Harvard T.H. Chan School of Public Health

**SBS 207 Race, Ethnicity and Health**

**Fall 2 2025**

**Tuesdays 3:45-6:45PM**

Kresge G2

**Instructor**

David R. Williams, PhD, MPH

Florence S. Norman and Laura S. Norman Professor of Public Health

Professor of African & African American Studies and of Sociology

Department of Social and Behavioral Sciences

SPH Kresge – Room 615

 Office: (617) 432-6807

Fax: (617) 432-3755

Office Hours: By appointment

Contact: Sandra Krumholz (krumholz@hsph.harvard.edu)  Tel. 617-432-6807

**Required Texts and Reading Material**

1. LaVeist, Thomas A. and Isaac, Lydia A. (editors) *Race, Ethnicity and Health: A Public Health Reader*. 2nd Edition. 2013. Jossey-Bass Publishers.
2. Readings available on the course website

## Supplementary Texts

Adams, Diane L. (ed.). 1995. Health Issues for Women of Color. Thousand Oaks, CA: Sage.

Amick, Benjamin, Levine, Sol, Tarlov, Alvin R., and Diana Chapman Walsh. 1995. Society and Health. New York: Oxford University Press.

Berkman, Lisa F., and Ichiro Kawachi (eds). 2000. Social Epidemiology. Oxford, New York: Oxford University Press.

Braithwaite, Ronald L., and Sandra E. Taylor (eds.). 2001. Health Issues in the Black Community, 2nd ed. San Francisco: Jossey-Bass.

Furino, Antonio (ed.). 1992. Health Policy and the Hispanic. Boulder, CO: Westview Press.

Hogue, Carol, Hargraves, Martha, and Karen Scott Collins. 2000. Minority Health in America. Baltimore, MD: Johns Hopkins University Press.

Jones, Lovell A. (ed). 1989. Minorities and Cancer. New York: Springer-Verlag.

Kawachi, Ichiro, Bruce Kennedy, and Richard G. Wilkinson (eds.). 1999. The Society and Population Health Reader: Income Inequality and Health (Vol. 1). The New Press.

Livingston, Ivor L. 1994. Handbook of Black American Health: The Mosaic of Conditions, Issues and Prospects. Westport, CT: Greenwood.

Marmot, Michael, and Richard G. Wilkinson (eds.). 1999. Social Determinants of Health. Cary, North Carolina: Oxford University Press.

Polednak, Anthony P. 1989. Racial and Ethnic Differences in Disease. New York: Oxford University Press.

Takeuchi, David T., and David R. Williams (eds.) Special Issue on Racial Inequality and Health. Du Bois Review 2011. (Vol. 8). New York, NY: Cambridge University Press.

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**Course Objectives**

Considerable differences in health status exist across racial and ethnic populations in the United States. Although these disparities are well established, their determinants are potentially numerous and largely unclear. Fundamental to this course is the recognition of race and ethnicity as primary social determinants of health in the United States. Our primary aim then is to explore the myriad social and behavioral factors that might underlie the associations among race, ethnicity, and health status outcomes. Because research designed to address this issue remains in its formative stages, the focus of the class will be:

* To investigate state-of-the-science conceptual and methodological approaches to understanding social and behavioral determinants of health disparities.
* To critically examine the fundamental scientific assumptions underlying health disparities research in an effort to better design future empirical approaches.
* To characterize the potential intervention, prevention, treatment, and policy implications resulting from findings in the health disparities literatures.

Research on factors affecting racial and ethnic health disparities is an extraordinarily broad field. It touches on many areas of public health and other disciplines, such as psychology, sociology, anthropology, medicine, demography, and biology, to name a few. It encompasses nearly all areas of health and social behavior, and also requires attention to issues such as gender and age, and how they interact with race and ethnicity. The complexity of the field precludes a detailed examination and exhaustive review. Thus, the course has been structured to provide students with an overview of selected issues being explored in contemporary research.

Students will be expected to take the initiative to explore topics of interest in more depth, with the instructors serving as guides. A seminar format will be employed to allow a free interchange of ideas among all students. It is expected that the classroom environment will be utilized to share expertise, vigorously challenge established scientific convention, and to develop testable hypotheses that might guide future research and intervention efforts.

**Course Format**

The class will meet weekly on Tuesdays from 3:45 to 6:45 pm and will normally focus on 1-2 selected topical areas. Each class period will include a combination of lecture, discussions, and classroom exercises.

**Classroom Environment**

This is a course in which very provocative, stimulating, and controversial issues are considered. Ideally, every student in the course will be actively involved in classroom discussions. In order for everyone to feel comfortable voicing their opinions or asking their questions, a climate of tolerance and respect is essential. *Students with disabilities or special needs – please contact the instructor as soon as possible so that the necessary accommodations can be made.*

Diversity and inclusiveness are fundamental to public health education and practice. Learners are encouraged to keep an open mind and respect differences of all kinds. I share responsibility with you for creating a learning climate that is hospitable to all perspectives and cultures; please contact me if you have any concerns or suggestions.

**Bias Related Incident Reporting**: The Harvard Chan School believes all members of our community should be able to study and work in an environment where they feel safe and respected. As a mechanism to promote an inclusive community, we have created an anonymous bias-related incident reporting system. If you have experienced bias, please submit a report [here](https://reportinghotline.harvard.edu/) so that the administration can track and address concerns as they arise and thus can better support members of the Harvard Chan community.

**Title IX:** The following policy applies to all Harvard University learners, faculty, staff, appointees, or third parties: [Harvard University Sexual and Gender-Based Harassment Policy](https://intranet.hsph.harvard.edu/faculty-affairs/titleix/). [Procedures for Complaints Against a Faculty Member](https://oge.harvard.edu/report-concern) and Procedures for [Complaints Against Non-Faculty Academic Appointees.](https://oge.harvard.edu/report-concern)

**Accommodations for Learners with Disabilities:** Harvard University provides academic accommodations to learners with disabilities. Any requests for academic accommodations should ideally be made before the first week of the semester, except for unusual circumstances, so that timely arrangements can be made. Learners must register with the Local Disability Coordinator in the Office for Student Affairs to verify their eligibility for appropriate accommodations.

Contact Colleen Cronin ccronin@hsph.harvard.edu in all cases, including temporary disabilities.

**Absence Due to Religious Holidays**: According to Chapter 151c, Section 2B, of the General Laws of Massachusetts, any student in an educational or vocational training institution, other than a religious or denominational training institution, who is unable, because of his or her religious beliefs, to attend classes or to participate in any examination, study, or work requirement on a particular day shall be excused from any such examination or requirement which he or she may have missed because of such absence on any particular day, provided that such makeup examination or work shall not create an unreasonable burden upon the School. See the student handbook for more information.

**Academic Integrity**

All work submitted to meet course requirements is expected to be a student’s own work. In the preparation of work submitted to meet course requirements, students should always take great care to distinguish their own ideas and knowledge from information derived from sources. Whenever ideas or facts are derived from a student’s reading and research the sources must be indicated. The term “sources” includes not only published primary and secondary material, but also information and opinions gained directly from other people. The responsibility for using the proper forms of citation lies with the individual student. Quotations must be placed within quotation marks, and the source must be credited. All paraphrased material also must be completely acknowledged.

A paper or other work normally is submitted to only one course. If the same or substantially the same work is subsequently submitted to any other course, the prior written permission of the current instructor involved must be obtained. A student who submits the same or substantially the same work for more than one course without such prior permission may be subject to disciplinary action including the possibility of being required to withdraw from the School.

**Course Requirements**

1. **Attendance and class participation**. Attendance and participation in class activities are required. Students are expected to actively engage in classroom discussions. Class participation will be evaluated using the following rubric: 1) extent of contribution; 2) thoughtfulness of comments; 3) active engagement in course material; 4) ability to remain open to controversial viewpoints.
2. **Weekly readings.**Each week, students will be assigned a series of readings related to the discussion in the upcoming class period. It is expected that students will come to class having read the readings and prepared to discuss them.
3. **Debates.** An important component of this course is to critically examine the complexities of race/ethnicity and health. Brief student-led class debates provide a forum to apply and challenge the material and ideas presented in the course through real world examples. We will normally have 2 debates each week. Each debate team will consist of 2 or 3 students. Each team can select how many members formally present in class. All students should be involved in the preparation of the debate, even if all do not participate in the oral presentation.

Students will sign up for the debates on the first day of class. Students will be given the topic and randomly assigned to a position during the week prior to their presentation. During the debate session, each side will present a **3-minute opening**, followed by a **1-minute rebuttal**, and then will respond to questions posed by the instructor and class. The rebuttal time should be used to address the opposition’s arguments. Each debate will last approximately 10 minutes.

In order for this discourse to be successful, the debaters should thoughtfully use the course readings and examples (and other readings, if desired) to present their assigned perspectives. These debates involve discussion of sensitive topics and examination of diverse and at times “politically incorrect” or controversial stances. The debates will require mutual respect among participants and protecting the confidentiality of your classmates when outside of the class.

1. **Weekly questions**. Many students report that the health disparities research literatures are new to them; given the disparate nature of the research findings, time and extensive discourse are often necessary. To facilitate this process, students will be asked to develop ***three******questions*** *based on the readings for one class session*. Each question posed should directly relate to one of the ***required readings for that week***. These questions may pertain to the research area at large and each question should relate to a *different* assigned reading. All three questions should be submitted to the Dropbox via the course website by 8pm on the Wednesday before class. Please also bring the three questions to class, so that they can be shared and discussed. Students are encouraged to review the course website in advance of each week’s session so that they will be prepared to critically respond to each of the questions, responses, and to generate additional points for discussion.
2. **Final paper.** Select one issue related to racial and ethnic disparities and health status, outcomes, or health care provision. The paper should critically assess literature in the area and advance a theoretically and/or empirically based argument about the origins and dynamics of the issue or problem or of needed research to understand its determinants, or of a comprehensive intervention to eliminate it. The paper will be graded based on the following criteria: adequate assessment of the literature with a thorough discussion of the causes or determinants of the issue or problem OR of the needed research to understand its determinants, OR of a comprehensive intervention to eliminate it. The paper should be 6-8 pages in length, excluding references and double-spaced. Outlines for paper topics can be submitted to the teaching assistant for review at any time.

The paper is due on **Friday, December 19 at 3:45p.m.** One copy should be uploaded to the dropbox on the Canvas site and one copy should be printed out and turned in at the beginning of class.

#### Grading

Weekly Attendance: 20%

Weekly debates: 15%

Weekly questions: 15%

Final paper: 50%

#### Course Evaluation

Completion of the evaluation is a requirement for each course. Your grade will not be available until you submit the evaluation. In addition, registration for future terms will be blocked until you have completed evaluations for courses in prior terms.

**Course Schedule**

1. October 28, 2025 Introduction to the course/ Historical and Social Context
2. November 4, 2025 Racial and Ethnic Differences in Health
3. November 11, 2025 HOLIDAY (Veterans Day)
4. November 18, 2025 Culture, Migration, Acculturation

5) November 25, 2025 SES and Intersections with Race

6) December 2, 2025 Racism

7) December 9, 2025 Race and Medical Care

8) December 16, 2025 Interventions to Reduce Racial Differences in Health

**READINGS**

**October 28, 2025**

**SESSION 1: Course Introduction and Historical and Social Context**

**REQUIRED READINGS**

1. **Krieger, N. (1987) "Shades of Difference: Theoretical Underpinnings of the Medical Controversy on Black/White Differences in the United States, 1830-1870." International Journal of Health Services 17: 259-278.**
2. **Brandt, Allan M. (1978) “Racism and Research: the Case of the Tuskegee Syphilis Study.” The Hastings Center Report 8(6):21-29, 1978.**
3. **Williams, D.R. (1997). Race and health: basic questions, emerging directions. Ann Epidemiol, 7:322-33.**
4. **Cooper, R. S., Kaufman, J. S. and Ward, R. (2003) "Race and Genomics." New England Journal of Medicine 348(12): 1166-1170.**
5. **Race, Ethnicity and Health -- Chapter 4: Why Genes Don’t Count (for Racial Differences in Health).**
6. **Kaplan JB, Bennett T. (2003). Use of race and ethnicity in biomedical publications. JAMA. May 28;289(20):2709-16.**

**RECOMMENDED READINGS**

1. Shields AE, Fortun M, Hammonds EM, King PA, Lerman C, Rapp R, Sullivan PF. The use of race variables in genetic studies of complex traits and the goal of reducing health disparities: a transdisciplinary perspective. American Psychologist. 2005 Jan;60(1):77-103.
2. Montagu, Ashley. 1997. The Origin of the Concept of Race. Pp. 41-97 in Man’s Most Dangerous Myth. California: Alta Mira Press.
3. [Bolnick DA](http://www.ncbi.nlm.nih.gov.ezp-prod1.hul.harvard.edu/sites/entrez?Db=pubmed&Cmd=Search&Term=%22Bolnick%20DA%22%5BAuthor%5D&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DiscoveryPanel.Pubmed_RVAbstractPlus), [Fullwiley D](http://www.ncbi.nlm.nih.gov.ezp-prod1.hul.harvard.edu/sites/entrez?Db=pubmed&Cmd=Search&Term=%22Fullwiley%20D%22%5BAuthor%5D&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DiscoveryPanel.Pubmed_RVAbstractPlus), [Duster T](http://www.ncbi.nlm.nih.gov.ezp-prod1.hul.harvard.edu/sites/entrez?Db=pubmed&Cmd=Search&Term=%22Duster%20T%22%5BAuthor%5D&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DiscoveryPanel.Pubmed_RVAbstractPlus), [Cooper RS](http://www.ncbi.nlm.nih.gov.ezp-prod1.hul.harvard.edu/sites/entrez?Db=pubmed&Cmd=Search&Term=%22Cooper%20RS%22%5BAuthor%5D&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DiscoveryPanel.Pubmed_RVAbstractPlus), [Fujimura JH](http://www.ncbi.nlm.nih.gov.ezp-prod1.hul.harvard.edu/sites/entrez?Db=pubmed&Cmd=Search&Term=%22Fujimura%20JH%22%5BAuthor%5D&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DiscoveryPanel.Pubmed_RVAbstractPlus), [Kahn J](http://www.ncbi.nlm.nih.gov.ezp-prod1.hul.harvard.edu/sites/entrez?Db=pubmed&Cmd=Search&Term=%22Kahn%20J%22%5BAuthor%5D&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DiscoveryPanel.Pubmed_RVAbstractPlus), [Kaufman JS](http://www.ncbi.nlm.nih.gov.ezp-prod1.hul.harvard.edu/sites/entrez?Db=pubmed&Cmd=Search&Term=%22Kaufman%20JS%22%5BAuthor%5D&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DiscoveryPanel.Pubmed_RVAbstractPlus), [Marks J](http://www.ncbi.nlm.nih.gov.ezp-prod1.hul.harvard.edu/sites/entrez?Db=pubmed&Cmd=Search&Term=%22Marks%20J%22%5BAuthor%5D&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DiscoveryPanel.Pubmed_RVAbstractPlus), [Morning A](http://www.ncbi.nlm.nih.gov.ezp-prod1.hul.harvard.edu/sites/entrez?Db=pubmed&Cmd=Search&Term=%22Morning%20A%22%5BAuthor%5D&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DiscoveryPanel.Pubmed_RVAbstractPlus), [Nelson A](http://www.ncbi.nlm.nih.gov.ezp-prod1.hul.harvard.edu/sites/entrez?Db=pubmed&Cmd=Search&Term=%22Nelson%20A%22%5BAuthor%5D&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DiscoveryPanel.Pubmed_RVAbstractPlus), [Ossorio P](http://www.ncbi.nlm.nih.gov.ezp-prod1.hul.harvard.edu/sites/entrez?Db=pubmed&Cmd=Search&Term=%22Ossorio%20P%22%5BAuthor%5D&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DiscoveryPanel.Pubmed_RVAbstractPlus), [Reardon J](http://www.ncbi.nlm.nih.gov.ezp-prod1.hul.harvard.edu/sites/entrez?Db=pubmed&Cmd=Search&Term=%22Reardon%20J%22%5BAuthor%5D&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DiscoveryPanel.Pubmed_RVAbstractPlus), [Reverby SM](http://www.ncbi.nlm.nih.gov.ezp-prod1.hul.harvard.edu/sites/entrez?Db=pubmed&Cmd=Search&Term=%22Reverby%20SM%22%5BAuthor%5D&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DiscoveryPanel.Pubmed_RVAbstractPlus), [TallBear K](http://www.ncbi.nlm.nih.gov.ezp-prod1.hul.harvard.edu/sites/entrez?Db=pubmed&Cmd=Search&Term=%22TallBear%20K%22%5BAuthor%5D&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DiscoveryPanel.Pubmed_RVAbstractPlus). Genetics. The science and business of genetic ancestry testing. Science. 2007 Oct 19;318(5849):399-400.
4. Winant, Howard. Race and Race Theory. Annual Review of Sociology 26(1):169-185, 2000.
5. See, Katherine O., and William J. Wilson. 1988. Race and Ethnicity. Pp. 223-242 in Smelser, Neil J. (ed.), Handbook of Sociology. Beverly Hills: Sage Pubs.
6. Nelson, Candace, and Marta Tienda. 1985. The Structuring of Hispanic Ethnicity: Historical and Contemporary Perspectives. Pp. 49-74 in Alba, Richard D. (ed.), Ethnicity and Race in the USA. London: Routledge and Kegan Paul.
7. Littlefield, Alice, Lieberman, Leonard, and Larry T. Reynolds. Redefining Race: the Potential Demise of a Concept in Physical Anthropology. Current Anthropology 23(6): 641-655, 1982.
8. Gould, Stephen Jay. 1981. American Polygeny and Craniometry before Darwin: Blacks and Indians as Separate, Inferior Species. Pp. 30-72 in The Mismeasure of Man. New York: W.W. Norton & Co.
9. Takaki, Ronald T. 1979. “Diseases” of the Mind and Skin. Pp. 16-35 and 295-298 in Iron Cages. Seattle, University of Washington Press.
10. Savitt, Todd L. The Use of Blacks for Medical Experimentation and Demonstration in the Old South. The Journal of Southern History XLVIII(3):331-348, 1982.
11. Torpy, Sally J. Native American Women and Coerced Sterilization: on the Trail of Tears in the 1970s. American Indian Culture and Research Journal 24:1-22, 2000.
12. Duster, Troy. 1984. A Social Frame for Biological Knowledge. Pp. 1-40 in Duster, Troy, and Garrett, Karen (eds.), Cultural Perspectives on Biological Knowledge. Norwood, NJ, Ablex Publishing.
13. Ossorrio P, Duster T. (2005) Race and genetics: controversies in biomedical, behavioral, and forensic sciences. Am Psychol. Jan;60(1):115-28.

**November 4, 2025**

**SESSION 2: Racial and Ethnic Differences in Health**

**REQUIRED READINGS**

1. **Balfour, P. C., Jr., Ruiz, J. M., Talavera, G. A., Allison, M. A., & Rodriguez, C. J. (2016). “Cardiovascular disease in Hispanics/Latinos in the United States.” Journal of Latina/o Psychology, 4(2), 98-113.**

**Williams, D.R. 2012. "Miles to go before we Sleep: Racial Inequities in Health." Journal of Health and Social Behavior, 53(3): 279-295. READ PAGES 279-285 ONLY**

1. **Burhansstipanov, Linda, and Delight E. Satter. 2000. Office of Management and Budget Racial Categories and Implications for American Indians and Alaska Natives. American Journal of Public Health 90(11):1720-1723.**
2. **Srinivasan, Shobha, and Tessie Guillermo. 2000. Toward Improved Health Disaggregating Asian American and Native Hawaiian/Pacific Islander Data. American Journal of Public Health 90(11):1731-1734.**
3. **Jones D. S. 2006. “The Persistence of American Indian Health Disparities.” American Journal of Public Health, 96: 2122-2134.**
4. **Race, Ethnicity and Health – Chapter 10: Epigenetics and the embodiment of race: developmental origins of US racial disparities in cardiovascular health.**

**RECOMMENDED READINGS**

1. Williams DR. 2005. “The Health of U.S. Racial and Ethnic Populations.” Journal of Gerontology: Social Sciences, 60B Special Issue, 53-62.
2. Krieger, Nancy, and Mary Bassett. The Health of Black Folk: Disease, Class, and Ideology in Science. Monthly Review 38(3):74-85, 1986.
3. Hahn, Robert A. The State of Federal Health Statistics on Racial and Ethnic Groups. Journal of the American Medical Association 267:268-271, 1992.
4. Williams, David R. Race/Ethnicity and Socioeconomic Status: Measurement and Methodologic Issues. International Journal of Health Services 26(3):483-505, 1996.
5. Yu, Elena S. H., and William T. Liu. U.S. National Health Data on Asian Americans and Pacific Islanders: A Research Agenda for the 1990s. American Journal of Public Health 82:1645-1652, 1992.
6. Hummer, Robert A. Black-White Differences in Health and Mortality: A Review and Conceptual Model. Sociological Quarterly 37(1):105-125, 1996.
7. Hui, C. Harry, and Harry C. Triandis. Effects of Culture and Response Format on Extreme Response Style. Journal of Cross-Cultural Psychology 20(3):296-309, 1989.
8. West, Kirsten K., and David J. Fein. Census Undercount: An Historical and Contemporary Sociological Issue. Sociological Inquiry 60(2):127-141, 1990.
9. Wilkinson, Doris Y., and Gary King. Conceptual and Methodological Issues in the Use of Race as a Variable: Policy Implications. The Milbank Quarterly 65 (Suppl. 1):56-71, 1987.
10. Bachman, Jerald G., and Patrick M. O'Malley. Yea-Saying, Nay-Saying, and Going to Extremes: Black-White Differences in Response Styles. Public Opinion Quarterly 48:491-509, 1984.
11. Williams, David R., Mohammed, Selina.A., Leavell, Jacinta., Collins, Chiquita. 2010. "Race, Socioeconomic Status and Health: Complexities, Ongoing Challenges and Research Opportunities.” Annals of the New York Academy of Sciences. 1186: 69-101.
12. Kaufman, J. S. and Cooper, R. S. 2001. "Commentary: Considerations for Use of Racial/Ethnic Classification in Etiologic Research." American Journal of Epidemiology 154(4): 291-298.

**November 11, 2025**

**NO CLASS: Veterans Holiday**

**November 18, 2025**

**SESSION 3: Culture, Migration, Acculturation**

**REQUIRED READINGS**

1. **Race, Ethnicity and Health – Chapter 11: Acculturation and Latino health in the United States: a review of the literature and its sociopolitical context.**
2. **Race, Ethnicity and Health – Chapter 12: Measuring culture: a critical review of acculturation and health in Asian immigrant populations.**
3. **David, R. J. and Collins, J. W., Jr. (1997) "Differing Birth Weight among Infants of U.S.-Born Blacks, African-Born Blacks, and U.S.-Born Whites." New England Journal of Medicine 337(17): 1209-1214.**
4. **Race, Ethnicity and Health – Chapter 14: Adverse pregnancy outcomes: differences between US-and foreign-born women in major US racial and ethnic groups.**
5. [**Williams DR**](http://www.ncbi.nlm.nih.gov.ezp-prod1.hul.harvard.edu/sites/entrez?Db=pubmed&Cmd=Search&Term=%22Williams%20DR%22%5BAuthor%5D&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DiscoveryPanel.Pubmed_RVAbstractPlus)**,** [**Haile R**](http://www.ncbi.nlm.nih.gov.ezp-prod1.hul.harvard.edu/sites/entrez?Db=pubmed&Cmd=Search&Term=%22Haile%20R%22%5BAuthor%5D&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DiscoveryPanel.Pubmed_RVAbstractPlus)**,** [**González HM**](http://www.ncbi.nlm.nih.gov.ezp-prod1.hul.harvard.edu/sites/entrez?Db=pubmed&Cmd=Search&Term=%22Gonz%C3%A1lez%20HM%22%5BAuthor%5D&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DiscoveryPanel.Pubmed_RVAbstractPlus)**,** [**Neighbors H**](http://www.ncbi.nlm.nih.gov.ezp-prod1.hul.harvard.edu/sites/entrez?Db=pubmed&Cmd=Search&Term=%22Neighbors%20H%22%5BAuthor%5D&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DiscoveryPanel.Pubmed_RVAbstractPlus)**,** [**Baser R**](http://www.ncbi.nlm.nih.gov.ezp-prod1.hul.harvard.edu/sites/entrez?Db=pubmed&Cmd=Search&Term=%22Baser%20R%22%5BAuthor%5D&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DiscoveryPanel.Pubmed_RVAbstractPlus)**,** [**Jackson JS**](http://www.ncbi.nlm.nih.gov.ezp-prod1.hul.harvard.edu/sites/entrez?Db=pubmed&Cmd=Search&Term=%22Jackson%20JS%22%5BAuthor%5D&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DiscoveryPanel.Pubmed_RVAbstractPlus)**. (2007). The mental health of Black Caribbean immigrants: results from the National Survey of American Life.** **Am J Public Health.** **2007 Jan;97(1):52-9.**
6. **Kagawa-Singer, M., A. Valdez Dadia, et al. (2010). "Cancer, Culture, and Health Disparities: Time to Chart a New Course?" CA Cancer Journal for Clinicians 60(1): 12-39.**

**RECOMMENDED READINGS**

1. Betancourt, Hector, and Steven Regeser Lopez. The Study of Culture, Ethnicity, and Race in American Psychology. American Psychologist 48(6):629-637, 1993
2. Kuo, Wen. Theories of Migration and Mental Health: An Empirical Testing on Chinese Americans. Social Science and Medicine 10:297-306, 1976.
3. Zhou, Min. Growing up American: The Challenge Confronting Immigrant Children and Children of Immigrants. Annual Review of Sociology 23:639-95, 1997.
4. Corin, Ellen. 1995. The Cultural Frame: Context and Meaning in the Construction of Health. Pp. 272-304 in Amick, Benjamin C., Leving, Sol, Tarlov, Alvin, R., and Diana Chapman Walsh (eds.), Society and Health. New York: Oxford University Press.
5. 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. Social Forces 78(2):613-641, 1999.
6. Padilla, Yolanda, Boardman, Jason D., Hummer, Robert A., Marilyn Espitia. Is the Mexican American “Epidemiologic Paradox” Advantage at Birth Maintained through Early Childhood Development? Social Forces 80:1101-1123, 2002.
7. Franzini, L., Ribble, J.C., and A.M. Keddie. Understanding the Hispanic Paradox. Ethnicity and Disease 11(3):496-518, 2001.
8. Alberto Palloni and Elizabeth Arias. Paradox Lost: Explaining the Hispanic Adult Mortality Advantage [*Demography*](http://www.jstor.org.ezp-prod1.hul.harvard.edu/action/showPublication?journalCode=demography), Vol. 41, No. 3 (Aug., 2004), pp. 385-415.

**November 25, 2025**

**SESSION 4: SES and Intersections with Race**

**REQUIRED READINGS**

1. **Link, Bruce G., and Phelan, Jo. Social Conditions as Fundamental Causes of Disease. Journal of Health and Social Behavior Extra Issue:80-94, 1995.**
2. **Race, Ethnicity and Health – Chapter 21: Built environments and obesity in disadvantaged populations.**
3. **Race, Ethnicity and Health – Chapter 22: Health risk and inequitable distribution of liquor stores in African American neighborhoods.**
4. **Race, Ethnicity and Health – Chapter 20: Race/ethnicity, the social environment, and health.**
5. **Race, Ethnicity and Health – Chapter 19: Exploring health disparities in integrated communities.**
6. **Race, Ethnicity and Health – Chapter 23: Environmental health disparities: A framework integrating psychosocial and environmental concepts**
7. **Race, Ethnicity and Health – Chapter 24: Sick and tired of being sick and tired: scientific evidence, methods and research implications for racial and ethnic disparities in occupational health.**

**RECOMMENDED READINGS**

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11. Race, Ethnicity and Health – Chapter 18: US socioeconomic and racial differences in health: Patterns and explanations.

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**SESSION 5: Racism and Health**

**REQUIRED READINGS**

1. **Race, Ethnicity and Health – Chapter 15: Levels of racism: A theoretical framework and a Gardener’s tale.**
2. **Race, Ethnicity and Health – Chapter 16: Racial residential segregation: A fundamental cause of racial disparities in health.**
3. **Lewis, T.T., Cogburn, C.D., Williams, D.R.,2016. “Self-Reported Experiences of Discrimination and Health: Scientific Advances, Ongoing Controversies, and Emerging Issues.” Annual Review of Clinical Psychology. 11:407-40.**
4. **Race, Ethnicity and Health – Chapter 5: Using "socially assigned race" to probe white advantages in health status.**
5. **Steele, Claude. A Threat in the Air: How Stereotypes Shape Intellectual Identity and Performance. American Psychologist 52(6):613-629, 1997.**
6. **Race, Ethnicity and Health – Chapter 17: Life course theories of race disparities: A comparison of the cumulative dis/advantage theory perspective and the weathering hypothesis.**
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11. Race, Ethnicity and Health – Chapter 6: Racism as a stressor for African Americans: A biopsychosocial model.
12. [Williams DR](http://www.ncbi.nlm.nih.gov.ezp-prod1.hul.harvard.edu/sites/entrez?Db=pubmed&Cmd=Search&Term=%22Williams%20DR%22%5BAuthor%5D&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DiscoveryPanel.Pubmed_RVAbstractPlus), [Mohammed SA](http://www.ncbi.nlm.nih.gov.ezp-prod1.hul.harvard.edu/sites/entrez?Db=pubmed&Cmd=Search&Term=%22Mohammed%20SA%22%5BAuthor%5D&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DiscoveryPanel.Pubmed_RVAbstractPlus). Discrimination and racial disparities in health: evidence and needed research. J Behav Med. 2008. Feb;32(1):20-47.
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**SESSION 6: Race and Medical Care**

**REQUIRED READINGS**

1. **Race, Ethnicity and Health – Chapter 32: Advancing health disparities research within the health care system: a conceptual framework.**
2. **Race, Ethnicity and Health – Chapter 28: Implicit bias among physicians and its prediction of thrombolysis decisions for black and white patients.**
3. **Race, Ethnicity and Health – Chapter 34: “We don’t carry that”: Failure of pharmacies in predominantly nonwhite neighborhoods to stock opioid analgesics.**
4. **Race, Ethnicity and Health – Chapter 30: Ethnicity and analgesic practice.**
5. **Race, Ethnicity and Health – Chapter 31: The effect of race and sex on physicians’ recommendations for cardiac catheterization.**
6. **Race, Ethnicity and Health – Chapter 29: The effect of patient race and socioeconomic status on physicians’ perception of patients.**
7. **Race, Ethnicity and Health – Chapter 27: Patient race/ethnicity and quality of patient-physician communication during medical visits.**
8. **Race, Ethnicity and Health – Chapter 38: Interventions to reduce racial and ethnic disparities in health care.**

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**SESSION 7: Interventions to Reduce Racial Inequities in Health**

**REQUIRED READINGS**

1. [**Bezruchka S**](http://www.ncbi.nlm.nih.gov.ezp-prod1.hul.harvard.edu/sites/entrez?Db=pubmed&Cmd=Search&Term=%22Bezruchka%20S%22%5BAuthor%5D&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DiscoveryPanel.Pubmed_RVAbstractPlus)**,** [**Namekata T**](http://www.ncbi.nlm.nih.gov.ezp-prod1.hul.harvard.edu/sites/entrez?Db=pubmed&Cmd=Search&Term=%22Namekata%20T%22%5BAuthor%5D&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DiscoveryPanel.Pubmed_RVAbstractPlus)**,** [**Sistrom MG**](http://www.ncbi.nlm.nih.gov.ezp-prod1.hul.harvard.edu/sites/entrez?Db=pubmed&Cmd=Search&Term=%22Sistrom%20MG%22%5BAuthor%5D&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DiscoveryPanel.Pubmed_RVAbstractPlus)**. (2008). Interplay of politics and law to promote health: improving economic equality and health: the case of postwar Japan.** **Am J Public Health.** **Apr;98(4):589-94.**
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7. **Race, Ethnicity and Health – Chapter 36: Linking science and policy through community-based participatory research to study and address health disparities.**

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