

**SOC 6024H S -Special Topics in Sociology:
Ethnoracial Inequalities in Health**

Winter 2024

Department of Sociology

Classroom Location: St George, Sociology Department, Room 17146

Class Hours: Mondays, 10:10am-noon

Professor: Harvey L. Nicholson Jr., Ph.D.

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Office hours: By appointment

Course overview: There are significant ethnoracial health disparities in countries like Canada and the United States. Studies have routinely documented that groups racialized as not White tend to experience worse health outcomes compared to people racialized as White. For instance, people racialized as Black experience higher rates of preventable disease and live shorter lives than Whites. Why is this the case? How should we study and think about ethnoracial disparities in health? In what ways is it challenging to study ethnoracial disparities in health? How might racialization and methods of group categorization impact research on ethnoracial health disparities? Which groups should we study, and why? Why is there less research on some groups compared to other groups? How should we go about addressing ethnoracial disparities in health? What does the future hold for research on ethnoracial disparities in health? Many, many more questions remain, all of which cannot be addressed in this class.

Researchers across numerous fields, including sociology, continue to investigate and debate about the causes of, and best ways to study and think about, ethnoracial disparities in health. This course aims to provide a broad, but critical overview of ethnoracial disparities in health, emphasizing how we should think about, understand, and address these ongoing disparities. This graduate seminar will challenge students to think critically about ethnoracial disparities in health, the taken for granted assumptions about these disparities, the forces that drive them, how we should go about studying them, and ways to address these ongoing gaps in health.

We will cover numerous topics related to the study of ethnoracial disparities in health, including the use of race and ethnicity in health disparities research; some of the problems, controversies, and challenges related to the study of ethnoracial disparities in health; the patterns of ethnoracial disparities in health; and several of the leading sociological explanations for ethnoracial disparities in health. More specifically, we will emphasize the influence of socioeconomic status, health care access and quality, neighborhood conditions, environmental exposures, immigration and culture, interactions with the healthcare system, psychosocial mechanisms and resources, as well as racism and discrimination (interpersonal and structural). We will use concepts taken from sociology and other fields that examine ethnoracial disparities in health.

Reading materials: You will be assigned peer-reviewed academic articles to read before coming to each class. You must familiarize yourself with each reading and be ready to discuss them during class. All readings are available via the University of Toronto Library database. Additional readings are available upon request.

Course communication: You may contact me via email. Please allow me a total of 24-48 hours during regular workdays (9am-5pm, Monday-Friday) to respond. If I do not respond to you by then, you may send a follow-up email. All emails must contain proper email etiquette and “SOC 602H S– Ethnoracial Inequalities in Health” in the subject line.

Assignments

Paper: You must write a paper on a topic relevant to ethnoracial disparities in health. Papers must address ethnoracial health disparities in Canada or the United States. You may choose to: (1) write a review article of existing literature, (2) analyze data (quantitative or qualitative) you have access to prior to the start of this course (or secondary data that is publicly available), or (3) propose a study that would use quantitative or qualitative methods. Students should target their paper for submission to an appropriate peer-reviewed journal, academic conference, or some other academic outlet. Actual submission is strongly encouraged but not required. I encourage you to speak with me as soon as possible to devise a strategy that works best for you and your research. Your topic must relate to at least one of the following course themes:

- The Use of Race and Ethnicity in Health Disparities Research
- Other Issues in Research on Ethnoracial Disparities in Health
- Patterns of Disparities
- Racism and Discrimination
- Immigration and Culture
- Neighborhoods, Place, and the Environment
- Socioeconomic Status
- Mechanisms and Psychosocial Resources
- Healthcare: Patients, Providers, and Systems

The paper will consist of two stages: research topic paper and final paper. The body of your final paper must be roughly between 5000-6000 words, not including the title page, abstract (no more than 250 words), figures/tables, and list of references. The body of your research topic paper must be between 500-750 words, not including the aforementioned components. The research topic paper is separate from the final paper; it should clearly summarize your topic and defend your analytical/theoretical approach. All papers must be submitted via Quercus and will be sent to Ouriginal for a plagiarism review. The research topic paper and final paper will be graded as follows: check ++ (A+), check + (A), check (A-), and check - (other).

Participation: Active participation is fully expected of all students. In this seminar-style course, you must be ready to discuss the weekly readings and course themes in a lively, respectful, and intelligent manner. You must also be prepared to introduce new and innovative perspectives that logically add the course readings and class discussion. Participation will be graded as follows: check ++ (A+), check + (A), check (A-), and check - (other).

Discussion leadership: Each student will be assigned a week to lead class discussion. As discussion leader, students are not being asked to give a lecture; rather, they must *facilitate* class discussion. Discussion leaders must start off the class by introducing (holistically) the weekly readings for at least 15-20 minutes, and then pose at least 5 specific questions about the readings to generate meaningful conversation. Discussion leadership will be graded as follows: check ++ (A+), check + (A), check (A-), and check - (other). Students must submit their five questions via Quercus at least one day before they will lead discussion.

Assignment breakdown

Assignment	Weight	Due Date
Paper Topic	15%	January 26 th , 2024
Final Paper	50%	April 5 th , 2024
Participation	15%	Ongoing
Discussion Leadership	20%	TBA

COURSE POLICIES AND PROCEDURES

Late/missed test & assignments

Late work will not be accepted, unless the student can prove that the work had to be submitted after the due date because of reasons beyond their control. There are no alternative assignments for participation and discussion leadership.

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.

Generative artificial intelligence

The use of generative artificial intelligence tools or apps for assignments in this course, including tools like ChatGPT and other AI writing or coding assistants, is strictly prohibited.

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.

Equity and Diversity

The University of Toronto is committed to equity and respect for diversity. All members of the learning environment in this course should strive to create an atmosphere of mutual respect. As a course instructor, I will neither condone nor tolerate behaviour that undermines the dignity or self-esteem of any individual in this course and wish to be alerted to any attempt to create an intimidating or hostile environment. It is our collective responsibility to create a space that is inclusive and welcomes discussion. Discrimination, harassment and hate speech will not be tolerated.

Additional information and reports on Equity and Diversity at the University of Toronto is available at <http://equity.hrandequity.utoronto.ca>.

COURSE SCHEDULE/READING LIST

January 8th (Class 1) Introductions and Course Overview

Recommended reading:

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(2), 259-278.

DuBois, W. B. (2003). The health and physique of the Negro American. *American journal of public health*, 93(2), 272-276.

Braun, L. (2002). Race, ethnicity, and health: can genetics explain disparities?. *Perspectives in Biology and Medicine*, 45(2), 159-174.

Roth, W. D., van Stee, E. G., & Regla-Vargas, A. (2023). Conceptualizations of race: essentialism and constructivism. *Annual Review of Sociology*, 49.

PART ONE: CONCEPTUALIZATION, OPERATIONALIZATION, ISSUES, AND PATTERNS

January 15th (Class 2) Conceptualizing Ethnoracial Disparities in Health

Required reading:

Roberts, D. (2012). Debating the cause of health disparities: Implications for bioethics and racial equality. *Cambridge Quarterly of Healthcare Ethics*, 21(3), 332-341.

Chae, D. H., Nuru-Jeter, A. M., Lincoln, K. D., & Francis, D. D. (2011). Conceptualizing racial disparities in health: advancement of a socio-psychobiological approach. *Du Bois Review: Social Science Research on Race*, 8(1), 63-77.

Hicken, M. T., Kravitz-Wirtz, N., Durkee, M., & Jackson, J. S. (2018). Racial inequalities in health: Framing future research. *Social science & medicine*, 199, 11-18.

Williams, D. R., & Jackson, P. B. (2005). Social sources of racial disparities in health. *Health affairs*, 24(2), 325-334.

Kim, A. E., Kumanyika, S., Shive, D., Igweatu, U., & Kim, S. H. (2010). Coverage and framing of racial and ethnic health disparities in US newspapers, 1996–2005. *American journal of public health*, 100(S1), S224-S231.

Roux, A. V. D. (2012). Conceptual Approaches to the Study of Health Disparities. *Annual review of public health*, 33, 41.

Chowkwanyun, M. (2022). What Is a “Racial Health Disparity”? Five Analytic Traditions. *Journal of Health Politics, Policy and Law*, 47(2), 131-158.

White, K. (2011). The sustaining relevance of web du bois to health disparities research. *Du Bois Review: Social science research on race*, 8(1), 285-293.

Hebert, P. L., Sisk, J. E., & Howell, E. A. (2008). When does a difference become a disparity? Conceptualizing racial and ethnic disparities in health. *Health Affairs*, 27(2), 374-382.

January 22nd (Class 3) The Use of Race and Ethnicity in Health Disparities Research *

Required reading:

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.

Corbie-Smith, G., Henderson, G., Blumenthal, C., Dorrance, J., & Estroff, S. (2008). Conceptualizing race in research. *Journal of the National Medical Association*, 100(10), 1235-1243.

Baer, R. D., Arteaga, E., Dyer, K., Eden, A., Gross, R., Helmy, H., ... & Reeser, D. (2013). Concepts of race and ethnicity among health researchers: patterns and implications. *Ethnicity & Health*, 18(2), 211-225.

Lett, E., Asabor, E., Beltrán, S., Cannon, A. M., & Arah, O. A. (2022). Conceptualizing, contextualizing, and operationalizing race in quantitative health sciences research. *The Annals of Family Medicine*, 20(2), 157-163.

Dordunoo, D., Abernethy, P., Kayuni, J., McConkey, S., & Aviles-G, M. L. (2022). Dismantling "Race" in Health Research. *Canadian Journal of Nursing Research*, 54(3), 239-245.

Kaufman, J. S., & Cooper, R. S. (1995). In search of the hypothesis. *Public Health Reports*, 110(6), 662.

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.

RESEARCH TOPIC PAPER DUE Jan 26th, 2024 ON QUERCUS BY 11:59PM/EST

January 29th (Class 4) Other Issues in Research on Ethnoracial Disparities in Health

Required reading:

Sue, S., & Dhindsa, M. K. (2006). Ethnic and racial health disparities research: issues and problems. *Health Education & Behavior*, 33(4), 459-469.

Kader, F., Roan, L. N., Lee, M., Chin, M. K., Kwon, S. C., & Stella, S. Y. (2022). Disaggregating race/ethnicity data categories: Criticisms, dangers, and opposing viewpoints. *Health Affairs Forefront*.

Yi, S. S., Kwon, S. C., Suss, R., Doan, L. N., John, I., Islam, N. S., & Trinh-Shevrin, C. (2022). The Mutually Reinforcing Cycle Of Poor Data Quality And Racialized Stereotypes That Shapes Asian American Health: Study examines poor data quality and racialized stereotypes that shape Asian American health. *Health Affairs*, 41(2), 296-303.

Kaplan, J. B. (2014). The quality of data on “race” and “ethnicity”: Implications for health researchers, policy makers, and practitioners. *Race and Social Problems*, 6(3), 214-236.

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.

Bhopal, R., & Donaldson, L. (1998). White, European, Western, Caucasian, or what? Inappropriate labeling in research on race, ethnicity, and health. *American journal of public health*, 88(9), 1303-1307.

Williams, D. R. (1996). Race/ethnicity and socioeconomic status: measurement and methodological issues. *International Journal of Health Services*, 26(3), 483-505.

Jones, C. P., Truman, B. I., Elam-Evans, L. D., Jones, C. A., Jones, C. Y., Jiles, R., ... & Perry, G. S. (2008). Using “socially assigned race” to probe white advantages in health status. *Ethnicity & disease*, 18(4), 496-504.

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, 9-31.

February 5th (Class 5)

Patterns of Ethnoracial Disparities in Health *

Required reading:

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.

Williams, D. R. (2012). Miles to go before we sleep: Racial inequities in health. Journal of health and social behavior, 53(3), 279-295.

Adelson, N. (2005). The embodiment of inequity: health disparities in aboriginal Canada. Canadian journal of public health, 96, S45-S61.

Veenstra, G. (2009). Racialized identity and health in Canada: results from a nationally representative survey. Social science & medicine, 69(4), 538-542.

Chiu, M., Amartey, A., Wang, X., & Kurdyak, P. (2018). Ethnic differences in mental health status and service utilization: a population-based study in Ontario, Canada. The Canadian Journal of Psychiatry, 63(7), 481-491.

Siddiqi, A., & Nguyen, Q. C. (2010). A cross-national comparative perspective on racial inequities in health: the USA versus Canada. Journal of Epidemiology & Community Health, 64(01), 29-35.

Williams, D. R. (2002). Racial/ethnic variations in women's health: the social embeddedness of health. American journal of public health, 92(4), 588-597.

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.

PART TWO: EXPLANATIONS

February 12th (Class 6)

Socioeconomic Status *

Required reading:

Williams, D. R., Mohammed, S. A., Leavell, J., & Collins, C. (2010). Race, socioeconomic status, and health: complexities, ongoing challenges, and research opportunities. Annals of the New York Academy of Sciences, 1186(1), 69-101.

Williams, D. R., Priest, N., & Anderson, N. B. (2016). Understanding associations among race, socioeconomic status, and health: Patterns and prospects. Health psychology, 35(4), 407.

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.

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*, 39, 169-188.

Assari, S. (2018). Health disparities due to diminished return among black Americans: Public policy solutions. *Social Issues and Policy Review*, 12(1), 112-145.

Wilson, K. B., Thorpe Jr, R. J., & LaVeist, T. A. (2017). Dollar for dollar: Racial and ethnic inequalities in health and health-related outcomes among persons with very high income. *Preventive medicine*, 96, 149-153.

Farmer, M. M., & Ferraro, K. F. (2005). Are racial disparities in health conditional on socioeconomic status?. *Social science & medicine*, 60(1), 191-204.

Reading Week: February 19th-23rd

February 26th (Class 7) Racism and Discrimination *

Required reading:

Williams, D. R., Lawrence, J. A., & Davis, B. A. (2019). Racism and health: evidence and needed research. *Annual review of public health*, 40, 105-125.

Williams, D. R., Lawrence, J. A., Davis, B. A., & Vu, C. (2019). Understanding how discrimination can affect health. *Health services research*, 54, 1374-1388

Datta, G., Siddiqi, A., & Lofters, A. (2021). Transforming race-based health research in Canada. *CMAJ*, 193(3), E99-E100.

Phelan, J. C., & Link, B. G. (2015). Is racism a fundamental cause of inequalities in health?. *Annual Review of Sociology*, 41, 311-330.

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.

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.

Brown, T. N., Williams, D. R., Jackson, J. S., Neighbors, H. W., Torres, M., Sellers, S. L., & Brown, K. T. (2000). "Being black and feeling blue": The mental health consequences of racial discrimination. *Race and Society*, 2(2), 117-131.

Harnois, C. E. (2023). The Multiple Meanings of Discrimination. *Social Psychology Quarterly*, 01902725221134266.

Brown, T., & Homan, P. (2022). Structural racism and health stratification in the US: connecting theory to measurement.

Paradies, Y. (2006). A systematic review of empirical research on self-reported racism and health. *International journal of epidemiology*, 35(4), 888-901.

March 4th (Class 8) Mechanisms and Psychosocial Resources *

Required reading:

Clark, R., Anderson, N. B., Clark, V. R., & Williams, D. R. (1999). Racism as a stressor for African Americans: A biopsychosocial model. *American psychologist*, 54(10), 805.

Brondolo, E., Brady ver Halen, N., Pencille, M., Beatty, D., & Contrada, R. J. (2009). Coping with racism: A selective review of the literature and a theoretical and methodological critique. *Journal of behavioral medicine*, 32, 64-88.

Erving, C. L., Patterson, E. J., & Boone, J. (2021). Black women's mental health matters: Theoretical perspectives and future directions. *Sociology Compass*, 15(9), e12919.

Thomas Tobin, C. S., Erving, C. L., & Barve, A. (2021). Race and SES differences in psychosocial resources: Implications for social stress theory. *Social Psychology Quarterly*, 84(1), 1-25.

Joseph, J., & Kuo, B. C. (2009). Black Canadians' coping responses to racial discrimination. *Journal of Black Psychology*, 35(1), 78-101.

Stewart, Q. T., Cobb, R. J., & Keith, V. M. (2020). The color of death: race, observed skin tone, and all-cause mortality in the United States. *Ethnicity & health*, 25(7), 1018-1040.

Sternthal, M. J., Slopen, N., & Williams, D. R. (2011). Racial disparities in health: how much does stress really matter? 1. Du Bois review: social science research on race, 8(1), 95-113.

Lee, H., & Hicken, M. T. (2016). Death by a thousand cuts: The health implications of black respectability politics. *Souls*, 18(2-4), 421-445.

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

March 11th (Class 9)

Immigration and Culture *

Required reading:

Vang, Z. M., Sigouin, J., Flenon, A., & Gagnon, A. (2017). Are immigrants healthier than native-born Canadians? A systematic review of the healthy immigrant effect in Canada. *Ethnicity & health*, 22(3), 209-241.

Viruell-Fuentes, E. A., Miranda, P. Y., & Abdulrahim, S. (2012). More than culture: structural racism, intersectionality theory, and immigrant health. *Social science & medicine*, 75(12), 2099-2106.

Aroian, K. J., Peters, R. M., Rudner, N., & Waser, L. (2012). Hypertension prevention beliefs of Hispanics. *Journal of Transcultural Nursing*, 23(2), 134-142.

Veenstra, G., Vas, M., & Sutherland, D. K. (2020). Asian-White health inequalities in Canada: Intersections with immigration. *Journal of Immigrant and Minority Health*, 22, 300-306.

Read, J. N. G., & Emerson, M. O. (2005). Racial context, black immigration and the US black/white health disparity. *Social Forces*, 84(1), 181-199.

Abraído-Lanza, A. F., Echeverría, S. E., & Flórez, K. R. (2016). Latino immigrants, acculturation, and health: Promising new directions in research. *Annual review of public health*, 37, 219-236.

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.

March 18th (Class 10)

Neighborhoods, Place, and the Environment *

Required reading:

Williams, D. R., & Collins, C. (2001). Racial residential segregation: a fundamental cause of racial disparities in health. *Public health reports*, 116(5), 404.

LeClere, F. B., Rogers, R. G., & Peters, K. (1998). Neighborhood social context and racial differences in women's heart disease mortality. *Journal of health and social behavior*, 91-107.

Mendez, D. D., Hogan, V. K., & Culhane, J. F. (2014). Institutional racism, neighborhood factors, stress, and preterm birth. *Ethnicity & health*, 19(5), 479-499.

Morrison, R. S., Wallenstein, S., Natale, D. K., Senzel, R. S., & Huang, L. L. (2000). "We don't carry that"—failure of pharmacies in predominantly nonwhite neighborhoods to stock opioid analgesics. *New England Journal of Medicine*, 342(14), 1023-1026.

Gee, G. C., & Payne-Sturges, D. C. (2004). Environmental health disparities: a framework integrating psychosocial and environmental concepts. *Environmental health perspectives*, 112(17), 1645-1653.

LaVeist, T., Pollack, K., Thorpe Jr, R., Fesahazion, R., & Gaskin, D. (2011). Place, not race: disparities dissipate in southwest Baltimore when blacks and whites live under similar conditions. *Health affairs*, 30(10), 1880-1887.

Bell, C. N., Thorpe, R. J., & LaVeist, T. A. (2018). The role of social context in racial disparities in self-rated health. *Journal of Urban Health*, 95, 13-20.

March 25th (Class 11) Healthcare: Patients, Providers, and Systems *

Required reading:

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.

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

Schnittker, J., Pescosolido, B. A., & Croghan, T. W. (2005). Are African Americans really less willing to use health care?. *Social Problems*, 52(2), 255-271.

Siddiqi, A. A., Wang, S., Quinn, K., Nguyen, Q. C., & Christy, A. D. (2016). Racial disparities in access to care under conditions of universal coverage. *American journal of preventive medicine*, 50(2), 220-225.

Tang, S. Y., & Browne, A. J. (2008). 'Race' matters: racialization and egalitarian discourses involving Aboriginal people in the Canadian health care context. *Ethnicity and Health*, 13(2), 109-127.

Wang, L., Rosenberg, M., & Lo, L. (2008). Ethnicity and utilization of family physicians: A case study of Mainland Chinese immigrants in Toronto, Canada. *Social science & medicine*, 67(9), 1410-1422.

Stepanikova, I. (2012). Racial-ethnic biases, time pressure, and medical decisions. *Journal of health and social behavior*, 53(3), 329-343.

Van Ryn, M., & Burke, J. (2000). The effect of patient race and socio-economic status on physicians' perceptions of patients. *Social science & medicine*, 50(6), 813-828.

Moscou, K., Bhagaloo, A., Onilude, Y., Zaman, I., & Said, A. (2023). Broken Promises: Racism and Access to Medicines in Canada. *Journal of Racial and Ethnic Health Disparities*, 1-17.

April 1st (Class 12) The Future: Where Are We Going and What Are We Missing in Research on Ethnoracial Disparities in Health?

Required reading:

None

FINAL PAPER DUE ON QUERCUS: APRIL 5th, 2024 at 12:00pm/EST (noon)