

UNIVERSITY OF UTAH SCHOOL OF MEDICINE

Course Number: PHS 7370
Title: Social Determinants of Health
Prerequisites: Graduate Student Status
Dates and Times: Wednesdays, 3:00pm – 6:00pm
Total Credits: 3
Classroom: Williams Building, Room 223B
Academic Term Offered: Fall 2018
Faculty: David Wetter, PhD; Chris Cambron, PhD

Contact Information:

David Wetter

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Course Description: The social environment is widely recognized to play a critical role in shaping patterns of health and disease within and across populations. Understanding the processes through which the social environment “gets under the skin” to influence health has become an important question across the medical and social science fields. This course will explore key social determinants of health such as race/ethnicity, gender and sexual orientation, socioeconomic status, and neighborhood environments. Mechanisms through which these factors are hypothesized to influence health, such as stress and access to health resources and constraints, will be discussed, as well as the ways in which these mechanisms can operate across the life course. The course is not designed to provide a comprehensive overview of the topic, but rather to provide an introduction to the social determinants of health along with case examples. An overarching theme of the course will be how social factors that adversely affect health are inequitably distributed, contributing to marked health disparities.

Course Objectives

At the end of the course, students will be able to:

1. Describe multiple aspects of the social environment that matter for health.
2. Articulate the potential mechanisms through which social factors can influence health across the life-course and shape population patterns of morbidity and mortality.
3. Identify how social factors contribute to health inequities.
4. Critically evaluate evidence for social determinants of health and identify key gaps in knowledge.
5. Prepare a grant proposal suitable for submission following NIH format and requirements.

Methods of Instruction and Work Expectations

The general teaching format for this course will be a mixture of lecture, student presentation, and discussion. Course communication and organization will utilize CANVAS whenever possible. The syllabus and assignments will be posted on CANVAS and other materials may also be posted there and downloaded by

students. Reading and other assignments will be made for each class. Students will be expected to remain current in their readings and other assignments throughout the course. They will be called on to present readings and contribute to the discussion of those readings and assignments. All assignments are due on the date indicated in the course calendar unless modified by the instructor.

As a final project, the student will prepare a written research proposal addressing some aspect of the social determinants of health or health inequities, following the format outlined in an NIH grant application form. Students are expected to work with the course instructor to develop their research proposals.

Office Hours: Dr. Wetter's and Dr. Cambron's student office hours are by **appointment only**. Planning in advance is appreciated. Email correspondence may be used to schedule meetings with course instructors or answer questions.

Required Reading

Required readings for each class are outlined in the syllabus. Any changes to the syllabus will be posted at least one week in advance of class to give the student ample time to complete the readings.

Course Evaluation:

1. Class participation and attendance: 10%

Students are expected to attend each class and actively participate in discussing the readings. Failure to attend class will impact this component of your grade and potentially other components as well.

2. Student Presentations of Required Readings: 20%

Students will be assigned readings to present.

3. Quizzes: 30%

Students are expected to have read the assigned articles, and at least ½ of the classes will include a short quiz on those readings at the beginning of class. Thus, attendance at class is critical and a missed quiz will count as a zero. Students will be allowed to drop two quiz grades.

4. Final Grant Proposal: 40%

The objective of this assignment is to improve the student's ability to identify an important scientific problem, devise an experimental or observational research plan to address the problem, and compose a peer-reviewed competitive grant proposal. Instructions should be followed for a National Institutes of Health (NIH) R03 application. This assignment requires that the student use ½ inch margins and Arial 11 font. The application should be single spaced. Page limitations for each required section are below.

Students are required to submit ONLY these components of the R03 application:

- Specific Aims: 1 page
- Research Strategy: 6 pages includes Significance, Innovation, and Approach
- References: No page limit

For purposes of grant drafts, the grant is broken up into 3 sections:

- Section 1: Significance
- Section 2: Specific Aims and Innovation
- Section 3: Approach

All sections of the grant will be submitted electronically to the course instructor via canvas.

Final Grant Project (continued)

The NIH Program Announcement for R03s can be found at: <https://grants.nih.gov/grants/guide/pa-files/PA-18-488.html>

Your Grant Proposal will be reviewed using the criteria that NIH uses in peer review. The criteria used by peer reviewers is here: https://grants.nih.gov/grants/peer/critiques/rpg_D.htm

**STUDENTS WILL NOT RECEIVE A GRADE/CREDIT IF THEY DO NOT COMPLETE ALL ASSIGNMENTS.
STUDENTS WHO AUDIT THE CLASS AGREE TO COMPLETE ALL ASSIGNMENTS.**

Grading Scale:

A	94-100%
A-	90-93.9%
B+	87%-89.9%
B	84%-86.9%
B-	80%-83.9%
C+	77%-79.9%
C	74%-76.9%
C-	70%-73.9%
D+	67%-69.9%
D	64%-66.9%
D-	60%-63.9%
E	0-59.9%

Plagiarism. The Department of Population Health Sciences adopts the University of Utah definition of plagiarism which is as follows: "**Plagiarism** means the intentional unacknowledged use or incorporation of any other person's work in, or as a basis for, one's own work offered for academic consideration or credit or for public presentation. Plagiarism includes, but is not limited to, representing as one's own, without attribution, any other individual's words, phrasing, ideas, sequence of ideas, information or any other mode or content of expression." (See Student Code B Definitions. 2c.) (see <http://campusguides.lib.utah.edu/c.php?g=237735&p=1585525>) If you are not clear on the definition of plagiarism please visit the University of Utah webpage (<https://regulations.utah.edu/academics/6-400.php>) for resources, ask your course director or a University of Utah Librarian.

The Department of Population Health Sciences and this course will use software to evaluate written assignments for plagiarism. The faculty in PHS recognize that writing is difficult. Any student may use the University of Utah Writing Center program for graduate students (<https://writingcenter.utah.edu/Gradstudentservices.php>).

Every incidence of plagiarism or suspected plagiarism are reported to the Director of Graduate Studies and the Chair of the Department. Penalties are applied programmatically, that is for the student and not by the class, as follows:

First offense: repeat the assignment with maximum 50% of the points.

Second offense: failure of the assignment. This may cause a student to fail the course and lead to further academic action.

Third offense: Failure of the course and academic sanctions including dismissal from the program.

Americans with Disabilities Act. The University of Utah seeks to provide equal access to its programs, services, and activities for people with disabilities. If you will need accommodations in this class, reasonable

prior notice needs to be given to the Center for Disability Services, 162 Olpin Union Building, (801) 581-5020. CDS will work with you and the instructor to make arrangements for accommodations. All written information in this course can be made available in an alternative format with prior notification to the Center for Disability Services.

Addressing Sexual Misconduct: Title IX makes it clear that violence and harassment based on sex and gender (which includes sexual orientation and gender identity/expression) is a civil rights offense subject to the same kinds of accountability and the same kinds of support applied to offenses against other protected categories such as race, national origin, color, religion, age, status as a person with a disability, veteran's status or genetic information. If you or someone you know has been harassed or assaulted, you are encouraged to report it to the Title IX Coordinator in the Office of Equal Opportunity and Affirmative Action, 135 Park Building, 801-581-8365, or the Office of the Dean of Students, 270 Union Building, 801-581-7066. For support and confidential consultation, contact the Center for Student Wellness, 426 SSB, 801-581-7776. To report to the police, contact the Department of Public Safety, 801-585-2677(COPS).

Rights and Responsibilities: All students are expected to maintain professional behavior in the classroom setting, according to the Student Code, spelled out in the Student Handbook. Students have specific rights in the classroom as detailed in Article III of the Code. The Code also specifies proscribed conduct (Article XI) that involves cheating on tests, plagiarism, and/or collusion, as well as fraud, theft, etc. Students should read the Code carefully and know they are responsible for the content. According to Faculty Rules and Regulations, it is the faculty responsibility to enforce responsible classroom behaviors, and I will do so, beginning with verbal warnings and progressing to dismissal from and class and a failing grade. Students have the right to appeal such action to the Student Behavior Committee. Your professor may elect to use a plagiarism detection service in this course, in which case you will be required to submit your paper to such a service as part of your assignment.

Note: The syllabus is not a binding legal contract. It may be modified by the instructors when the student is given reasonable notice of the modification.

COURSE SCHEDULE

Date	Topic	Readings/Assignments
<p>Week 1 Aug 22</p>	<p>Introduction to Social Determinants and Health Equity</p>	<p>Grant: Draft of Section 1 Due September 19</p> <p>Sharma, M. Pinto, A. “From Making Lists to Making Change.” 2018. https://www.publichealthpost.org/research/teaching-social-determinants-of-health-making-change/</p> <p>Braveman P, Kumanyika S, Fielding J et al. (2011). Health disparities and health equity: The issue is justice. <i>Am J Public Health</i>; 101(Suppl 1): S149-S155.</p> <p>Marmot M, Friel S, Bell R, Houweling TAJ, Taylor S (2008). Closing the gap in a generation: Health equity through action on the social determinants of health. <i>Lancet</i>; 372: 1661-1669.</p> <p>Schroeder, SA. (2007). We can do better—improving the health of the American people. <i>New England Journal of Medicine</i>, 357(12), 1221-1228.</p>
<p>Week 2 Aug 29</p>	<p>Theoretical Models and Frameworks</p>	<p>Grant: Draft of Section 1 Due September 19</p> <p>Marmot, M., Allen, J. Social Determinants of Health Equity. <i>American Journal of Public Health</i>: September 2014, Vol. 104, No. S4, pp. S517-S519</p> <p>Adler NE, Rehkopf DH (2008). US disparities in health: Descriptions, causes, and mechanisms. <i>Annu Rev Public Health</i>; 29: 235-252.</p> <p>Adler, N., & Stewart J. (2010). Health disparities across the lifespan: meaning, methods, and mechanisms. <i>Annals of the New York Academy of Sciences</i>, 1186, 5-23.</p> <p>Phelan J, Link BG, Tehranifar P (2010). Social conditions as fundamental causes of health inequalities: Theory, evidence, and policy implications. <i>J Health Soc Behav</i>; 51(Suppl): S28- S40.</p> <p>Cockerham, W. C., Hamby, B. W., & Oates, G. R. (2017). The social determinants of chronic disease. <i>Am J Prev Med</i>; 52(1S1):S5–S12.</p>
<p>Week 3 Sept 5</p>	<p>Theoretical Models and Frameworks</p>	<p>Grant: Draft of Section 1 Due September 19</p> <p>Halfon N (2012). Addressing health inequalities in the US: A life course health development approach. <i>Soc Sci Med</i>; 74(5):671- 673.</p> <p>Poulton, R. 2002. Association between children’s experience of socioeconomic disadvantage and adult health: a life-course study. <i>The Lancet</i>, 360, 1640-1645.</p> <p>Geronimus, A.T., Hicken, M., Keene, D., Bound, J. 2006. “‘Weathering’ and Age Patterns of Allostatic Load Scores among Blacks and Whites in the United States.” <i>Am J Public Health</i> 96:826–33.</p> <p>Christakis, A., and Fowler, J.H. 2008. The collective dynamics of smoking in a large social network. <i>New England Journal of Medicine</i>, 358, 2249-2258.</p>

<p>Week 4 Sep 12</p>	<p>Race/Ethnicity</p>	<p>Grant: Draft of Section 1 Due September 19</p> <p>Smedley A, Smedley BD (2005). Race as biology is fiction, racism as a social problem is real. <i>Am Psychol</i>; 60(1): 16-26.</p> <p>Fine MJ, Ibrahim SA, Thomas S (2005). The role of race and genetics in health disparities research. <i>Am J Public Health</i>; 95(12): 2125-2128.</p> <p>Gallo LC, Penedo FJ, Espinosa de los Monteros K, Arguelles W (2009). Resiliency in the face of disadvantage: do Hispanic cultural characteristics protect health outcomes? <i>J Pers</i>; 77(6): 1707-1746.</p> <p>Zambrana RE, Carter-Pokras O (2010). Role of acculturation research in advancing science and practice in reducing health care disparities among Latinos. <i>Am J Public Health</i>; 100(1): 18- 23.</p>
<p>Week 5 Sept 19</p>	<p>Sexual Orientation and Gender Identity</p>	<p>Grant: Section 1 Due (Significance)</p> <p>Mayer, K. H., Bradford, J. B., Makadon, H. J., Stall, R., Goldhammer, H., & Landers, S. (2008). Sexual and gender minority health: what we know and what needs to be done. <i>Am J Public Health</i>, 98(6), 989-995.</p> <p>Fredriksen-Goldsen, K. I., Simoni, J. M., Kim, H.-J., Lehavot, K., Walters, K. L., Yang, J., . . . Muraco, A. (2014). The health equity promotion model: Reconceptualization of lesbian, gay, bisexual, and transgender (LGBT) health disparities. <i>American Journal of Orthopsychiatry</i>, 84(6), 653.</p> <p>Simoni, J. M., Smith, L., Oost, K. M., Lehavot, K., & Fredriksen-Goldsen, K. (2017). Disparities in physical health conditions among lesbian and bisexual women: A systematic review of population-based studies. <i>Journal of homosexuality</i>, 64(1), 32-44.</p> <p>Lee, J. G., Griffin, G. K., & Melvin, C. L. (2009). Tobacco use among sexual minorities, USA, 1987-2007 (May): A Systematic Review. <i>Tobacco Control</i>, tc. 2008.028241.</p> <p>Additional Info (optional)</p> <p>NIH Office of SGM Research. https://dpcpsi.nih.gov/sgmro</p>
<p>Week 6 Sept 26</p>	<p>Socioeconomic Status</p>	<p>Grant: Draft of Section 2 Due October 17</p> <p>Subramanian, S.V., et al. 2002. The macroeconomic determinants of health. <i>Annual Review of Public Health</i>, 23, 287-302.</p> <p>Devenish, B., Hooley, M., & Mellor, D. (2017). The pathways between socioeconomic status and adolescent outcomes: A systematic review. <i>American Journal of Community Psychology</i>, 59(1-2), 219-238.</p> <p>Blumenshine, P., Egerter, S., Barclay, C. J., Cubbin, C., & Braveman, P. A. (2010). Socioeconomic disparities in adverse birth outcomes: a systematic review. <i>American Journal of Preventive Medicine</i>, 39(3), 263-272.</p> <p>Braveman, P.A., et al., Socioeconomic status in health research: one size does not fit all. <i>JAMA</i>, 2005. 294(22): p. 2879-2888.</p>

<p>Week 7 Oct 3</p>	<p>Place – Urban Neighborhoods</p>	<p>Grant: Draft of Section 2 Due October 17</p> <p>Diez Roux, A.V. and C. Mair, 2010. Neighborhoods and health. <i>Annals of the New York Academy of Sciences</i>, 1186(1): p. 125-145.</p> <p>Gennetian, L. K., Kessler, R., & Sanbonmatsu, L. (2014). Moving to more affluent neighborhoods improves health and happiness over the long-term among the poor. <i>Policy research brief</i>.</p> <p>Karriker-Jaffe, K. J. (2013). Neighborhood socioeconomic status and substance use by US adults. <i>Drug and Alcohol Dependence</i>, 133(1), 212-221.</p> <p>Sampson, R. J., Morenoff, J. D., & Gannon-Rowley, T. (2002). Assessing “neighborhood effects”: Social processes and new directions in research. <i>Annual review of sociology</i>, 28(1), 443-478.</p>
<p>Week 8 Oct 10</p>	<p>NO CLASS Fall Break</p>	
<p>Week 9 Oct 17</p>	<p>Place – Rural Disparities</p>	<p>Grant: Draft of Section 2 Due (Specific Aims and Innovation)</p> <p>Hartley, D. (2004). Rural health disparities, population health, and rural culture. <i>Am J Public Health</i>, 94(10), 1675-1678.</p> <p>Garcia, M. C., Faul, M., Massetti, G., Thomas, C. C., Hong, Y., Bauer, U. E., & Iademarco, M. F. (2017). Reducing potentially excess deaths from the five leading causes of death in the rural United States. <i>MMWR Surveillance Summaries</i>, 66(2), 1.</p> <p>Mack KA, Jones CM, Ballesteros MF. Illicit Drug Use, Illicit Drug Use Disorders, and Drug Overdose Deaths in Metropolitan and Nonmetropolitan Areas - United States. <i>MMWR Surveill Summ</i>. 2017 Oct 20;66(19):1-12.</p> <p>Borders, T. F. (2018). Portraying a More Complete Picture of Illicit Drug Use Epidemiology and Policy for Rural America: A Competing Viewpoint to the CDC's MMWR Report. <i>The Journal of Rural Health</i>, 34(1), 3-5.</p> <p>Befort, C. A., Nazir, N., & Perri, M. G. (2012). Prevalence of obesity among adults from rural and urban areas of the United States: findings from NHANES (2005-2008). <i>The Journal of Rural Health</i>, 28(4), 392-397.</p>
<p>Week 10 Oct 24</p>	<p>Special Topics: Homelessness</p>	<p>Grant: Draft of Section 3 Due November 14</p> <p>Frankish, C. J., Hwang, S. W., & Quantz, D. (2005). Homelessness and health in Canada: research lessons and priorities. <i>Canadian Journal of Public Health</i>, S23-S29.</p> <p>Galea, S., & Vlahov, D. (2002). Social determinants and the health of drug users: socioeconomic status, homelessness, and incarceration. <i>Public Health Reports</i>, 117(Suppl 1), S135.</p> <p>Plumb, J. D. (2000). Homelessness: reducing health disparities. <i>Canadian Medical Association Journal</i>, 163(2), 172-173.</p> <p>Henwood, B. F., Cabassa, L. J., Craig, C. M., & Padgett, D. K. (2013). Permanent supportive housing: addressing homelessness and health disparities? <i>Am J Public Health</i>, 103(S2), S188-S192.</p> <p>Teruya, C., Longshore, D., et al. (2010). Health and health care disparities among homeless women. <i>Women & health</i>, 50(8), 719-736.</p>

<p>Week 11 Oct 31</p>	<p>Special Topics: The Native American Experience</p>	<p>Grant: Draft of Section 3 Due November 14</p> <p>Guest Lecturer: Dr. Chesleigh Keene</p> <p>Jones, D. S. (2006). The persistence of American Indian health disparities. <i>Am J Public Health, 96</i>(12), 2122-2134.</p> <p>Walters, K. L., Mohammed, S. A., Evans-Campbell, T., Beltrán, R. E., Chae, D. H., & Duran, B. (2011). Bodies don't just tell stories, they tell histories: Embodiment of historical trauma among American Indians and Alaska Natives. <i>Du Bois Review: Social Science Research on Race, 8</i>(1), 179-189.</p> <p>Matthews, S. G., & Phillips, D. I. (2010). Minireview: transgenerational inheritance of the stress response: a new frontier in stress research. <i>Endocrinology, 151</i>(1), 7-13.</p> <p>Walters, K. L., Simoni, J. M., & Evans-Campbell, T. (2002). Substance use among American Indians and Alaska natives: incorporating culture in an "indigenist" stress-coping paradigm. <i>Public Health Reports, 117</i>(Suppl 1), S104.</p>
<p>Week 12 Nov 7</p>	<p>Special Topics: Discrimination</p>	<p>Grant: Draft of Section 3 Due November 14</p> <p>Guest Lecturer: Dr. Lindsey Potter</p> <p>Gee, G. C., Walsemann, K. M., & Brondolo, E. (2012). A life course perspective on how racism may be related to health inequities. <i>Am J Public Health, 102</i>(5), 967-974.</p> <p>Hatzenbuehler, M. L., Phelan, J. C., & Link, B. G. (2013). Stigma as a fundamental cause of population health inequalities. <i>Am J Public Health, 103</i>(5), 813-821.</p> <p>Krieger, N. (2012). Methods for the scientific study of discrimination and health: an ecosocial approach. <i>Am J Public Health, 102</i>(5), 936-944.</p> <p>Krieger, N. (2014). Discrimination and health inequities. <i>International Journal of Health Services, 44</i>(4), 643-710.</p>
<p>Week 13 Nov 14</p>	<p>Promoting Health Equity</p>	<p>Grant: Draft of Section 3 Due (Approach)</p> <p>Boyce CA, Olster DH (2011). Strengthening the public health research agenda for social determinants of health; <i>Am J Prev Med; 40</i>(Suppl 1): S86-S88.</p> <p>Sadana R, Blas E (2013). What can public health programs do to improve health equity? <i>Public Health Rep; 128</i>(Suppl 3): S12- S20.</p> <p>Frolich, K., Potvin, L. 2008. The Inequality Paradox: The population approach and vulnerable populations. <i>Am J Public Health, 98</i>:2. 216-221.</p> <p>Chavez V, Duran B, Baker QE, Avila MM, Wallerstein N (2003). The Dance of Race and Privilege in Community Based Participatory Research. In: Minkler M, Wallerstein N (eds.), <i>Community- Based Participatory Research for Health</i> (pp. 81-97). San Francisco CA: Jossey-Bass.</p>
<p>Week 14 Nov 21</p>	<p>In Class Grant Workshop</p>	<p>Grant: Final Draft of Grant Due December 12</p> <p>Bring all drafts and revised drafts to class</p>

<p>Week 15 Nov 28</p>	<p>Tobacco as a Case Example: Models and mechanisms</p>	<p>Grant: Final Draft of Grant Due December 12</p> <p>Kendzor DE, Reitzel LR, Mazas CA, Cofta-Woerpel LM, Cao Y, Ji L, Costello TJ, Vidrine JI, Businelle MS, Li Y, Castro Y, Ahluwalia JS, Cinciripini PM, Wetter DW (2012). Individual- and area-level unemployment influence smoking cessation among African Americans participating in a randomized clinical trial. <i>Soc Sci Med</i>, 74(9), 1394-401.</p> <p>Kendzor DE, Businelle MS, Reitzel LR, Castro Y, Vidrine JI, Mazas CA, Cinciripini PM, Lam CY, Adams CE, Correa-Fernandez V, Cano MA, Wetter DW (2014). The influence of discrimination on smoking cessation among Latinos. <i>Drug Alcohol Depend</i>, 136, 143-8</p> <p>Businelle MS, Kendzor DE, Reitzel LR, Costello TJ, Cofta-Woerpel L, Li Y, Mazas CA, Vidrine JI, Cinciripini PM, Greisinger AJ, Wetter DW (2010). Mechanisms linking socioeconomic status to smoking cessation: a structural equation modeling approach. <i>Health Psychol</i>, 29(3), 262-73.</p> <p>Vinci C, Li L, Wu C, Lam CY, Guo L, Correa-Fernandez V, Spears CA, Hoover DS, Etcheverry PE, Wetter DW (2017). The association of positive emotion and first smoking lapse: An ecological momentary assessment study. <i>Health Psychol</i>, 36(11), 1038-1046.</p>
<p>Week 16 Dec 5</p>	<p>Tobacco as a Case Example: Interventions</p>	<p>Grant: Final Draft of Grant Due December 12</p> <p>Guest Lecturer: Dr. Cho Lam</p> <p>Vidrine JI, Shete S, Cao Y, Greisinger A, Harmonson P, Sharp B, Miles L, Zbikowski SM, Wetter DW (2013). Ask-Advise-Connect: a new approach to smoking treatment delivery in health care settings. <i>JAMA Intern Med</i>, 173(6), 458-64.</p> <p>Vidrine JI, Shete S, Li Y, Cao Y, Alford MH, Galindo-Talton M, Rabius V, Sharp B, Harmonson P, Zbikowski SM, Miles L, Wetter DW (2013). The Ask-Advise-Connect approach for smokers in a safety net healthcare system: a group-randomized trial. <i>Am J Prev Med</i>, 45(6), 737-41.</p> <p>Vidrine JI, Reitzel LR, Figueroa, PY, Velasquez MM, Mazas CA, Cinciripini PM, Wetter DW (2013). Motivation And Problem Solving (MAPS): Motivationally-based skills training for treating substance use. <i>Cognitive and Behavioral Practice</i>, 20(4), 501-16.</p> <p>Businelle MS, Ma P, Kendzor DE, Frank SG, Vidrine DJ, Wetter DW (2016). An Ecological Momentary Intervention for Smoking Cessation: Evaluation of Feasibility and Effectiveness. <i>J Med Internet Res</i>, 18(12).</p>
<p>Week 17 Dec 12</p>	<p>Final Week</p>	<p>Grant: Final Draft of Grant Due by 6pm</p>