http://courses.uchicago.edu/>. Students are responsible for any and all material posted there. I encourage the use of email and I try to respond in a timely fashion. My email address is [kaestner@uchicago.edu](mailto:kaestner@uchicago.edu). Please be sure to set your notifications on CANVAS so that you receive all communications from me sent through this platform.

**Attendance is required.** I understand that circumstances may sometimes require you to miss a class, although with a 9-week quarter, any absence represents a significant loss of time. Students who need to miss class because of work, sickness, or other reasons, shall notify me in a timely manner as to when they will be absent. I will make every reasonable effort to honor the request, not penalize the student for missing the class, and if an examination or project is due during the absence, give the student an exam or assignment equivalent to the one completed by those students in attendance. A similar process for notifying me should be followed for students who wish to observe their religious holidays. Again, I will make every reasonable effort to honor the request and not penalize the student for missing the class.

**COVID-19 Protocols** should be followed: <https://goforward.uchicago.edu/health-requirements/>

### Disability Accommodation (<https://disabilities.uchicago.edu/>):

The University of Chicago seeks to provide an environment conducive to learning, teaching, working, and conducting research that values the diversity of its community. The University strives to be supportive of the academic, personal, and work-related needs of each individual and is committed to facilitating the full participation of students with a disability in the life of the University. Students with a disability, particularly those that require an accommodation, should contact Student Disability Services (<https://disabilities.uchicago.edu/>).

Harris students are not required to submit their accommodations letter to the instructor. Students from other divisions in the University must submit their accommodations letter to either the instructor or the Harris Dean of Students Office.

Students who do not yet have formal accommodations in place but who feel they need accommodations on a temporary or ongoing basis should contact the Harris Dean of Students Office or Student Disability Services.

### Course Requirements

#### Books:

- Textbook:

LaVeist, T. A., & Isaac, L. A. (Eds.). (2013). *Race, ethnicity, and health: A public health reader* (2nd ed.). Jossey-Bass/Wiley.

It is a reader with many articles that summarize issues and evidence. It is a handy reference tool.

#### Assignments and Grades:

- Late Assignments and Missed Exams: Unless explicitly agreed upon in advance, late assignments will not be accepted.
- All assignments are to be completed independently without assistance except from TAs or Professor.
- The Final Grade will be based on the following components:

Class attendance: 13%

Nine, short class-participation assignments that are worth 3% each for a total of 27% of final grade.

Three take home assignments that are worth 20% each for a total of 60%

- Grading:

Attendance: Grades for attendance are: 4—miss 1 or fewer classes; 3—miss 2-3 classes; 2—miss 4-6 classes; 1—miss more than 6 classes

Written assignments (class-participation and take-home assignments) are graded using the following scale:

4=excellent (professional preparation, answered specific questions directly and germanely, provided interesting analysis/insight)

3=good (professional preparation, answered specific questions directly and in most cases germanely)

2=average (professional preparation, answered specific questions directly but with some error)

1=unacceptable (unprofessional preparation, incomplete answers to specific questions, mostly incorrect answers).

Final grades are letter grades and follow the common grading policy of University and Harris Public Policy: <https://registrar.uchicago.edu/records/grading/>. The mapping of numerical grades to letter grades is as follows:

Grade	Minimum	Maximum
A	>3.625	4
A-	>3.25	3.625
B+	>2.875	3.25
B	>2.5	2.875
B-	>2.125	2.5
C+	>1.75	2.125
C	>1.375	1.75
C-	1	1.375

## Detailed Course Outline

<b>Sept. 27, 29</b>	<p style="text-align: center;"><b>Conceptual Models of Health and Racial/Ethnic Disparities</b></p> <p><b>The Health Production Function: Endowment, Depreciation, and Investment</b></p> <ul style="list-style-type: none"> <li>• (Presented by Professor, student does not have to read) Grossman, Michael. 2000. “The Human Capital Model,” in eds., Anthony Culyer and Joseph Newhouse <u>Handbook of Health Economics</u>. North-Holland, Elsevier Science, Chapter 7:347-405.</li> </ul> <p><b>Constrained Choice: Choosing Investments in Health</b></p> <ul style="list-style-type: none"> <li>• (Presented by Professor, student does not have to read) Grossman, Michael. 2000. “The Human Capital Model,” in eds., Anthony Culyer and Joseph Newhouse <u>Handbook of Health Economics</u>. North-Holland, Elsevier Science, Chapter 7:347-405.</li> <li>• (Presented by Professor, student does not have to read) Becker, Gary. 2007. Health as Human Capital: Synthesis and Extensions <u>Oxford Economic Papers</u>, 59(3):379-410</li> </ul>
<b>Oct. 4</b>	<p><b>Participation Assignment #1</b></p> <ul style="list-style-type: none"> <li>• Due by start of class on April 4. Read Geronimus, A. T., Hicken, M., Keene, D., &amp; Bound, J. (2006). "Weathering" and age patterns of allostatic load scores among blacks and whites in the United States. <i>American journal of public health</i>, 96(5), 826–833. Provide a one-page summary (research question, data, method, results) of the article and discuss the implications for racial/ethnic disparities in infant health.</li> </ul> <p>1-page maximum (one-sided, normal font and margins)</p>
<b>Oct. 4</b>	<p style="text-align: center;"><b>Sociological Perspectives: Cumulative Advantage, Fundamental Causes and Weathering</b></p> <p><b>Background Reading</b> (optional)</p> <ul style="list-style-type: none"> <li>• Chapter 17, LaViest et al.</li> </ul> <p><b>Original Articles</b></p> <ul style="list-style-type: none"> <li>• Dannefer D. Systemic and Reflexive: Foundations of Cumulative Dis/Advantage and Life-Course Processes. <i>J Gerontol B Psychol Sci Soc Sci</i>. 2020 Jun 2;75(6):1249-1263.</li> <li>• Phelan, J. C., Link, B. G., &amp; Tehranifar, P. (2010). Social Conditions as Fundamental Causes of Health Inequalities Theory, Evidence, and Policy Implications. <i>Journal of Health and Social Behavior</i>, 51(1 suppl), S28-S40.</li> <li>• Geronimus, A. T., Hicken, M., Keene, D., &amp; Bound, J. (2006). "Weathering" and age patterns of allostatic load scores among blacks and whites in the United States. <i>American journal of public health</i>, 96(5), 826–833.</li> </ul>
<b>Oct. 6</b>	<p style="text-align: center;"><b>Correlates of Racial/Ethnic Disparities</b></p> <p><b>Conceptual and Empirical Pathways—Race/Ethnicity: Cause or Proxy for Causes?</b></p> <ul style="list-style-type: none"> <li>• Jay S. Kaufman, Richard S. Cooper, Commentary: Considerations for Use of Racial/Ethnic Classification in Etiologic Research, <i>American Journal of Epidemiology</i>, Volume 154, Issue 4, 15 August 2001, Pages 291–298, <a href="https://doi.org/10.1093/aje/154.4.291">https://doi.org/10.1093/aje/154.4.291</a></li> <li>• (Optional) VanderWeele, T. J., &amp; Robinson, W. R. (2014). On the causal interpretation of race in regressions adjusting for confounding and mediating variables. <i>Epidemiology (Cambridge, Mass.)</i>, 25(4), 473–484.</li> <li>• Nuru-Jeter AM, Michaels EK, Thomas MD, Reeves AN, Thorpe RJ Jr, LaVeist TA. Relative Roles of Race Versus Socioeconomic Position in Studies of Health Inequalities: A Matter of Interpretation. <i>Annu Rev Public Health</i>. 2018 Apr 1;39:169-188. doi: 10.1146/annurev-publhealth-040617-014230. Epub 2018 Jan</li> </ul>

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<b>Oct. 11</b>	<p style="text-align: center;"><b>Racial/Ethnic Disparities: Preconception, Pregnancy and Infant Health</b></p> <p><b>Descriptive Facts and Implications (Presented by the Professor)</b></p> <ul style="list-style-type: none"> <li>• By time period</li> <li>• By geography (e.g., regions)</li> <li>• By cause of death</li> <li>• By socioeconomic (income and education)</li> </ul> <p><b>Representative Descriptive Studies of Correlates of Disparities in Infant Health</b></p> <ul style="list-style-type: none"> <li>• Samuel H. Fishman, Robert A. Hummer, Gracia Sierra, Taylor Hargrove, Daniel A. Powers &amp; Richard G. Rogers (2021) Race/ethnicity, maternal educational attainment, and infant mortality in the United States, <i>Biodemography and Social Biology</i>, 66:1, 1-26</li> <li>• Grobman WA, Parker CB, Willinger M, Wing DA, Silver RM, Wapner RJ, Simhan HN, Parry S, Mercer BM, Haas DM, Peaceman AM, Hunter S, Wadhwa P, Elovitz MA, Foroud T, Saade G, Reddy UM; Eunice Kennedy Shriver National Institute of Child Health and Human Development Nulliparous Pregnancy Outcomes Study: Monitoring Mothers-to-Be (nuMoM2b) Network*. Racial Disparities in Adverse Pregnancy Outcomes and Psychosocial Stress. <i>Obstet Gynecol.</i> 2018 Feb;131(2):328-335.</li> <li>• Rosenberg, Lynn, Julie R. Palmer, Lauren A. Wise, Nicholas J. Horton, and Michael J. Corwin. "Perceptions of racial discrimination and the risk of preterm birth." <i>Epidemiology</i> (2002): 646-652.</li> </ul>
<b>Oct. 13</b>	<p><b>Participation Assignment #2</b></p> <ul style="list-style-type: none"> <li>• Due by start of class on April 13. Students will be randomly assigned to read one of the articles listed below (not textbook chapters) related to Explanations. For the assigned article, provide a one-page summary (research question, data, method, results) of the article.</li> </ul> <p>1-page maximum (one-sided, normal font and margins)</p>
<b>Oct. 13</b>	<p style="text-align: center;"><b>The Hispanic Paradox</b></p> <p><b>Some Evidence</b></p> <ul style="list-style-type: none"> <li>• Chapter 14 LaViest et al.: Singh, G. K., &amp; Yu, S. M. (1996). Adverse pregnancy outcomes: differences between US- and foreign-born women in major US racial and ethnic groups. <i>American journal of public health</i>, 86(6), 837–843. <a href="https://doi.org/10.2105/ajph.86.6.837">https://doi.org/10.2105/ajph.86.6.837</a></li> <li>• (Optional) Robert A. Hummer, Daniel A. Powers, Starling G. Pullum, Ginger L. Gossman, W. Parker Frisbie; Paradox found (again): Infant mortality among the Mexican-origin population in the united states. <i>Demography</i> 1 August 2007; 44 (3): 441–457.</li> <li>• Sanchez-Vaznaugh EV, Braveman PA, Egerter S, Marchi KS, Heck K, Curtis M. Latina Birth Outcomes in California: Not so Paradoxical. <i>Matern Child Health J.</i> 2016 Sep;20(9):1849-60.</li> </ul> <p><b>Some Explanations</b></p> <ul style="list-style-type: none"> <li>• Chapter 11 LaViest et al.</li> <li>• (1) Fishman SH, Morgan SP, Hummer RA. Smoking and Variation in the Hispanic Paradox: A Comparison of Low Birthweight Across 33 US States. <i>Popul Res Policy Rev.</i> 2018 Oct;37(5):795-824</li> <li>• (2) Ceballos, M., &amp; Palloni, A. (2010). Maternal and infant health of Mexican immigrants in the USA: the effects of acculturation, duration, and selective return migration. <i>Ethnicity &amp; health</i>, 15(4), 377–396.</li> <li>• (3) Andrasfay, Theresa<sup>a</sup>; Goldman, Noreen<sup>a</sup> Intergenerational Change in Birthweight, <i>Epidemiology</i>: September 2020 - Volume 31 - Issue 5 - p 649-658</li> <li>• (4) Landale, Nancy S., Oropesa, R.S., Llanes, Daniel, and Bridget Gorman. Does Americanization have Adverse Effects on Health?: Stress, Health Habits, and Infant Health Outcomes among Puerto Ricans. <i>Social Forces</i> 78(2):613-641, 1999.</li> </ul>

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<b>Oct. 18</b>	<p><b>Participation Assignment #3</b></p> <ul style="list-style-type: none"> <li>• Due by start of class on April 18th. Students will be randomly assigned to read one of the articles listed below. For the assigned article, provide a one-page summary (research question, data, method, results) of the article and discuss the implications for racial/ethnic disparities in infant health.</li> </ul> <p>1-page maximum (one-sided, normal font and margins)</p>
<b>Oct. 18</b>	<p style="text-align: center;"><b>Causal Estimates of Determinants of Infant Health</b></p> <p><b>Representative Causal Studies</b></p> <ul style="list-style-type: none"> <li>• (1) Stress: Anna Aizer &amp; Laura Stroud &amp; Stephen Buka, 2016. "Maternal Stress and Child Outcomes: Evidence from Siblings," <i>Journal of Human Resources</i>, 51(3), pages 523-555</li> <li>• (2) Education: McCrary, J., &amp; Royer, H. (2011). The effect of female education on fertility and infant health: evidence from school entry policies using exact date of birth. <i>American economic review</i>, 101(1), 158-95.</li> <li>• (3) Endowment: Currie, J., &amp; Moretti, E. (2007). Biology as destiny? Short-and long-run determinants of intergenerational transmission of birth weight. <i>Journal of Labor economics</i>, 25(2), 231-264.</li> <li>• (4) Income: Hilary Hoynes &amp; Doug Miller &amp; David Simon, 2015. "Income, the Earned Income Tax Credit, and Infant Health," <i>American Economic Journal: Economic Policy</i>, American Economic Association, vol. 7(1), pages 172-211</li> </ul>
<b>Oct. 18</b>	<p><b>Take-Home Assignment #1—to be completed/submitted by start of class on Nov. 1.</b></p> <p><b>Review:</b></p> <ul style="list-style-type: none"> <li>• Illinois' Better Birth Outcomes (<a href="https://www.dhs.state.il.us/page.aspx?item=118798">https://www.dhs.state.il.us/page.aspx?item=118798</a>)</li> <li>• (Read Executive Summary, and if interested other parts) The Effects of Home Visiting on Prenatal Health, Birth Outcomes, and Health Care Use in the First Year of Life: Final Implementation and Impact Findings from the Mother and Infant Home Visiting Program Evaluation-Strong Start. OPRE Report 2019-08. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, USDHS</li> </ul> <p><b>Prepare a 4 to 5 page report (one-sided, normal font and margins) that:</b></p> <ul style="list-style-type: none"> <li>• Discusses the need for the program. Present and describe descriptive information on disparities in infant health in Illinois (see Illinois Department of Public Health).</li> <li>• Describes the Better Birth Outcomes program and compares it to the programs in Mother and Infant Home Visiting Program Evaluation-Strong Start.</li> <li>• Discusses conceptual causes of poor infant health (endowment, depreciation, investments) and how the Better Birth outcomes program theoretically addresses those causes.</li> <li>• Assesses the likely efficacy of the program using evidence presented in the Strong Start evaluation <b>and from a couple (e.g., 2 to 3)</b> other studies providing causal estimates of program components (e.g., prenatal care, WIC).</li> <li>• Provides some conclusions as to whether the program is likely to be successful or not at ameliorating racial/ethnic disparities in infant health and whether there are alternative programs.</li> </ul> <p><b>Useful Background Papers (many references on issues related to assignment)</b></p> <ul style="list-style-type: none"> <li>• Eliminating Racial Disparities in Maternal and Infant Mortality: A Comprehensive Policy Blueprint, <a href="https://www.americanprogress.org/article/eliminating-racial-disparities-maternal-infant-mortality/">https://www.americanprogress.org/article/eliminating-racial-disparities-maternal-infant-mortality/</a></li> <li>• Braveman P, et al. (2021) Explaining the Black-White Disparity in Preterm Birth: A Consensus Statement From a Multi-Disciplinary Scientific Work Group Convened by the March of Dimes. <i>Front. Reprod. Health</i> 3:684207.</li> </ul>

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<b>Oct. 20</b>	<p><b>Participation Assignment #4</b></p> <ul style="list-style-type: none"> <li>• Due by start of class on April 20. Find some published data describing (e.g., table, graph) racial/ethnic disparities in child health. Describe the data and discuss possible explanations for the disparities with reference to the conceptual model.</li> </ul> <p>1-page maximum (one-sided, normal font and margins)</p>
<b>Oct. 20</b>	<p style="text-align: center;"><b>Racial/Ethnic Disparities: Child Health</b></p> <p><b>Descriptive Facts and Implications (Presented by the Professor)</b></p> <ul style="list-style-type: none"> <li>• By time period</li> <li>• By geography (e.g., regions)</li> <li>• By cause of death</li> <li>• By socioeconomic (income and education)</li> <li>• Crosstabulations</li> </ul>
<b>Oct. 25</b>	<p style="text-align: center;"><b>Determinants of Child Health</b></p> <p><b>Conceptual Pathways—endowment, depreciation, investment</b></p> <p><b>Representative Descriptive Studies</b></p> <ul style="list-style-type: none"> <li>• Neil K. Mehta, Hedwig Lee, Kelly R. Ylitalo. (2013) Child health in the United States: Recent trends in racial/ethnic disparities. <i>Social Science &amp; Medicine</i> 95, 6-15.</li> <li>• Rogers, R. G., Lawrence, E. M., Hummer, R. A., &amp; Tilstra, A. M. (2017). Racial/Ethnic Differences in Early-Life Mortality in the United States. <i>Biodemography and social biology</i>, 63(3), 189–205.</li> </ul>
<b>Oct. 27</b>	<p><b>Participation Assignment #5</b></p> <ul style="list-style-type: none"> <li>• Due by start of class on April 27th. Students will be randomly assigned to read one of the articles listed below. For the assigned article, provide a one-page summary (research question, data, method, results) of the article and discuss the implications for racial/ethnic disparities in child health.</li> </ul> <p>1-page maximum (one-sided, normal font and margins)</p>
<b>Oct. 27</b>	<p style="text-align: center;"><b>Causal Estimates of Determinants of Child Health</b></p> <p><b>Representative Studies</b></p> <ul style="list-style-type: none"> <li>• (1) Income: Cesarini, D., Lindqvist, E., Östling, R., &amp; Wallace, B. (2016). Wealth, health, and child development: Evidence from administrative data on Swedish lottery players. <i>The Quarterly Journal of Economics</i>, 131(2), 687–738.</li> <li>• (2) Income: Milligan, K., &amp; Stabile, M. (2011). Do child tax benefits affect the well-being of children? Evidence from Canadian child benefit expansions. <i>American Economic Journal: Economic Policy</i>, 3, 175–205.</li> <li>• (3) Education: Jacob Nielsen Arendt, Mads Lybech Christensen, Anders Hjorth-Trolle, Maternal education and child health: Causal evidence from Denmark, <i>Journal of Health Economics</i>, Volume 80, 2021, 102552</li> <li>• (4) Education: Lindeboom, M., Llana-Nozal, A., &amp; van Der Klaauw, B. 2009. Parental education and child health: Evidence from a schooling reform. <i>Journal of Health Economics</i>, 28(1), 109-131.</li> <li>• Neighborhood: Kessler, R.C., Duncan, G.J., Gennetian, L.A., Katz, L.F., Kling, J.R., Sampson, N.A., Sanbonmatsu, L., Zaslavsky, A., Ludwig, J. (2014). “Associations of Housing Mobility Interventions for children in High-Poverty Neighborhoods with Subsequent Mental Disorders During Adolescence.” <i>JAMA</i>. 311(9): 937-947</li> </ul>

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<b>Oct. 27</b>	<p><b>Take-Home Assignment #2—to be completed/submitted by start of class on Nov. 10.</b></p> <p><b>Review:</b></p> <ul style="list-style-type: none"> <li>• Paradise, Julia, The Impact of the Children’s Health Insurance Program (CHIP): What Does the Research Tell Us? <a href="https://www.kff.org/wp-content/uploads/2014/07/8615-the-impact-of-the-children-s-health-insurance-program-chip-what-does-the-research-tell-us.pdf">https://www.kff.org/wp-content/uploads/2014/07/8615-the-impact-of-the-children s-health-insurance-program-chip-what-does-the-research-tell-us.pdf</a></li> <li>• Janet Currie, Jonathan Gruber, Health Insurance Eligibility, Utilization of Medical Care, and Child Health, <i>The Quarterly Journal of Economics</i>, Volume 111, Issue 2, May 1996, Pages 431–466,</li> <li>• Janet Currie, Sandra Decker, Wanchuan Lin, Has public health insurance for older children reduced disparities in access to care and health outcomes?, <i>Journal of Health Economics</i>, Volume 27, Issue 6, 2008, Pages 1567-1581</li> <li>• Wherry, L. R., &amp; Meyer, B. D. (2016). Saving teens: using a policy discontinuity to estimate the effects of Medicaid eligibility. <i>Journal of Human Resources</i>, 51(3), 556-588.</li> </ul> <p><b>Prepare a 4 to 5 page report (one-sided, normal font and margins):</b></p> <ul style="list-style-type: none"> <li>• Describe the causal pathways linking Medicaid policy to child health AND racial/ethnic disparities in health. Make sure to elucidate mediating pathways and confounding influences, particularly as they relate to racial/ethnic disparities in health. You can describe the pathways in words or use illustrations (see, Cunningham Directed Acyclic Graphs for help). A caution: do not make model too complicated—include what is essential.</li> <li>• Briefly discuss the research design of each study and how it addressed the issues identified in your causal pathways analysis.</li> <li>• Discuss the evidence presented in the article on mediating pathways-between Medicaid policy and child health. How does this evidence relate to racial/ethnic disparities in health?</li> <li>• Discuss the evidence presented in the article on the effects of Medicaid policy on child health. Provide some assessment of the numerical importance of Medicaid at decreasing child health disparities. How does this evidence relate to racial/ethnic disparities in health?</li> <li>• Discuss how the evidence on mediating pathways relates to the evidence on the effects of Medicaid policy on child health. How does this evidence relate to racial/ethnic disparities in health?</li> <li>• Provide a short conclusion with thoughts on the effectiveness of Medicaid policy in reducing racial/ethnic disparities in child health.</li> </ul>
<b>Nov. 1</b>	<p style="text-align: center;"><b>Racial/Ethnic Disparities: Adult Health</b></p> <p><b>An Important Early Study</b></p> <ul style="list-style-type: none"> <li>• (Read pp. 147-163, and other sections if interested) W.E.B. DuBois. 1906. The Health and Physique of the Negro American: Report of a Social Study Made Under the Direction of Atlanta University, Together with the Proceedings of the Eleventh Conference for the Study of the Negro Problems, Held at Atlanta University, May the 29th, Atlanta University Press</li> </ul> <p><b>Descriptive Facts and Implications (Presented by Professor)</b></p> <ul style="list-style-type: none"> <li>• By time period</li> <li>• By geography (e.g., regions)</li> <li>• By cause of death</li> <li>• By socioeconomic (income and education)</li> <li>• Crosstabulations</li> </ul>



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<b>Nov. 3</b>	<p><b>Participation Assignment #6</b></p> <ul style="list-style-type: none"> <li>• Due by start of class on May 2. Find some published data describing (e.g., table, graph) racial/ethnic disparities in adult health. Describe the data and discuss possible explanations for the disparities with reference to the conceptual model.</li> </ul> <p>1-page maximum (one-sided, normal font and margins)</p>
<b>Nov. 3</b>	<p style="text-align: center;"><b>Do Socioeconomic Factors Mediate Racial and Ethnic Disparities in Adult Health?</b></p> <p><b>Conceptual Issues:</b></p> <ul style="list-style-type: none"> <li>• Chapter 18 LaViest et al.</li> </ul> <p><b>Typical Descriptive Analyses</b></p> <ul style="list-style-type: none"> <li>• (An easy to read summary of Economic Conceptual Models with Empirical Analyses) Smith, J. P., &amp; Kington, R. (1997). <i>Race, socioeconomic status, and health in late life</i> (pp. 106-62). RAND.</li> <li>• Fuller-Rowell, Thomas E. PhD; Curtis, David S. MS; Doan, Stacey N. PhD; Coe, Christopher L. PhD. Racial Disparities in the Health Benefits of Educational Attainment, <i>Psychosomatic Medicine</i>: January 2015 - Volume 77 - Issue 1 - p 33-40</li> </ul>
<b>Nov. 8</b>	<p><b>The Hispanic Paradox—Does it apply to Adults?</b></p> <ul style="list-style-type: none"> <li>• Crimmins EM, Kim JK, Alley DE, Karlamangla A, Seeman T. Hispanic paradox in biological risk profiles. <i>Am J Public Health</i>. 2007 Jul;97(7):1305–1310</li> <li>• Boen CE, Hummer RA. Longer—but Harder—Lives?: The Hispanic Health Paradox and the Social Determinants of Racial, Ethnic, and Immigrant–Native Health Disparities from Midlife through Late Life. <i>Journal of Health and Social Behavior</i>. 2019;60(4):434-452.</li> <li>• Singh, G.K., &amp; Siahpush, M. (2002). Ethnic-Immigrant Differentials in Health Behaviors, Morbidity, and Cause- Specific Mortality in the United States: An Analysis of Two National Data Bases. <i>Human Biology</i>, 74(1), 83–109.</li> </ul> <p><b>What Explains the Hispanic Paradox?</b></p> <ul style="list-style-type: none"> <li>• Palloni, A., &amp; Arias, E. (2004). Paradox Lost: Explaining the Hispanic Adult Mortality Advantage. <i>Demography</i>, 41, 385–415. 10.1353/dem.2004.0024</li> <li>• Fenelon A. Revisiting the Hispanic mortality advantage in the United States: the role of smoking. <i>Soc Sci Med</i>. 2013 Apr;82:1-9</li> </ul>
<b>Nov. 10</b>	<p><b>Participation Assignment #7</b></p> <ul style="list-style-type: none"> <li>• Due by start of class on May 11th. Students will be randomly assigned to read one of the articles listed below (not from textbook). For the assigned article, provide a one-page summary (research question, data, method, results) of the article and discuss the implications for racial/ethnic disparities in adult health.</li> </ul> <p>1-page maximum (one-sided, normal font and margins)</p>

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<b>Nov. 10</b>	<p style="text-align: center;"><b>Causal Effects of Income and Education on Adult Health</b></p> <p><b>Causal Effects of Income/Wealth on Health</b></p> <ul style="list-style-type: none"> <li>• (2) David Cesarini, Erik Lindqvist, Robert Östling, Björn Wallace, Wealth, Health, and Child Development: Evidence from Administrative Data on Swedish Lottery Players, <i>The Quarterly Journal of Economics</i>, Volume 131, Issue 2, May 2016, Pages 687–738</li> <li>• Schwandt, H. Wealth Shocks and Health Outcomes: Evidence from Stock Market Fluctuations. <i>American Economic Journal: Applied Economics</i>, 10:349–377, 2018</li> </ul> <p><b>Causal Effects of Health Insurance on Health</b></p> <ul style="list-style-type: none"> <li>• (1) Katherine Baicker, Ph.D., et al (Oregon Health Study Group). 2013. “The Oregon Experiment — Effects of Medicaid on Clinical Outcomes.” <i>N Engl J Med</i> 368:1713-1722.</li> </ul> <p><b>Causal Effects of Education on Health</b></p> <ul style="list-style-type: none"> <li>• (3) Neil M Davies, Matt Dickson, George Davey Smith, Gerard van den Berg, Frank Windmeijer. 2017. “The Causal Effects of Education on Health, Mortality, Cognition, Well-being, and Income in the UK Biobank.” <i>Nature: Human Behavior</i>.</li> <li>• David Frisvold, Ezra Golberstein, School quality and the education–health relationship: Evidence from Blacks in segregated schools, <i>Journal of Health Economics</i>, 30:1232-1245</li> </ul> <p><b>Causal Effects of Neighborhood on Health</b></p> <ul style="list-style-type: none"> <li>• Chapter 16 LaViest et al.</li> <li>• (4) Ludwig, J., Sanbonmatsu, L., Gennetian, L., Adam, E., Duncan, G. J., Katz, L. F., &amp; McDade, T. W. (2011). Neighborhoods, obesity, and diabetes—A randomized social experiment. <i>New England Journal of Medicine</i>, 365(16), 1509-1519.</li> </ul>
<b>Nov. 15</b>	<p style="text-align: center;"><b>Developmental Origins of Disease and Epigenetics</b></p> <p><b>Background Readings</b></p> <ul style="list-style-type: none"> <li>• Chapter 10 LaViest et al.</li> <li>• Almond, Douglas, and Janet Currie. 2011. "Killing Me Softly: The Fetal Origins Hypothesis." <i>Journal of Economic Perspectives</i>, 25 (3): 153-72.</li> <li>• Barker, D. J., &amp; Thornburg, K. L. (2013). The obstetric origins of health for a lifetime. <i>Clinical Obstetrics and Gynecology</i>, 56, 511–519</li> </ul> <p><b>Prenatal Environment and the Barker Hypothesis</b></p> <ul style="list-style-type: none"> <li>• Lumey, L. H., Stein, A. D., &amp; Susser, E. (2011). Prenatal famine and adult health. <i>Annual review of public health</i>, 32, 237–262.</li> <li>• Douglas Almond. “Is the 1918 Influenza Pandemic Over? Long-Term Effects of <i>In Utero</i> Influenza Exposure in the Post-1940 U.S. Population. <i>Journal of Political Economy</i> 2006 114:4, 672-712.</li> </ul> <p><b>Epigenetics</b></p> <ul style="list-style-type: none"> <li>• Crimmins EM, Thyagarajan B, Levine ME, Weir DR, Faul J. Associations of Age, Sex, Race/Ethnicity, and Education With 13 Epigenetic Clocks in a Nationally Representative U.S. Sample: The Health and Retirement Study. <i>J Gerontol A Biol Sci Med Sci</i>. 2021 May 22;76(6):1117-1123</li> <li>• Tobi, Elmar W., Roderick C. Slieker, René Luijk, Koen F. Dekkers, Aryeh D. Stein, Kate M. Xu, Biobank-based Integrative Omics Studies Consortium et al. "DNA methylation as a mediator of the association between prenatal adversity and risk factors for metabolic disease in adulthood." <i>Science advances</i> 4, no. 1 (2018): eaao4364.</li> </ul>

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<b>Nov. 17</b>	<p><b>Participation Assignment #8</b></p> <ul style="list-style-type: none"> <li>• Due by start of class on May 18th. Students will be randomly assigned to read one of the articles listed below (not Background articles). For the assigned article, provide a one-page summary (research question, data, method, results) of the article and discuss the implications for racial/ethnic disparities in adult health.</li> </ul> <p>1-page maximum (one-sided, normal font and margins)</p>
<b>Nov. 17</b>	<p style="text-align: center;"><b>Exposure to Racism and Health</b></p> <p><b>Background Readings</b></p> <ul style="list-style-type: none"> <li>• Chapters 6-9 La Viest et al.</li> <li>• Williams, D. R., &amp; Mohammed, S. A. (2013). Racism and Health I: Pathways and Scientific Evidence. <i>American Behavioral Scientist</i>. 57(8), 1152–1173</li> <li>• Williams, D.R., Lawrence, J.A., Davis, B.A., Vu, C. (2019). “Understanding How Discrimination Can Affect Health.” <u><i>Health Services Research</i></u>, 54 (S2): 1374-1388.</li> </ul> <p><b>Representative Biomarker Studies</b></p> <ul style="list-style-type: none"> <li>• (1) Liu SY, Kawachi I. Discrimination and telomere length among older adults in the United States. <i>Public Health Rep</i>. 2017;132(2):220-230</li> <li>• (2) Chae, D. H., Wang, Y., Martz, C. D., Slopen, N., Yip, T., Adler, N. E., Fuller-Rowell, T. E., Lin, J., Matthews, K. A., Brody, G. H., Spears, E. C., Puterman, E., &amp; Epel, E. S. (2020). Racial discrimination and telomere shortening among African Americans: The Coronary Artery Risk Development in Young Adults (CARDIA) Study. <i>Health psychology : official journal of the Division of Health Psychology, American Psychological Association</i>, 39(3), 209–219. <a href="https://doi.org/10.1037/hea0000832">https://doi.org/10.1037/hea0000832</a></li> </ul> <p><b>Representative Observational Studies</b></p> <ul style="list-style-type: none"> <li>• (3) Chae DH, Nuru-Jeter AM, Lincoln KD, Jacob Arriola KR. (2012). Racial discrimination, mood disorders, and cardiovascular disease among black Americans. <i>Ann Epidemiol</i> 22:104–11</li> <li>• (4) Dunlay, S. M., Lippmann, S. J., Greiner, M. A., O'Brien, E. C., Chamberlain, A. M., Mentz, R. J., &amp; Sims, M. (2017). Perceived Discrimination and Cardiovascular Outcomes in Older African Americans: Insights From the Jackson Heart Study. <i>Mayo Clinic proceedings</i>, 92(5), 699–709.</li> <li>• Monk EP Jr. 2015 The Cost of Color: Skin Color, Discrimination, and Health among African-Americans. <i>American Journal of Sociology</i> 121: 396–444</li> </ul>
<b>Nov. 29</b>	<p><b>Participation Assignment #9</b></p> <ul style="list-style-type: none"> <li>• Due by start of class on May 23<sup>rd</sup>. Students will be randomly assigned to read one of the articles listed below (not textbook). For the assigned article, provide a one-page summary (research question, data, method, results) of the article and discuss the implications for racial/ethnic disparities in adult health.</li> </ul> <p>1-page maximum (one-sided, normal font and margins)</p>

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<b>Nov. 29</b>	<p style="text-align: center;"><b>Racism in the Provision of Healthcare</b></p> <ul style="list-style-type: none"> <li>• Jaquelyn L. Jahn, Invited Commentary: Comparing Approaches to Measuring Structural Racism, <i>American Journal of Epidemiology</i>, 2021, <a href="https://doi.org/10.1093/aje/kwab261">https://doi.org/10.1093/aje/kwab261</a></li> </ul> <p><b>Provider Bias</b></p> <ul style="list-style-type: none"> <li>• Chapters 28-31 La Viest et al.</li> <li>• (1) Haider, Adil H., Eric B. Schneider, N. Sriram, Valerie K. Scott, Sandra M. Swoboda, Cheryl K. Zogg, Nitasha Dhiman et al. "Unconscious race and class biases among registered nurses: vignette-based study using implicit association testing." <i>Journal of the American College of Surgeons</i> 220, no. 6 (2015): 1077-1086.</li> <li>• Hirsh, Adam T., Nicole A. Hollingshead, Leslie Ashburn-Nardo, and Kurt Kroenke. "The interaction of patient race, provider bias, and clinical ambiguity on pain management decisions." <i>The Journal of Pain</i> 16, no. 6 (2015): 558-568.</li> <li>• (2) Marcella Alsan, Owen Garrick, and Grant Graziani. Does Diversity Matter for Health? Experimental Evidence from Oakland. <i>American Economic Review</i> 2019, 109: 4071–4111</li> <li>• (3) Green AR, Carney DR, Pallin DJ, Ngo LH, Raymond KL, Iezzoni LI, Banaji MR. 2007. Implicit bias among physicians and its prediction of thrombolysis decisions for black and white patients. <i>J Gen Intern Med.</i> Sep;22(9):1231-8.</li> <li>• (4) Greenwood, Brad N., Rachel R. Hardeman, Laura Huang, and Aaron Sojourner. "Physician–patient racial concordance and disparities in birthing mortality for newborns." <i>Proceedings of the National Academy of Sciences</i> 117, no. 35 (2020): 21194-21200.</li> </ul>
<b>Dec. 1</b>	<p style="text-align: center;"><b>Racism in the Provision of Healthcare</b></p> <p><b>Clinical Pathways between Race/ethnicity and Health</b></p> <ul style="list-style-type: none"> <li>• Chapter 35 La Viest et al.</li> <li>• Baicker K, Chandra A, Skinner JS. Geographic variation in health care and the problem of measuring racial disparities. <i>Perspect Biol Med.</i> 2005 Winter;48(1 Suppl):S42-53.</li> <li>• Chandra, Amitabh, Pragya Kakani, and Adam Sacarny. "Hospital Allocation and Racial Disparities in Health Care." NBER Working Paper Series, No. 28018, November 2020.</li> <li>• Silber JH, Rosenbaum PR, Kelz RR, Gaskin DJ, Ludwig JM, Ross RN, Niknam BA, Hill A, Wang M, Even-Shoshan O, Fleisher LA. Examining Causes of Racial Disparities in General Surgical Mortality: Hospital Quality Versus Patient Risk. <i>Med Care.</i> 2015 Jul;53(7):619-29</li> </ul>
<b>Dec. 1</b>	<p><b>Take-Home Assignment #3—to be completed/submitted by start of class Dec. 7, 2022.</b></p> <p><b>Read:</b></p> <ul style="list-style-type: none"> <li>• Williams DR, Cooper LA. Reducing Racial Inequities in Health: Using What We Already Know to Take Action. <i>International Journal of Environmental Research and Public Health.</i> 2019; 16(4):606.</li> </ul> <p>Prepare a 3-4 page critical assessment (meaning just don't summarize—also analyze) of the article's proposed solutions. Focus on the topics and materials we reviewed in class, but feel free to draw on other material. Keep in mind three issues: 1) the scientific plausibility of proposed solutions vis-à-vis conceptual model of health; 2) that effective solutions have to be based on causal evidence; and 3) that the magnitude of effects matter—statistically significant and valid effects that are very small will do little.</p> <p>Minimum 3 pages and maximum 4 pages: (one-sided, normal font and margins)</p>