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**Social and Behavioral Determinants of Health**

**PUHE-GE 2355.002 – Fall 2014**

**Department of Nutrition, Food Studies and Public Health**

**Wednesday 6:45 – 8:25**

**Professor:**  Margaret Giorgio, PhD MPH

**Classroom:** Bldg: GCASL Room: 275

**Office Hours:** Wednesdays 4:00PM – 6:00PM or by appointment

411 Lafayette Street, 5th Floor

Room 529

**Phone:** (212) 998-6736

**Email:** mmg362@nyu.edu

**Overview of the Course:**

During this course, students will explore social, psychological, and cultural determinants of health behavior and consider their meaning for public health professionals in domestic and international community settings. The course addresses conditions and phenomena that affect people’s understanding, acceptance, and use of health information and, therefore, the design, implementation, and evaluation of community health interventions. The purpose of this overview course is to provide an overview of the theories and principles that can be used to explain how social factors and human behaviors influence health. The course will focus on both social and behavioral determinants of health and will involve active engagement with the environment as we explore causes of and pathways to health and disease.

Social determinants of health (SDH) are social conditions, factors and systems that place people from different socio-demographic and socioeconomic groups (social class, gender, race/ethnicity, and place of birth) at differential risk of poor health and premature mortality. Behavioral determinants of health are human behaviors that influence risk of acquiring disease and experiencing poor health.

**Course Learning Objectives**:

This course will:

1. Familiarize students with views on key concepts that form a basis for literacy in the social and behavioral aspects of public health: culture, race/ethnicity, gender, poverty disparities, factors related to behavior change, community, and organizational climate.
2. Recognize environmental factors including biological, physical and chemical factors that affect the health of a community.
3. Describe the key components of “core” theories and models of behavior and behavior change for individuals, groups, and communities
4. Apply constructs of behavioral, social and cultural theories related to individual and population health and health disparities over the life course.
5. Help develop empathy for and a collaborative stance toward populations with whom one will work in the field of public health.
6. Apply policy approaches regarding the structure, process and outcomes of health services including the organization, outcomes and accessibility of care.
7. Understand practices associated with the delivery, quality, and costs of health care for individuals and populations.

**Course Format and Materials**:

This course draws upon two types of reading material: (1) a textbook that focuses on summarizing social determinants of health and (2) scientific articles that are reviews, methods papers and examples of different kinds of research. It is essential that you come to class having completed the readings, ready to discuss them.

Classes will include lectures, discussions, and in-class exercises.

**Classroom Etiquette**

* It is expected that everyone will attend class and show up on time.
* Mobile device (e.g., smart phones, pagers, etc.) ringers will be turned off or placed on vibrate prior to class.
* It is expected that everyone will check their NYU email accounts and NYU Classes regularly for course updates, new materials and announcements.
* Laptops are allowed in class, as long as their use does not distract other students.

**Required Readings**

* Marmot M and Wilkinson RG (eds). Social Determinants of Health, 2nd edition. New York: Oxford University Press, 2006.
* Journal and other readings listed in this syllabus.

This class requires substantial reading. You may need to read some articles several times, outline the main points, and even look up additional references and background materials. Readings marked “optional” are not required but may be necessary to understand some assigned readings.

For help using NYU Classes click on the tutorial link in the upper right hand corner of NYU classes. Lecture slides will be posted on NYU Classes after the class session. Any readings not readily available through BobCat will also be posted.

**Evaluation:**

***Participation*** *(15% of final grade)*

Criteria for evaluation of participation include: evidence that the student read and applied readings to what she says in class; evidence of critical thinking about the topic being discussed; and evidence of any new ideas or perspectives that the student contributes to oral and written discussions. Attendance is obviously necessary for participation.

***Fishbone diagram*** *(10% of final grade)*

Each student will develop a fishbone diagram for the journal article she intends summarize. The fishbone diagram will be discussed in class. In brief, it is a method for thinking through the SDH of a particular health condition.

***Summary of a journal article*** *(15% of final grade)*

Each student will provide a 3 to 5 page written summary of an original research journal article that we will be reading and discussing in class. Each paper should describe the purpose of the research, how it was conducted; where and on whom it was conducted, the methods used, the conclusions made and the limitations of the research. The purpose of this assignment is to introduce the student to the scholarly work published in the field of public health and to the art of consuming and critiquing original research reports. The piece must be in your own words. Be sure to read the “Guide to Writing Journal Article Summaries” to assist you in this assignment; it will be discussed in class.

You may not work in groups to complete the journal article summary. The purpose of this assignment is to learn how to read, comprehend and synthesize empirical examinations of the causes of health disparities. You must acquire this skill in order to complete the final paper and succeed in the program more generally.

***Group project*** *(30% of final grade)*

For this assignment, students will work in groups of 5-7 = to conduct an exercise designed to assess the physical and social context=of NYC neighborhoods and their potential influences on health. Each group will be randomly assigned a health outcome and UHF neighborhood. Groups will then travel to their assigned neighborhood and observe the physical and social environment of each neighborhood using an assessment form to take field notes =. Groups will then complete a fishbone diagram for your assigned health outcome in the context of your focal neighborhood. The exercise, assessment form, and fishbone diagram process will be explained in more detail during class.; All work related to this assignment will be presented in class, beginning in week 10.

***Final paper: Literature Review*** *(30% of final grade)*

The assignment is to review and synthesize the research literature on a particular social determinant of a particular health condition. You may select any health problem or condition that interests you as long as you focus on any of the social/societal determinants of that problem or condition. This means you need to choose ***one*** social determinant and ***one*** health outcome. Your research question must be approved by the instructor by October 30, 2013. The final paper should be no less than 12 and no more than 15 pages of text, typed, double-spaced, in Times New Roman 12-point type, with one-inch margins all around.

The final paper is due on Wednesday, December 10th by 5:00 PM EST.  It will be the student’s responsibility to make sure the assignment is on time.  Please leave a hard copy of your final paper in my mailbox at 411 Lafayette Street, 5th floor.

**Grading:**

Class Participation 15%

Fishbone diagram 10%

Journal article summary 15%

Group presentation 30%

Final paper 30%

A “C” grade demonstrates substantial reading; a “B” grade demonstrates substantial reading and synthesis; and an “A” grade demonstrates extensive reading and exceptionally thoughtful synthesis and analysis.

***Grading scale (out of 100 possible points)***

|  |  |
| --- | --- |
| NYU’s grading scale | |
| A = 93 – 100 (no A+) | C+ = 77 – 79 |
| A- = 90 – 92 | C = 73 – 76 |
| B+ = 87 – 89 | C- = 70 – 72 |
| B = 83 – 86 | D+ = 67 – 69 |
| B- = 80 – 82 | D = 60 – 66 |
| F = below 60 | |

**Course Policies**

Please be sure to read the NYU Steinhardt [*Statement of Academic Integrity*](http://steinhardt.nyu.edu/scmsAdmin/uploads/000/908/Statement%20on%20Academic%20Integrity%209.10.07.pdf)and the University [*Policy on Religious Holidays*](http://www.nyu.edu/about/policies-guidelines-compliance/policies-and-guidelines/university-calendar-policy-on-religious-holidays.html). They both are available on NYU Classes for your convenience.

Any student attending NYU who needs an accommodation due to a chronic, psychological, visual, mobility and/or learning disability, or is Deaf or Hard of Hearing should register with the [Moses Center for Students with Disabilities](http://www.nyu.edu/life/safety-health-wellness/students-with-disabilities.html) at 212 998-4980, 240 Greene Street.

**Class Schedule**

| Week # | Date | Topic | Assignment due |
| --- | --- | --- | --- |
| 1 | Sept 3 | Class overview: Understanding social and behavioral determinants of health; summarizing papers for a review |  |
| 2 | Sept 10 | Socioeconomic status and the fishbone diagram |  |
| 3 | Sept 17 | **Library session**  **Meet in Bobst room 619** |  |
| 4 | Sept 24 | Race/ethnicity |  |
| 5 | Oct 1 | Gender, sex, and sexual orientation | Fishbone diagram for journal article |
| 6 | Oct 8 | Culture, acculturation, and immigration |  |
| 7 | Oct 15 | Urbanicity, urbanization and the urban environment | Journal article summary due |
| 8 | Oct 22 | Health Behavior Theories: Individual health behavior models |  |
| 9 | Oct 29 | Health Behavior Theories: Interpersonal level theories, social networks, social norms and social influence processes | Final paper topic approval deadline |
| 10 | Nov 5 | Health Behavior Theories: Community level theories and ecological frameworks | Group presentations |
| 11 | Nov 12 | Politics and health | Group presentations |
| 12 | Nov 19 | Life course perspectives and aging | Group presentations |
| 13 | Nov 26 | National and international agendas for social determinants |  |
| 14 | Dec 3 | Current issues in social and behavioral determinants of health (TBD) |  |
|  | Dec 10 | No class (Monday schedule) | Final paper due |

**READINGS**

**Week 1: Sept 3**

*Required*

* Marmot & Wilkinson - Chapter 1: Introduction
* Commission on Social Determinants of Health (CSDH). (2008). Final reports and additional documents from the knowledge networks. Read executive summary. Geneva: World Health Organization. <http://www.who.int/social_determinants/thecommission/finalreport/en/>

*Optional*

* Marmot M and Wilkinson RG (eds). Social Determinants of Health: The Solid Facts, 2nd edition. Copenhagen: World Health Organization, 2003. <http://www.euro.who.int/document/e81384.pdf>

**Week 2: Sept 10** *Required*

* Marmot & Wilkinson - Chapter 10: Poverty, social exclusion and minorities
* El-Sayed AM, Galea S. Temporal changes in socioeconomic influences on health: maternal education and preterm birth. Am J Public Health. 2012 Sep;102(9):1715-21.
* Link B, Phelan J. McKeown and the idea that social conditions are fundamental causes of disease. Am J Public Health. 2002;92: 730-2.
* Kearney MS, Levine PB. Why is the teen birth rate in the United States so high and why does it matter? J Econ Perspect. 2012 Spring;26(2):141-66.
* Stevens, C. D., Schriger, D. L., Raffetto, B., Davis, A. C., Zingmond, D., & Roby, D. H. (2014). Geographic Clustering Of Diabetic Lower-Extremity Amputations In Low-Income Regions Of California. Health Affairs, *33*(8), 1383-1390.

*Optional*

* Colgrove J. The McKeown Thesis: A historical controversy and its ongoing influence. Am J Public Health. 2002;92:725-729.
* Gillespie S, Kadiyala S, Greener R. Is poverty or wealth driving HIV transmission? AIDS. 2007;21 Suppl 7:S5-S16.

**Week 3: Sept 17**

No class; attend library session

**Week 4: September 24** *Required*

* Marmot & Wilkinson - Chapter 12: The social determination of ethnic/racial inequalities in health
* Williams DR, Collins C. Racial residential segregation: a fundamental cause of racial disparities in health. Public Health Reports. 116(5):404-16, 2001 Sep-Oct.
* Geronimus, A. The weathering hypothesis and the health of African American women and infants: Evidence & speculation. Ethnicity & Disease. 1992. Vol 2; pg 207-221.
* Harper, S., MacLehose, R. F., & Kaufman, J. S. (2014). Trends In The Black-White Life Expectancy Gap Among US States, 1990–2009. *Health Affairs*,*33*(8), 1375-1382.
* Williams DR, Mohammed SA. Discrimination and racial disparities in health: evidence and needed research. J Behav Med. 2009 Feb;32(1):20-47.

*Optional*

* Schuster MA, Elliott MN, Kanouse DE, Wallander JL, Tortolero SR, Ratner JA, Klein DJ, Cuccaro PM, Davies SL, Banspach SW. Racial and ethnic health disparities among fifth-graders in three cities. N Engl J Med. 2012 Aug 23;367(8):735-45.
* Lebrun LA, LaVeist TA. Black/White racial disparities in health: a cross-country comparison of Canada and the United States. Arch Intern Med. 2011 Sep 26;171(17):1591-3. doi: 10.1001/archinternmed.2011.408.
* D’Amore MM, Cheng DM, Allensworth-Davies D, Samet JH, Saitz R. Disparities in safe sex counseling &behavior among individuals with substance dependence: a cross-sectional study. Reproductive Health. 2012; 9(35).

**Week 5: Oct 1**

*Required*

* Marmot & Wilkinson - Chapter 15: Social determinants, sexual behavior, and sexual health
* Bird CI, Rieker PP. Gender matters: an integrated model for understanding men’s and women’s health. Soc Sci Med. 1999;48: 745-755.
* Brückner, H., & Bearman, P. (2005). After the promise: the STD consequences of adolescent virginity pledges. Journal of Adolescent Health, 36(4), 271-278.
* Herrick AL, Stall R, Chmiel JS, Guadamuz TE, Penniman T, Shoptaw S, Ostrow D, Plankey MW. It gets better: resolution of internalized homophobia over time and associations with positive health outcomes among MSM. AIDS Behav. 2013 May;17(4):1423-30.

*Optional*

* Gorman BK, Read JG. Gender Disparities in Adult Health: An Examination of Three Measures of Morbidity. J Health Soc Behav. 2006;47(2):95-110.
* Frye, V., Putnam, S. and O’Campo, P. (2008) Whither gender in urban health? Health Place. 2008 Sep;14(3):616-22.
* Getrich CM, Sussman AL, Helitzer DL, Hoffman RM, Warner TD, Sánchez V, Solares A, Rhyne RL; RIOS Net Clinicians. Expressions of machismo in colorectal cancer screening among New Mexico Hispanic subpopulations.Qual Health Res. 2012 Apr;22(4):546-59. doi: 10.1177/1049732311424509. Epub 2011 Nov 8.
* Dehart DD. Breast health behavior among lesbians: the role of health beliefs, heterosexism, and homophobia. Women Health. 2008;48(4):409-27

**Week 6: Oct 8**

*Required*

* Afable-Munsuz A, Ponce NA, Rodriguez M, Perez-Stable EJ. Immigrant generation and physical activity among Mexican, Chinese & Filipino adults in the U.S. Soc Sci Med. 2010 Jun;70(12):1997-2005.
* Lara M, Gamboa C, Kahramanian MI, Morales LS, Bautista DE. Acculturation and Latino health in the United States: a review of the literature and its sociopolitical context. Annu Rev Public Health. 2005;26:367-97.
* Viruell-Fuentes EA, Miranda PY, Abdulrahim S. More than culture: Structural racism, intersectionality theory, and immigrant health. Soc Sci Med. 2012 Dec;75(12):2099-106
* Garcia L, Gold EB, Wang L, Yang X, Mao M, Schwartz AV. The relation of acculturation to overweight, obesity, pre-diabetes and diabetes among U.S. Mexican-American women and men. Ethn Dis. 2012 Winter;22(1):58-64.
* Zimmerman C, Kiss L, Hossain M. Migration and health: a framework for 21st century policy-making. PLoS Med. 2011;8(5):e1001034. Epub 2011 May 24

*Optional*

* Malmusi D, Borrell C, Benach J. Migration-related health inequalities: showing the complex interactions between gender, social class and place of origin. Soc Sci Med. 2010 Nov;71(9):1610-9.
* Chen J. Internal migration and health: re-examining the healthy migrant phenomenon in China. Soc Sci Med. 2011 Apr;72(8):1294-301.

**Week 7: Oct 15**

*Required*

* Marmot & Wilkinson - Chapter 14: Neighborhoods, housing and health
* Laveist T, Pollack K, Thorpe R Jr, Fesahazion R, Gaskin D. Place, not race: disparities dissipate in southwest Baltimore when blacks and whites live under similar conditions. Health Aff (Millwood). 2011 Oct;30(10):1880-7.
* Vlahov D, Freudenberg N, Proietti F, Ompad D, Quinn A, Nandi V, Galea S. Urban as a determinant of health. J Urban Health. 2007;84(3 Suppl):i16-26.
* Black JL, Macinko J, Dixon LB, Fryer GE Jr. Neighborhoods and obesity in New York City. Health Place. 2010 May;16(3):489-99.
* Cohen D, Spear S, Scribner R, Kissinger P, Mason K, Wildgen J. Broken windows and the risk of gonorrhea. Am J Public Health. 2000;90(2): 230-6.
* Harpham T. Urban health in developing countries: What do we know and where do we go? Health Place. 2009;15(1):107-16.

*Optional*

* Capon AG. Health impacts of urban development: key considerations. N S W Public Health Bull. 2007;18(9-10):155-6.
* Geronimus, A. To mitigate, resist or undo: addressing structural influences on the health of urban populations. AJPH June 2000 90(6): 867-72.
* Silver D, Mijanovich T, Uyei J, Kapadia F, Weitzman BC. Lifting boats without closing gaps: child health outcomes in distressed US cities from 1992-2002. Am J Public Health. 2011 Feb;101(2):278-84.

**Week 8: Oct 22**

*Required*

* National Cancer Institute: Health behavior theory at a glance. <http://www.cancer.gov/cancertopics/cancerlibrary/theory.pdf>
* Reiter PL, Brewer NT, Gottlieb SL, McRee AL, Smith JS. Parents' health beliefs and HPV vaccination of their adolescent daughters. Social Science & Medicine. 2009;69(3):475-480.
* Harakeh Z, Scholte RHJ, Vermulst AA, de Vries H, Engels R. Parental factors and adolescents' smoking behavior: an extension of The theory of planned behavior. Preventive medicine. 2004;39(5):951-961.
* Noar SM, Zimmerman RS. Health Behavior Theory and cumulative knowledge regarding health behaviors: are we moving in the right direction? Health Educ Res. 2005;20(3): 275-90.
* Dishman RK, Vandenberg RJ, Motl RW, Nigg CR. Using Constructs of the Transtheoretical Model to Predict Classes of Change in Regular Physical Activity: A Multi-Ethnic Longitudinal Cohort Study. Annals of Behavioral Medicine. 2010;40(2):150-163.

*Optional*

* Dishman RK, Vandenberg RJ, Motl RW, Nigg CR. Using constructs of the transtheoretical model to predict classes of change in regular physical activity: a multi-ethnic longitudinal cohort study. Ann Behav Med. 2010 Oct;40(2):150-63.
* Minkler M. Personal responsibility for health? A review of the arguments and the evidence at century's end. Health Educ Behav. 1999;26(1):121-40

**Week 9: Oct 29**

*Required*

* Marmot & Wilkinson - Chapter 8: Social support and social cohesion
* Adimora AA, Schoenbach VJ. Social context, sexual networks, and racial disparities in rates of sexually transmitted infections. J Infect Dis. 1005;191(Suppl 1):S115-22.
* Macdonald-Wallis K, Jago R, Sterne JA. Social network analysis of childhood and youth physical activity: a systematic review. Am J Prev Med. 2012 Dec;43(6):636-42. doi: 10.1016/j.amepre.2012.08.021.
* Fowler JH, Christakis NA. Dynamic spread of happiness in a large social network: longitudinal analysis over 20 years in the Framingham Heart Study; 2008. BMJ 2008;337:a2338
* Sorensen G, Stoddard AM, Dubowitz T, Barbeau EM, Bigby J, Emmons KM, Berkman LF, Peterson KE. The influence of social context on changes in fruit and vegetable consumption: results of the healthy directions studies. Am J Public Health. 2007 Jul;97(7):1216-27.

*Optional*

* Pham-Kanter, G. Social comparisons and health: Can having richer friends and neighbors make you sick? Soc Sci Med. 2009;69: 335-344.
* Frye V, Latka M, Koblin B, Halkitis P, Putnam S, Galea S, Vlahov D. The urban environment and sexual risk behavior among men who have sex with men. J Urban Health. 2006 Mar;83(2):308-24.

**Week 10: Nov 5**

*Required*

* King W, Nu’Man J, Fuller T, Brown M, Smith S, Howell AV, Little S, Patrick P, Glover L. The diffusion of a community-level HIV intervention for women: Lessons learned and best practices. J Women Health. 2008;17(7):1055-66.
* Buffardi AL, Thomas KK, Holmes KK, Manhart LE. Moving Upstream: Ecosocial and Psychosocial Correlates of Sexually Transmitted Infections among Young Adults in the United States. Am J Public Health 2008;98(6):1128-1136.
* Elder, J. P., Lytle, L., Sallis, J. F., Young, D. R., Steckler, A., Simons-Morton, D., ... & Ribisl, K. (2007). A description of the social–ecological framework used in the trial of activity for adolescent girls (TAAG). Health education research, *22*(2), 155-165.

**Week 11: Nov 12**

*Required*

* Navarro V, Leiyu Shi. The political context of social inequalities and health. *In* Health and social justice: Politics, ideology, and inquity in the distribution of disease, Hofrichter R (ed.). Hoboken: Jossey-Bass, 2003. p. 195-216.
* Hanchate AD, Lasser KE, Kapoor A, Rosen J, McCormick D, D’Amore MM, Kressin NR. Massachusetts reform and disparities in inpatient care utilization. *Medical Care*. 2012;50(7):569-77.
* Maskileyson, D. (2014). Healthcare system and the wealth-health gradient: A comparative study of older populations in six countries. Social Science & Medicine.
* Kondilis E, Giannakopoulos S, Gavana M, Ierodiakonou I, Waitzkin H, Benos A. Economic Crisis, Restrictive Policies, and the Population’s Health and Health Care: The Greek Case. Am J Public Health. 2013 Epub ahead of print.
* Michael Marmot and Jessica J. Allen.  Social Determinants of Health Equity. American Journal of Public Health: September 2014, Vol. 104, No. S4, pp. S517-S519.
* Cooper, D., Morroni, C., Orner, P., Moodley, J., Harries, J., Cullingworth, L., & Hoffman, M. (2004). Ten years of democracy in South Africa: Documenting transformation in reproductive health policy and status. Reproductive Health Matters, 12(24), 70-85.

*Optional*

* Levins R. Is capitalism a disease? The Crisis in U.S. Public Health. *In* Health and social justice: Politics, ideology, and inequity in the distribution of disease, Hofrichter R (ed.). Hoboken: Jossey-Bass, 2003. p. 365-384.
* Gamble VN, Stone D. U.S. policy on health inequities: the interplay of politics and research. J Health Polit Policy Law. 2006 Feb;31(1):93-126.
* Benach J, Malmusi D, Yasui Y, Martínez JM. A new typology of policies to tackle health inequalities and scenarios of impact based on Rose's population approach. J Epidemiol Community Health. 2012 Aug 17. [Epub ahead of print]
* Santelli, J., Ott, M. A., Lyon, M., Rogers, J., Summers, D., & Schleifer, R. (2006). Abstinence and abstinence-only education: a review of US policies and programs. Journal of Adolescent Health, 38(1), 72-81.

**Week 12: Nov 17**

*Required*

* Marmot & Wilkinson: Chapter 3: Early life
* Chapter 4: The lifecourse, the social gradient, and health
* Chapter 13: Social determinants of health in older age
* Nazmi A, Oliveira IO, Horta BL, Gigante DP, Victora CG. Lifecourse socioeconomic trajectories and C-reactive protein levels in young adults: findings from a Brazilian birth cohort. Soc Sci Med. 2010 Apr;70(8):1229-36.
* Lu, M. C., & Halfon, N. (2003). Racial and ethnic disparities in birth outcomes: a life-course perspective. Maternal and child health journal, 7(1), 13-30.
* Mishra, G. D., Cooper, R., & Kuh, D. (2010). A life course approach to reproductive health: theory and methods. Maturitas, 65(2), 92-97.

*Optional*

* Ben-Shlomo Y, Kuh D. A life course approach to chronic disease epidemiology: conceptual models, empirical challenges and interdisciplinary perspectives. Int J Epidemiol. 2002 Apr;31(2):285-93.

**Week 13: Nov 26**

*Required*

* Alma-Ata Declaration. WHO, 1978. <http://www.who.int/publications/almaata_declaration_en.pdf>
* Ottawa Charter for Health Promotion. WHO, 1986. <http://www.euro.who.int/__data/assets/pdf_file/0004/129532/Ottawa_Charter.pdf>
* Rio Political Declaration on Social Determinants of Health. WHO, 2011. <http://www.who.int/sdhconference/declaration/Rio_political_declaration.pdf>
* U.S. Department of Health and Human Services. Healthy People 2020: Social Determinants of Health. <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=39>

*Optional*

* Centers for Disease Control and Prevention. Establishing a Holistic Framework to Reduce Inequities in HIV, Viral Hepatitis, STDs, and Tuberculosis in the United States. Atlanta (GA): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; October 2010. <http://www.cdc.gov/socialdeterminants/docs/SDH-White-Paper-2010.pdf>

**Week 14: Dec 3**

**TBD**