

Gerald R. Ford School of Public Policy

Winter 2015 term

PubPol 750.008 – Seminar on Case Studies in Community Health Empowerment Policies that Influence Health Disparity/Equity Solutions

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Day/Time: Tuesdays 2:30 PM – 5:30 PM

Office Hours: TBD

Course Description

In this interactive seminar, we will critically examine health disparities within various groups by race, socio-economic status, gender, sex, immigration and incarceration status, including the health consequences of incarceration and health policy as it relates to re-entry. Sessions will be composed of presentations from the Towsley Policymaker in Residence, local guest practitioners and policy influencers and case studies in community health empowerment from the Arthur Ashe Institute for Urban Health, a best practice harbinger of health equity solutions.

Through a lens of social determinants of health we will frame and discuss planning and implementation of health services for urban underserved populations with a focus on innovation in health services and health policy design.

Students will be challenged to think about current policies, especially the Affordable Care Act, alternative/non-traditional approaches, and recommendations to address health disparities and health equity in the U.S.

Course Requirement/Assignments

- **(20%) Topic presentation:** During each of sessions 2-6, a group of students will make a 15 minute presentation on the session topic. The presentation should include and address:
 - Relevant key points from the reading,
 - Policy implications of the topic and supportive policies necessary to address the social determinants of health, and
 - Discussion questions for the session.

- **(10%) Breaking News:** During the “Breaking News” segment 3-4 students who are not presenting that day will present their “Breaking News” for five minutes each. Students are expected to bring in a current event story that is relevant to

the session topic. The news they break with be graded on quality of preparedness and relevance to the session topic.

- **(20%) Final paper:** A two page, single-spaced policy memo on a policy issue related to incarceration, re-entry and health. Analyze the issue and make a new policy recommendation as the senior staffer of a state or federal legislator. Determine who your allies, detractors, and stakeholders will be regarding this policy issue. The paper will be evaluated on creativity, plausibility, replicability, and research.
 - Students are required to first submit a problem statement, an outline of the strategy, and then the final paper with analysis and recommendation. The due dates for each component will be given on the first day of class.
 - Read this report to use as a guide on how to provide policy recommendations:
<http://people.oregonstate.edu/~flayb/MY%20COURSES/H671%20Advanced%20Theories%20of%20Health%20Behavior%20-%20Fall%202012/Readings/Israel%20etal10%20CBPR%20for%20policy%20advocacy%20-%20good%20case%20study.pdf>
 - Format:
 - Problem: explain the social issues you are addressing and support with historical facts and data.
 - Recommendation/s: provide feasible steps that the legislator can take to alleviate/solve the problem.
 - Analysis: describe how the recommendation/s will solve the problem and the expected outcomes of the newly proposed policy.
- **(20%) Final presentation:** On the last day of class, you will present your policy strategy based on your memo. The presentation will have a 10 minute limit.
- **(10%) Peer review:** Students will review their peer's final presentations in accordance with a score sheet that will be provided to the students and will give specific feedback to their peers.
- **(20%) Participation:** Readings for each session are to be completed BEFORE class and students are expected to be actively engaged during the discussion. Students should thoroughly prepare the discussion questions in advance.

Session 1: 01/13/15

Course Introduction and Session Overview

Case Study:

Arthur Ashe Institute for Urban Health, Inc.: Community Health Empowerment as a Health Equity Solution:

http://www.arthurasheinstitute.org/arthurashe/2011_annual_report/

Reading:

Health Disparities by State:

http://www.healthstatus2020.com/disparities/ChartBookData_search.asp

International students are encouraged to look at country profiles at sites like the World Health Organization's country statistics database at <http://www.who.int/gho/countries/en/>, the Organisation for Economic Co-operation and Development's "Health Policies and Data" at <http://www.oecd.org/health/health-systems/oecd-health-statistics-2014-frequently-requested-data.htm> or websites from home country health departments.

Discussion:

Using the link above, focus on your home state or country and answer the following questions:

- How does your state/country compare to the U.S. national statistics, to the District of Columbia, and to Michigan with regards to health disparities/equity?
- How do you account for similarities and differences and what unique programmatic and policy level innovation has your state/country implemented to address health equity?
- How are health disparity solutions framed by social determinants of health?

Learning Objectives:

- Understand the health disparities within your own state/country;
- Able to articulate what "social determinants of health" is;
- Start to think about how communities can help decrease the health gap using Arthur Ashe as an example.

Session 2: 01/20/15

Affordable Care Act

Guest Speaker:

John Z. Ayanian, MD, MPP

Alice Hamilton Professor of Medicine

Director, Institute for Healthcare Policy and Innovation

University of Michigan

Reading:

The Affordable Care Act and Health Centers:

<http://bphc.hrsa.gov/about/healthcenterfactsheet.pdf>

How does the Affordable Care Act address racial and ethnic disparities in health care?:

http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwjf71997

Discussion:

- How does the health center clause in the ACA address racial and ethnic health disparities?
- Is the ACA effective in addressing health disparities? How or why not?
- Discuss the provision in the ACA that addresses re-entry populations.

Learning Objectives:

- Assess the effectiveness of ACA in addressing the disadvantaged population in the U.S.

Session 3: 01/27/15

Race & Socio-Economic Status

Reading:

Introduction: CDC Health Disparities and Inequalities Report — United States, 2013: (only pages 3-31) <http://www.cdc.gov/mmwr/pdf/other/su6203.pdf>

CDC Summary Health Statistics for U.S. Adults: National Health Interview Survey, 2012: http://www.cdc.gov/nchs/data/series/sr_10/sr10_260.pdf

Video:

Dr. Stephen B. Thomas: "Why Race Matters in Eliminating Health Disparities": <http://vimeo.com/74136301>

Case Study:

Feasibility of community-based screening for cardiovascular disease risk in an ethnic community: the South Asian Cardiovascular Health Assessment and Management Program: <http://www.biomedcentral.com/1471-2458/13/160>

Case Examples

It is well documented that S. Asians have higher mortality from coronary heart disease compared to non S. Asians, despite lower body mass index, lower cholesterol levels, and greater tendency to be non-smokers. When categorized within a larger Asian category that includes Chinese, their true risk for heart disease would be missed. Asians overall have a lower risk of heart disease than whites, but within the Asian category, some populations have a lower risk and some have a higher risk.

Some policymakers argue that race needs to be part of public health surveillance data and that to remove it as a variable may blind us to racism that influences health care and status.

Discussion:

- Would an exclusive focus on ethnicity mask our consideration of racism as an influence on health?
- What are the implications of measuring health disparity only by race or only by socio-economic status?

- How should racial and ethnic data be used to influence the development of health equity advancing policy?
- Give examples of activities that might be useful in a health initiative designed to address cardiovascular health among formerly incarcerated individuals

Learning Objectives:

- Understand the policy implications of measuring health outcomes by race and socio-economic status and the repercussions of measuring only one versus the other.

Session 4: 02/03/15

Gender & Sex

Reading:

American College of Obstetricians and Gynecologist: Racial and Ethnic Disparities in Women's Health:

<http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Racial-and-Ethnic-Disparities-in-Womens-Health>

Center for American Progress: Health Disparity within LGBT Community:

<http://www.americanprogress.org/issues/lgbt/report/2009/12/21/7048/how-to-close-the-lgbt-health-disparities-gap/>

Discussion:

- What influences health disparities among women? Between men and women?
- Provide examples of specific challenges faced by men and women of different races and ethnicities that influence health disparities?
- List and describe health disparities for which LGBT populations are at increased risk.
- Are there specific challenges for LGBT populations that would be masked by examining sex disparities only?
- What are some sex and gender policy considerations that should underlie health equity solutions?

Learning Objectives:

- Understand the complications of implementing a gender & sex neutral health policy and how it affects women & the LGBT community in a male & straight dominated policy makers.

Session 5: 02/10/15

Health Equity & the Justice System

Guest Speaker:

Natalie Holbrook, Program Director
American Friends Service Committee
Michigan Criminal Justice Program

Reading:

Research and Practice: The Health and Health Care of US Prisoners: Results of a Nationwide Survey

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2661478/pdf/666.pdf>

Health Affairs: Immigrants and Health Care: Sources of Vulnerability

<http://content.healthaffairs.org/content/26/5/1258.full.pdf+html>

Case Example:

The Arthur Ashe Institute seeks to develop a Center for Health and Educational Equity and Re-entry focused on health workforce and linkage to care opportunities. Students will contribute to the programmatic and policy agenda that will guide that work.

Discussion:

- How does incarceration or detention status (current or former) contribute to health disparities? What contributes to health disparities among those who are detained as a result of immigration status?
- What are the policy considerations that must be applied to the provision of health services for currently or formerly incarcerated individuals (those jail involved or detained due to crime or immigration status)?

Learning Objectives:

- Think beyond the usual social determinants of race, gender, sexuality, and SES
- Be conscious of the health impact of being “in the system” due to incarceration or legal status

Session 6: 02/17/15

Community Level Policy and Intervention

Reading:

CDC Report on how communities can address health inequity:

<http://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/tools/pdf/SDOH-workbook.pdf>

Discussion:

- Discuss examples of community level policy interventions that address health equity in your home state, city, town or a nearby state. Identify a community organization and discuss the organization’s health equity implementation strategy.
- Discuss the role of community based organizational efforts in health equity policy solutions.
- What state and municipal government policies should be in place to equitably improve the health of socially disadvantaged communities?

- How should those policies advance positive environmental conditions and ensure social and economic equity that will respect individual cultural, religious and ethnic systems of behavior and belief?

Learning Objectives:

- Think “outside the box” when addressing health disparity and social determinants in policy
- Incorporate various social determinants when seeking to implement health policy

Session 7: 02/24/15

Final Presentations