

**SOC352H1S – NEW TOPICS IN SOCIOLOGY:  
ETHNORACIAL INEQUALITY IN HEALTH**

Winter 2023

Department of Sociology

Classroom Location: SS 1088

Class Hours: Wednesday, 12:10-3:00 pm

**INSTRUCTOR DETAILS**

Name: Professor Harvey L. Nicholson Jr.

Method of Communication: email - [Harvey.nicholsonjr@utoronto.ca](mailto:Harvey.nicholsonjr@utoronto.ca)

Office Hours: Tuesdays, Wednesdays - By appointment

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**TEACHING ASSISTANT DETAILS**

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Office Hours: TBA

Office Location: TBA

**COURSE OVERVIEW**

This course examines ethnoracial inequality in health, focusing on demographic patterns and sociological sources.

**PREREQUISITES**

You are required to take the following courses before taking this class: SOC201H1, SOC202H1, SOC204H1 and 1.0 credit from SOC251H1, SOC252H1, SOC254H1. Students discovered to have not met these requirements will be removed from the class.

**COURSE REQUIREMENTS**

You are responsible for reading peer-reviewed journal articles on a weekly basis. Students can expect to read a minimum of two research articles per week (maximum three). You must come to class ready to discuss the readings in a productive manner.

**COURSE DESCRIPTION**

Focusing on sociological perspectives, this course provides an overview of ethnoracial inequality in health. While ethnoracial inequalities in health are seen around the world, this course will broadly emphasize ethnoracial inequalities in health in Canada and the United States.

Significant inequalities in health persist between ethnoracial groups. Ethnoracial minority groups are disproportionately affected by poorer health outcomes and experience higher rates of mortality than their counterparts. This course provides explanations for the causes of these unnecessary and avoidable inequalities in health between ethnoracial groups. Examining ethnoracial inequalities in health is becoming increasingly important due to the growing diversification of Canada and the United States. Addressing such pervasive and unjust inequalities in health will be critical toward improving population health and bringing forth racial justice. In this course, students will examine demographic patterns of ethnoracial inequalities in health; learn how racial categories are used to understand and track ethnoracial inequalities in health; and uncover the sources of ethnoracial inequalities in health such as racism, discrimination and other psychosocial factors, socioeconomic status, neighborhood conditions, segregation, and unequal interactions with healthcare systems.

## **COURSE OBJECTIVES**

By the end of this course, students should have the ability to:

- Discuss the conceptualization of race and its proper use in health and medicine.
- Understand how race should be used to track and address ethnoracial inequalities in health.
- Describe demographic patterns of ethnoracial inequalities in health.
- Understand the differences in ethnoracial inequalities in health in Canada and the United States.
- Discuss the importance of data disaggregation when evaluating ethnoracial inequalities in health.
- Critically discuss the sources of ethnoracial inequalities in health.
- Critically evaluate academic scholarship on ethnoracial inequalities in health.
- Write a research paper on a topic related to ethnoracial inequalities in health.

## **READING MATERIALS**

There is no textbook required for this course. You will be assigned various peer-reviewed articles to read each week. All readings for this course are available on Quercus via the Library Reading List.

### **How to approach the course readings**

The readings for this course are taken from peer-reviewed academic sources. Therefore, you may find some of the readings to be a bit lengthy and/or dense. Although some of the readings may be more challenging than others, please do not be discouraged. You are being assigned these readings because they are some of the most important papers in the field; in fact, not assigning them would be doing you a great disservice. The purpose of assigning these readings is to expose you to some of the most impactful, cutting-edge research on the topics we will discuss in this course.

Each week, we will review the required readings during class. Professor Nicholson and the TA will be happy to offer any additional clarity you might need to improve your understanding of the articles. Lastly, while many, but not all, of the assigned readings contain quantitative analyses, it is recommended that students be able to interpret multiple regression tables. Even if you struggle to interpret quantitative research, it will still be possible to do well in this course. Nevertheless, if you have any concerns about this, please contact Professor Nicholson as soon as possible. Please do your best to keep up with the readings and come to class prepared with any questions you may have about specific areas of confusion.

## **COURSE COMMUNICATION**

For questions about course grades, assignments, or other course-related concerns, please direct your questions to the TA. If the TA determines they are unable to respond to your inquiry, they will contact Professor Nicholson for further clarification. Please allow the Professor and TA a total of 24-48 hours during regular working hours (9am-5pm, Monday-Friday) to respond. If we do not respond to you by then, you may then send a follow-up email. *All emails must contain proper email etiquette and "SOC352H – Ethnoracial Inequalities in Health" in the subject line.*

## ASSIGNMENTS

### Research Paper

For your semester-long project, you are required to write a research paper (12 page minimum-14-page maximum, double spaced, 12-point font, Times New Roman, 1-inch margins, ASA or APA format) on **at least one** topic related to ethnoracial inequalities in health.

This class will cover a variety of themes related to the sociological study of ethnoracial inequalities in health. For example, we will discuss sociological sources of ethnoracial inequalities in health, such as discrimination, segregation, and biases within the healthcare system. We will also cover demographic patterns of ethnoracial inequalities in health, focusing on how these occur in Canada and the United States. There are many ways you can approach this assignment. For example, you could decide to write a paper on the role of discrimination in creating and sustaining ethnoracial inequalities in health. You could also decide to write a paper that cohesively intersects multiple topics related to ethnoracial inequalities in health, such as the role of psychosocial resources in alleviating negative health consequences of racism and discrimination for ethnoracial minority groups. You are also free to focus on ethnoracial inequalities in health between multiple groups (e.g., Black – White health inequalities), OR you could emphasize how your selected course theme(s) applies to one particular ethnoracial group (e.g., Black, Chinese, South Asian, etc.). For example, your paper might address how socioeconomic status impacts the well-being of Black people, OR you could choose to explore how data disaggregation helps us better understand health disparities within or between racialized groups. While it is not encouraged to focus on one particular health condition (e.g., diabetes, ADHD), you are free to focus on physical, mental, or behavioral outcomes, broadly speaking.

This assignment will require you to not only choose a topic you are interested in researching, but it will also push you to get creative in thinking about what issues you will address in your paper and how you will do so. One straightforward way to get started is to select a topic (or more than one if you are interested in multiple intersecting themes), then conduct a search for articles related to your topic using the library database and/or Google Scholar. Once you narrow down a topic, you need to think about what specific research question you will address. As soon as you settle on a specific research question, you will be able to continue conducting your research for your paper. Additional instructions on how to complete this assignment and details on how it will be graded will be provided in class and on Quercus.

Please note: non-peer-reviewed articles (e.g., online news sources, Wikipedia) will not be suitable references for this assignment. Students must include a minimum of 20 peer-reviewed (maximum of 25) references in their paper. Students are expected to find peer-reviewed articles related to the theme(s) they choose to explore in their paper. To write the strongest paper, it is highly recommended that students use research published in high-quality sociology/social science and public health/epidemiology related journals. Some examples of journals include, but are not limited to, *Journal of Health and Social Behavior*, *Social Science & Medicine*, *Society and Mental Health*, *American Journal of Public Health*, and *Journal of Racial and Ethnic Health Disparities*. Your research paper must be submitted on Quercus by the posted due date below.

### Written Research Proposal

Your written research proposal will require you to provide a brief overview of your research paper (1 page minimum-2-page maximum, double spaced, 12-point font, Times New Roman, 1-inch margins, ASA or APA format).

You are encouraged to start your research proposal **as soon as possible**. While you are developing your ideas, you are encouraged to communicate with Professor Nicholson and the TA about any topics you have in mind; we are here to help you brainstorm possible research ideas. Throughout various stages of the semester, we will use classroom time to workshop your paper ideas. Again, once you decide on a topic, you will need to narrow down a specific research question to address in your paper. Please feel free to start this process by reading articles assigned for later dates, and/or by searching for articles you believe are related to topical areas that interest you. You may ask Professor Nicholson and the TA for advice on what possible articles may be most suitable for your paper. Your proposal must be submitted on Quercus by the posted due date below. Your proposal must include the following:

- A description of the topic you have chosen, including the specific research question you plan to address.
- A discussion of how the topic you have chosen applies to this course.
- Examples of at least 5 peer-reviewed articles you will use in your research paper and an explanation on how you plan on using them to write your paper.

Again, to write the strongest paper, it is highly recommended that students use research published in high-quality sociology/social science and public health/epidemiology related journals. Some examples journals include, but are not limited to, *Journal of Health and Social Behavior*, *Social Science & Medicine*, *Society and Mental Health*, *American Journal of Public Health*, and *Journal of Racial and Ethnic Health Disparities*.

Your proposal will be graded based on a scale of 1-10 (1-4=no submission/clearly does not demonstrate effort/major flaws, 5-6=marginal, 7=good, 8=excellent, 9-10=outstanding).

### **Research Proposal Pitch Presentation**

You will be required to briefly pitch your research idea to the rest of the class. Your pitch will be timed and must be at least 2 minutes (no longer than 3 minutes), followed by roughly 1-2 minutes for a rapid Q&A. You will be judged based on your overall research idea, the flow of your presentation, and your ability to answer questions.

Your pitch will be graded based on a scale of 1-10 (1-4=no submission/clearly does not demonstrate effort/major flaws, 5-6=marginal, 7=good, 8=excellent, 9-10=outstanding).

### **Mid-Term Test**

The first term test will consist of five short answer questions, but you will only be required to provide answers to four questions of your choice. You will respond to each question in no less than a full paragraph (between 5-8 complete sentences). The purpose of this term test is to evaluate your understanding of the concepts covered in the lectures and readings. The term test will take place in at the midpoint of the semester (see date below) and will emphasize concepts reviewed prior to the test. The mid-term will occur during class; you will be granted the entire class period to complete the test.

### **Final Term Test**

The final term test will also consist of five short answer questions. Similar to the first term test, you will only be required to provide answers to four questions of your choice. You will respond to each question in no less than a full paragraph (between 5-8 complete sentences). The purpose of this term test is to evaluate your understanding of the concepts covered in the lectures and readings. The final term test is non-cumulative and will occur at the end of the semester (see date below).

The final term test will occur during class; you will be granted the entire class period to complete the test.

### Reflections

Starting the second week of the term, you must write reflections on the required readings. You can think of your reflections as a journal where you are keeping notes of what you are learning from the readings and themes of this course. For your reflections, you will need to:

- Read the required articles posted for a given week, taking detailed notes throughout.
- Write an analytical reflection on each of the readings.

Do not provide a summary of the readings in your reflections. In a cohesive and logical manner, you should discuss what you thought were the main takeaways of the articles; how they helped to improve your understanding of ethnoracial inequalities in health; how the readings compliment (or inform) one other, as well as other related themes demonstrating your ability to engage in a reflective thought process. Your reflections should be no less than 250 words, but no more than 500 words; longer responses will not automatically result in a better score. You may be asked to share your reflections during class to generate discussion with your peers. Additional instructions on how to complete these assignments will be provided in class. Responses must be submitted to Quercus before coming to class by 12pm/EST. All reflections will count toward your final course grade.

Your reflections will be graded based on a scale of 1-10 (1-4=no submission/clearly does not demonstrate effort/major flaws, 5-6=marginal, 7=good, 8=excellent, 9-10=outstanding).

### Attendance

You are expected to attend class on a regular basis. You must answer one basic question about the lecture for that given day to receive credit for attendance. The answer to the question will be very straightforward and easy, as long as you were present in class and are actively paying attention. Your answer will either correct or incorrect; there will be no opportunities for partial credit. You will be able to gain access to the question you will need to answer after each class period and will have until 11:59pmEST (on the same day of class) to provide your response. The question will be posted on Querecs shortly after class is over. You will only be permitted two “absences” throughout the semester.

### ASSIGNMENT BREAKDOWN

Assignment	Weight	Due Date
Attendance (two absences permitted)	5%	
Research Proposal Pitch Presentation	5%	January 25 <sup>th</sup> , 2023
Written Research Proposal	10%	February 8 <sup>th</sup> , 2023
Reflections	15%	See below
Mid-Term Test	20%	February 15 <sup>th</sup> , 2023
Final Term Test	20%	April 5 <sup>th</sup> , 2023
Research Paper	25%	March 29 <sup>th</sup> , 2023

## **GRADE SCALE**

A+ (Above 90)	B+ (77-79)	C+ (67-69)	D+ (57-59)
A (85-89)	B (73-76)	C (63-66)	D (53-56)
A - (80-84)	B - (70-72)	C - (60-62)	D - (50-52)
			F: Below 49

## **GRADING POLICY**

The grading policy for all assignments (e.g., written assignments, tests, reflections) for this course will adhere to the UofT grading policy outlined in the following link:

<https://advice.writing.utoronto.ca/general/grading-policy/>

## **RE-GRADE POLICY**

Only under extreme and rare circumstances will assignments receive a re-grade. If you believe your grade should be changed, please send a 1-page typed document to the TA describing specific reasons why you feel your grade is incorrect. If after the TA does not accept your request for a re-grade, you may send your typed request to Professor Nicholson. If you are ultimately granted a re-grade, your score may improve, remain the same, or even drop.

## **EXTRA CREDIT/ALTERNATIVE ASSIGNMENT POLICY**

Unless otherwise noted, there will be no extra credit offered in this course nor alternative assignments to replace an undesired assignment grade.

## **LATE /MAKE-UP WORK POLICY**

Only under extreme and rare circumstances (see below) will late work be accepted for full consideration. Thus, any work submitted after the posted due date will receive an automatic zero. You will not be allowed to submit make-up work because of a missing or late assignment.

## **MISSED TEST & ASSIGNMENTS**

Students who miss the test or are late in submitting an assignment for medical reasons, need to email the instructor (not the TA), and also declare their absence on the system (ACORN).

(NOTE: Because of Covid-19, students do NOT need to submit the usual documentation, i.e., medical notes or the Verification of Illness forms).

Students who miss the test or are late in submitting an assignment for other reasons, such as family or other personal reasons, should request their College Registrar to email the instructor.

## **CLASSROOM BEHAVIORAL POLICY**

By staying in this class as a student, you are agreeing to adhere to the following classroom behavioral guidelines:

- Unless stated by Professor Nicholson, you must not engage in conversations with your peers while instruction is in progress.
- Phones must be silenced; other electronic devices must be turned off; laptops, iPad, and other notetaking devices are permitted.
- You must be respectful and courteous toward Professor Nicholson and the TA. You can expect the same from us. We will not tolerate any form of disrespectful or condescending behaviors or comments.
- You must be respectful and courteous toward your peers. Once again, we will not tolerate any form of disrespectful or condescending behaviors or comments.
- You must be respectful of the course content; even if you disagree with particular concepts, understand that you are here to learn new or different ideas.

- Unless stated by Professor Nicholson, you are not permitted to leave early; we will start and end on time.

***Students found in repeat violation of these rules may be asked to leave the classroom and/or face other appropriate sanctions.***

### **CLASS STRUCTURE**

This is a three-hour long class. For most class periods, the first two hours will consist of lecture on the topic of the day, with a short break built in before or immediately after the conclusion of the two hours. The final hour of the class will consist of the following: an additional hour of lecture, with a focus on Q&As, group-based discussions, a documentary showing, **OR** time for students to work on their final research paper and/or ask questions about their final research paper.

### **ACADEMIC INTEGRITY**

Students must follow the University of Toronto's principles of academic integrity. Absolutely no plagiarism will be tolerated in this course.

<https://governingcouncil.utoronto.ca/secretariat/policies/code-behaviour-academic-matters-july-1-2019>

<https://teaching.utoronto.ca/resources/plagiarism-detection/>

"Normally, students will be required to submit their course essays to the University's plagiarism detection tool for a review of textual similarity and detection of possible plagiarism. In doing so, students will allow their essays to be included as source documents in the tool's reference database, where they will be used solely for the purpose of detecting plagiarism. The terms that apply to the University's use of this tool are described on the Centre for Teaching Support & Innovation web site: (<https://uoft.me/pdt-faq>)."

Students not wishing their assignment to be submitted through Ouriginal will not be assessed unless a student instead provides, along with their work, sufficient secondary material (e.g., reading notes, outlines of the paper, rough drafts of the final draft, etc.) to establish that the paper they submit is truly their own.

### **ACCESSIBILITY SERVICES**

The University of Toronto is committed to accessibility. If you require accommodations or have any accessibility concerns, please visit <http://studentlife.utoronto.ca/as> as soon as possible.

### **WRITING SUPPORT**

If you require writing support, I encourage you to reach out to the writing center in your college: <https://writing.utoronto.ca/writing-centres/>

**TENTATIVE COURSE SCHEDULE AND READING LIST (SUBJECT TO CHANGE)**

<b>Day</b>	<b>Topic</b>	<b>Required Readings</b>	<b>Due Assignments</b>
<b>Jan 11<sup>th</sup></b>	Introductions & Course Overview	Williams. (1997). Williams. (2012). Khan et al. (2015) <b><u>Recommended:</u></b> Williams & Sternthal (2010).	
<b>Jan 18<sup>th</sup></b>	Ethnoracial Conceptualization & Categorization in Health Research	LaVeist. (1994). Jones et al. (1990). Lee. (2009). <b><u>Recommended:</u></b> Cénat. (2022). Liebler & Hou (2020).	Reflection #1
<b>Jan 25<sup>th</sup></b>	Demographic Patterns of Ethnoracial Inequality in Health I	Ramraj et al. (2016). Veenstra et al. (2009). <b><u>Recommended:</u></b> Wu et al. (2003).	Reflection #2 Research Proposal Pitch Presentation
<b>Feb 1<sup>st</sup></b>	Demographic Patterns of Ethnoracial Inequality in Health II	Kauh et al. (2021). Baluran & Patterson. (2022). Awad et al. (2022). <b><u>Recommended:</u></b> Griffith et al. (2011). Rodney & Copeland. (2009). Read et al. (2021).	Reflection #3 Research Proposal Pitch Presentation (remaining)
<b>Feb 8<sup>th</sup></b>	Gender, Nativity Status, and Age Demographic Patterns of Ethnoracial Inequality in Health	Hamilton & Hagos. (2021). Brown. (2018). Kobayashi et al. (2008). <b><u>Recommended:</u></b> Kim & Gorman. (2022). Read & Reynolds. (2012). Veenstra. (2011).	Reflection #4 Written Research Proposal
<b>Feb 15<sup>th</sup></b>	First Term Test - in class	None	
<b>Feb 20-24<sup>th</sup></b>	Reading Week	None	
<b>March 1<sup>st</sup></b>	Sources of Ethnoracial Inequality in Health: Racism & Discrimination	Gee & Ford. (2011). Williams & Mohammed (2013). Siddiqi et al. (2017). <b><u>Recommended:</u></b> De Castro et al. (2008). Monk et al. (2015).	Reflection #5



<b>March 8<sup>th</sup></b>	Sources of Ethnoracial Inequality in Health: Neighborhoods, Place, & Segregation	Williams & Collins. (2001). LaVeist & Wallace. (2000). Gee. (2008). <b><u>Recommended:</u></b> Kane et al. (2018).	Reflection #6
<b>March 15<sup>th</sup></b>	Sources of Ethnoracial Inequality in Health: Socioeconomic Status	LaVeist. (2005). Nuru-Jeter et al. (2018). Assari. (2018). <b><u>Recommended:</u></b> Farmer & Ferraro (2005). Cummings & Jackson. (2008).	Reflection #7
<b>March 22<sup>nd</sup></b>	Sources of Ethnoracial Inequality in Health: Access to Healthcare, Interactions with Physicians, & Healthcare Quality	Sewell. (2015). Fiscella & Sanders. (2016). Staton et al. (2007). <b><u>Recommended:</u></b> Feagin & Bennefield. (2014). LaVeist & Nuru-Jeter. (2002).	
<b>March 29<sup>th</sup></b>	Psychosocial Resources and Mechanisms	Mossakowski. (2003). Mossakowski & Zhang. (2014). <b><u>Recommended:</u></b> Erving et al. (2021). Hughes et al. (2015).	Research Paper
<b>April 5<sup>th</sup></b>	Course Conclusion & Second Term Test - in class	None	

**Reading List (articles in blue are required readings; other articles are strongly recommended)**

Assari, S. (2018). Unequal gain of equal resources across racial groups. *International journal of health policy and management*, 7(1), 1.

Awad, G. H., Abuelezam, N. N., Ajrouch, K. J., & Stiffler, M. J. (2022). Lack of Arab or Middle Eastern and North African health data undermines assessment of health disparities. *American Journal of Public Health*, 112(2), 209-212.

Baluran, D. A., & Patterson, E. J. (2021). Examining Ethnic Variation in Life Expectancy Among Asians in the United States, 2012–2016. *Demography*, 58(5), 1631-1654.

Brown, T. H. (2018). Racial stratification, immigration, and health inequality: A life course-intersectional approach. *Social Forces*, 96(4), 1507-1540.

Cénat, J. M. (2022). Who is Black? The urgency of accurately defining the Black population when conducting health research in Canada. *CMAJ*, 194(27), E948-E949.

- Cummings, J. L., & Braboy Jackson, P. (2008). Race, gender, and SES disparities in self-assessed health, 1974-2004. *Research on Aging*, 30(2), 137-167.
- De Castro, A. B., Gee, G. C., & Takeuchi, D. T. (2008). Workplace discrimination and health among Filipinos in the United States. *American Journal of Public Health*, 98(3), 520-526.
- Erving, C. L., Satcher, L. A., & Chen, Y. (2021). Psychologically resilient, but physically vulnerable? Exploring the psychosocial determinants of African American women's mental and physical health. *Sociology of Race and Ethnicity*, 7(1), 116-133.
- Farmer, M. M., & Ferraro, K. F. (2005). Are racial disparities in health conditional on socioeconomic status?. *Social science & medicine*, 60(1), 191-204.
- Feagin, J., & Bennefield, Z. (2014). Systemic racism and US health care. *Social science & medicine*, 103, 7-14.
- Fiscella, K., & Sanders, M. R. (2016). Racial and ethnic disparities in the quality of health care. *Annual review of public health*, 37, 375-394.
- Gee, G. C., & Ford, C. L. (2011). Structural racism and health inequities: Old issues, New Directions1. *Du Bois review: social science research on race*, 8(1), 115-132.
- Gee, G. C. (2008). A multilevel analysis of the relationship between institutional and individual racial discrimination and health status. *American journal of public health*, 98(Supplement\_1), S48-S56.
- Griffith, D. M., Johnson, J., Zhang, R., Neighbors, H. W., & Jackson, J. S. (2011). Ethnicity, nativity and the health of American blacks. *Journal of Health Care for the Poor and Underserved*, 22(1), 142.
- Hamilton, T. G., & Hagos, R. (2021). Race and the healthy immigrant effect. *Public Policy & Aging Report*, 31(1), 14-18.
- Hughes, M., Kiecolt, K. J., Keith, V. M., & Demo, D. H. (2015). Racial identity and well-being among African Americans. *Social Psychology Quarterly*, 78(1), 25-48.
- Jones, C. P., LaVeist, T. A., & Lillie-Blanton, M. (1991). "Race" in the epidemiologic literature: an examination of the *American Journal of Epidemiology*, 1921-1990. *American Journal of Epidemiology*, 134(10), 1079-1084.
- Kane, J. B., Teitler, J. O., & Reichman, N. E. (2018). Ethnic enclaves and birth outcomes of immigrants from India in a diverse US state. *Social Science & Medicine*, 209, 67-75.
- Kauh, T. J., Read, J. N. G., & Scheitler, A. J. (2021). The critical role of racial/ethnic data disaggregation for health equity. *Population research and policy review*, 40(1), 1-7.
- Khan, M., Kobayashi, K., Lee, S. M., & Vang, Z. (2015). (In) Visible minorities in Canadian health data and research. *Population Change and Lifecourse Strategic Knowledge Cluster Discussion Paper Series/Un Réseau Stratégique de Connaissances Changements de Population et Parcours de Vie Document de Travail*, 3(1), 5.

Kim, M. J., & Gorman, B. K. (2022). Acculturation and self-rated health among Asian immigrants: The role of gender and age. *Population Research and Policy Review*, 41(1), 89-114.

Kobayashi, K. M., Prus, S., & Lin, Z. (2008). Ethnic differences in self-rated and functional health: does immigrant status matter?. *Ethnicity and Health*, 13(2), 129-147.

LaVeist, T. A. (1994). Beyond dummy variables and sample selection: what health services researchers ought to know about race as a variable. *Health services research*, 29(1), 1.

LaVeist, T. A. (2005). Disentangling race and socioeconomic status: a key to understanding health inequalities. *Journal of Urban Health*, 82(3), iii26-iii34.

LaVeist, T. A., & Nuru-Jeter, A. (2002). Is doctor-patient race concordance associated with greater satisfaction with care?. *Journal of health and social behavior*, 296-306.

LaVeist, T. A., & Wallace Jr, J. M. (2000). Health risk and inequitable distribution of liquor stores in African American neighborhood. *Social science & medicine*, 51(4), 613-617.

Lee, C. (2009). "Race" and "ethnicity" in biomedical research: how do scientists construct and explain differences in health?. *Social science & medicine*, 68(6), 1183-1190.

Liebler, C. A., & Hou, F. (2020). Churning races in Canada: Visible minority response change between 2006 and 2011. *Social science research*, 86, 102388.

Monk Jr, E. P. (2015). The cost of color: Skin color, discrimination, and health among African-Americans. *American Journal of Sociology*, 121(2), 396-444.

Mossakowski, K. N. (2003). Coping with perceived discrimination: does ethnic identity protect mental health?. *Journal of health and social behavior*, 318-331.

Mossakowski, K. N., & Zhang, W. (2014). Does social support buffer the stress of discrimination and reduce psychological distress among Asian Americans?. *Social Psychology Quarterly*, 77(3), 273-295.

Noh, S., Beiser, M., Kaspar, V., Hou, F., & Rummens, J. (1999). Perceived racial discrimination, depression, and coping: A study of Southeast Asian refugees in Canada. *Journal of health and social behavior*, 193-207.

Nuru-Jeter, A. M., Michaels, E. K., Thomas, M. D., Reeves, A. N., Thorpe Jr, R. J., & LaVeist, T. A. (2018). Relative roles of race versus socioeconomic position in studies of health inequalities: a matter of interpretation. *Annual review of public health*.

Ramraj, C., Shahidi, F. V., Darity Jr, W., Kawachi, I., Zuberi, D., & Siddiqi, A. (2016). Equally inequitable? A cross-national comparative study of racial health inequalities in the United States and Canada. *Social Science & Medicine*, 161, 19-26.

Read, J. N. G., Lynch, S. M., & West, J. S. (2021). Disaggregating heterogeneity among non-Hispanic Whites: evidence and implications for US racial/ethnic health disparities. *Population research and policy review*, 40(1), 9-31.

Read, J. N. G., & Reynolds, M. M. (2012). Gender differences in immigrant health: The case of Mexican and Middle Eastern immigrants. *Journal of health and social behavior*, 53(1), 99-123.

Rodney, P., & Copeland, E. (2009). The health status of black Canadians: do aggregated racial and ethnic variables hide health disparities?. *Journal of Health Care for the Poor and Underserved*, 20(3), 817-823.

Sewell, A. A. (2015). Disaggregating ethnoracial disparities in physician trust. *Social Science Research*, 54, 1-20.

Siddiqi, A., Shahidi, F. V., Ramraj, C., & Williams, D. R. (2017). Associations between race, discrimination and risk for chronic disease in a population-based sample from Canada. *Social Science & Medicine*, 194, 135-141.

Staton, L. J., Panda, M., Chen, I., Genao, I., Kurz, J., Pasanen, M., ... & Cykert, S. (2007). When race matters: disagreement in pain perception between patients and their physicians in primary care. *Journal of the National Medical Association*, 99(5), 532.

Veenstra, G. (2011). Race, gender, class, and sexual orientation: intersecting axes of inequality and self-rated health in Canada. *International journal for equity in health*, 10(1), 1-11.

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**\*\*\*The professor reserves the right to make changes to the course schedule/reading list\*\*\***