

Fundamentals of Social Epidemiology
EPID 6658
Colorado School of Public Health

Credit Hours: 2

Semester: Spring 2026

Modality: In person

Elective or required course: Elective

Course prerequisites/corequisites: EPID 6630

Location: Ed2N P28-1206

Course Credit: Due to overlapping material, students cannot receive credit for both this course and CSU's PBHL 573, Exploring Social Epidemiology.

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Office Hours By email appointment

Overview

This is a discussion-based course with practical labs to apply what is learned in class. This course provides an overview of theories and empirical evidence that shows support for the relationships between social environments and health. This course begins with an overview of the historical development of social epidemiology and the major theories in social epidemiology before discussing how constructs of social class, race/ethnicity, and gender are all used in social epidemiology within observational, quasi-experimental, and experimental approaches, as well as interventions and policy analyses. Throughout, we will work through real-time examples of analyzing these constructs. We end with discussing where the field goes next. Classes will consist of a didactic presentation followed by in-class group work modules and large group summary discussion. Students will apply their learnings in-class to a pre-existing project or project idea in their final presentation and paper.

CEPH Knowledge Objectives covered in this course for assessment:

This course addresses the following knowledge objectives, and is used for assessing achievement:

1	Explain public health history, philosophy, and values.
10	Explain the social, political, and economic determinants of health and how they contribute to population health and health inequities.

CEPH Foundational and Concentration/Focus Area/Program competencies covered in this course for assessment:

This course addresses the following CEPH Foundational and concentration/focus area/program competencies, and are used for assessing achievement:

MPH 1	Apply epidemiological methods to settings and situations in public health practice
MPH 6	Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and systemic levels
MPH-EPID 1	Compare and prioritize public health issues within and across populations, using epidemiologic methods including measures of prevalence, incidence, morbidity, mortality, demographic characteristics and risk factors.
MPH-EPID 2	Critically review and evaluate public health and other scientific literature to identify gaps in evidence, assess the strengths and weaknesses, and identify threats to validity of peer-reviewed studies as relevant to the practice of public health.

Additional Course Objectives

In addition to the core knowledge and competencies listed above, the course also addresses the following learning objectives:

- Provides a broad understanding of the field of social epidemiology and axes of inequities at the individual and population level.
- Introduces key steps for understanding, measuring, and analyzing social determinants of health and integrating them into broader public health research.
- Applies theories of social epidemiology to their own research and practice.
- Analyzes epidemiologic data with a social epidemiologic lens.
- Formulates research questions with a social epidemiologic lens.
- Reads and critiques social epidemiology research.

Course Format:

This course will meet weekly for 15 weeks; each session will be 100 minutes. This course will consist of 20-30 minute lectures, followed by small group discussion and group work, then large group discussion. Small group hands-on exercises.

Workload:

The course will meet weekly throughout the semester. Students are expected to spend approximately 4-5 hours per week outside of class completing readings, assignments, and other course work.

Readings:

All required and recommended reading will be posted on the course website. No textbooks are required.

Requirements and Grading:

Grading Component	Grade Percentage	Due Date
Class Participation	10%	ongoing
Emergent Issues Update	5%	ongoing
Group Homework/Labs	35%	ongoing
Group Teach-In	10%	ongoing
Final Paper Abstract	10%	Week 8
Final Paper	20%	Week 15
Final Presentation	10%	Week 15

Final grades: The following grading scale will be used for final grades:

A	94.00-100	B-	80.00-83.99	D+	67.00-69.99
A-	90.00-93.99	C+	77.00-79.99	D	64.00-66.99
B+	87.00-89.99	C	74.00-76.99	D-	60.00-63.99
B	84.00-86.99	C-	70.00-73.99	F	0 – 59.99

Late work

Students are responsible for submitting work by the deadlines provided in the syllabus. Work turned in after the due date will be docked 10% of the total grade per day following the due date. If a student has an emergency that prevents on-time submission of an assignment, they must provide documentation of the emergency (e.g. a doctor’s note) if they wish to avoid a late penalty. Please note that the instructor will consider, when considering excuses for late work, the total amount of time the student has had to prepare for the assignment.

Canvas

The syllabus and other course materials will be posted on Canvas (<https://login.ucdenver.edu/signin.html>). If you have problems using Canvas, please use the “Contact Us” information on this webpage. Powerpoint presentations for class sessions will generally be posted on Canvas by 10 pm the night before the class session.

Class Etiquette

Please turn off cell phones and do not use them in class. Computers should only be used when the use is directly related to class. For example, you may use computers to follow along with Powerpoint presentations, to take notes, or to review program plan sections of your group members. You should not be checking email, watching youtube videos, or shopping online. If I find that there are violations, I will ban all use of computers in class.

Writing

A critical skill for public health professionals is the ability to communicate effectively in writing. Please take every opportunity in this class to practice and perfect your writing skills. No “first draft” writing should be turned in to the instructor – everything should be read over at least once and edited – no one writes perfectly on their

first draft. If you find that you have difficulty writing, ask someone else to read your work and give you advice. The Writing Center is also available to coach you in your writing skills: <https://clas.ucdenver.edu/writing-center/> Please pay attention to organization, grammar, spelling, punctuation, and other aspects of your writing. When you turn something in, pretend that you have your dream job and you are turning the assignment in to your boss.

Inclusive Learning Environments

In this class, we will work together to develop a learning community that is inclusive and respectful. Our diversity may be reflected by differences in race, age, sexual orientation, gender identity and expression, religion/spirituality, ability, socioeconomic background, and myriad other social identities and life experiences. In a diverse community, the goal of inclusiveness encourages and appreciates expressions of different ideas, opinions, and beliefs so that conversations and interactions are opportunities for intellectual and personal enrichment.

A dedication to inclusiveness requires respecting what others say, their right to say it, and the thoughtful consideration of others' communication. Both speaking up and listening are valuable tools for furthering thoughtful and enlightening dialogue. Respecting one another's individual differences is critical in transforming a collection of diverse individuals into an inclusive and collaborative learning community. We will hold ourselves and one another accountable, which includes bringing attention to times when microaggressions or macroaggressions happen in a classroom. Our core commitment shapes our core expectations for behavior inside and outside of the classroom. We encourage students to review the ColoradoSPH Equity, Diversity, and Inclusion Common Language and Commitment Statement

https://www1.ucdenver.edu/docs/librariesprovider151/default-document-library/edi-commitment-and-terms-5-11-21.pdf?sfvrsn=804479ba_0

Title IX: Non-Discrimination and Sexual Misconduct, Intimate Partner Violence, and Stalking

Non-Discrimination

The ColoradoSPH and [University of Colorado Non-Discrimination Policy](#) prohibits discrimination on the basis of race, color, national origin, sex, age, disability, pregnancy, creed, religion, sexual orientation, veteran status, gender identity, gender expression, political philosophy or political affiliation in admission and access to, and treatment and employment in, its educational programs and activities.

Sexual Misconduct, Intimate Partner Violence, and Stalking

The ColoradoSPH and University of Colorado [Sexual Misconduct, Intimate Partner Violence, and Stalking Policy](#) prohibits conduct including sexual assault, dating violence, domestic violence, Title IX stalking, sexual exploitation, Title IX harassment, hostile environment, Title IX quid pro quo sexual harassment, and quid pro quo sexual harassment.

ColoradoSPH Partner Campus Title IX Offices and Contact Information:

Incidents of discrimination, sexual misconduct, intimate partner violence, and stalking should be reported to the Title IX office of the university where the incident occurred. Incidents involving microaggressions or incidents that may not otherwise rise to the level of a policy violation, may also be reported to the appropriate university Title IX office listed below. Please refer to the CU Anschutz campus Office of Equity website for a self-learning guide about [microaggressions](#).

If you have any questions on clarity related to the reporting of incidents, please contact the **ColoradoSPH Title IX Liaison**, Dr. Madiha Abdel-Maksoud, MD, PhD. You can reach Dr. Abdel-Maksoud at Madiha.Abel-Maksoud@cuanschutz.edu.

CU Anschutz Campus: On the CU Anschutz campus, please contact the [Office of Equity](#). The Office of Equity staff, including the University's Title IX Coordinator, may be reached at (303) 315-2567 or equity@ucdenver.edu.

Academic Conduct Policy

All students are expected to abide the Honor Code of the Colorado School of Public Health. Unless otherwise instructed, all of your work in this course should represent completely independent work. Students are expected to familiarize themselves with the [Student Academic Honor and Conduct Code](#). Any student found to have committed acts of misconduct (including, but not limited to cheating, plagiarism, misconduct of research, breach of confidentiality, or illegal or unlawful acts) will be subject to the procedures outlined in the ColoradoSPH Honor Code.[\[MA1\]](#)

Academic Integrity Course: The ColoradoSPH requires students to complete an academic honesty online course. If you have not yet completed the online course, you must do so by [\[date\]](#). Once the course is completed, upload your completion certificate on Canvas. Instructions for completing the course are available on Canvas.

Accommodations for Disabilities: Virtual and In-Class

The University of Colorado Anschutz Medical Campus is committed to providing equitable access to our programs for students with disabilities (e.g., psychological, attentional, learning, chronic health, sensory, and physical).

To engage in a confidential conversation about the process for requesting reasonable accommodations in the classroom and clinical settings please contact The Office of Disability, Access, and Inclusion at:

disabilityaccess@cuanschutz.edu or begin the process via the [website](#) Accommodations are not provided retroactively, therefore, students are encouraged to begin this process early.

Mental Health Services

Please visit the [Office of Student Affairs – Student Health Promotion](#) website OR the [Department of Psychiatry](#) website for information on mental health services.[\[MA3\]](#)

Religious Observances:

The University of Colorado Denver, Anschutz Medical Campus has a legal obligation to accommodate students who must be absent from an educational activity in order to observe religious holidays or other observances. Students should speak to the faculty member to request accommodations for religious observances in advance during the first week of class. Requests received by faculty must be kept confidential and should be considered unless they create an undue hardship. If the student and faculty member cannot agree on an accommodation, the matter should be referred to the Associate Dean for Academic and Student Affairs for resolution.

CU Systemwide Lands Recognition Statement:

As we gather, we honor and acknowledge that the University of Colorado's four campuses are on the traditional territories and ancestral homelands of the Cheyenne, Arapaho, Ute, Apache, Comanche, Kiowa,

Lakota, Pueblo and Shoshone Nations. Further, we acknowledge the 48 contemporary tribal nations historically tied to the lands that comprise what is now called Colorado.

Acknowledging that we live in the homelands of Indigenous peoples recognizes the original stewards of these lands and their legacies. With this land acknowledgment, we celebrate the many contributions of Native peoples to the fields of medicine, mathematics, government and military service, arts, literature, engineering and more. We also recognize the sophisticated and intricate knowledge systems Indigenous peoples have developed in relationship to their lands.

We recognize and affirm the ties these nations have to their traditional homelands and the many Indigenous people who thrive in this place, alive and strong. We also acknowledge the painful history of ill treatment and forced removal that has had a profoundly negative impact on Native nations.

We respect the many diverse Indigenous peoples still connected to this land. We honor them and thank the indigenous ancestors of this place. The University of Colorado pledges to provide educational opportunities for Native students, faculty and staff and advance our mission to understand the history and contemporary lives of Native peoples.

Topics and Assignments

Dates / times	Module	Topics addressed	Readings/ Other Content	Assignments/ Assessments
Week 1 1/20	Module 1: Social epidemiology is not new	- Defining Social Epidemiology	<p>- Krieger, N. (2001). A glossary for social epidemiology. <i>Journal of Epidemiology & Community Health</i>, 55(10), 693-700.</p> <p>- Diez Roux, A. V. (2022). Social epidemiology: past, present, and future. <i>Annual review of public health</i>, 43(1), 79-98.</p> <p>- Galea, S., & Link, B. G. (2013). Six paths for the future of social epidemiology. <i>AJE</i>, 178(6), 843-849.</p> <p>- <i>Optional</i>: Kawachi I. 2002. Social epidemiology. <i>Social Science & Medicine</i>;54:1739-41.</p> <p>- <i>Optional</i>: Glymour MM, Osypuk TL, Rehkopf DH. 2013. Invited Commentary: Off-Roaded with Social Epidemiology – Exploration, Causation, Translation. <i>American Journal of Epidemiology</i>; 178(6): 858-863.</p>	
Week 2 1/27	Module 2: What kind of cause are you looking for? Intra-population versus interpopulation	- Defining populations	<p>- Geoffrey Rose, Sick individuals and sick populations, <i>International Journal of Epidemiology</i>, Volume 30, Issue 3, June 2001, Pages 427–432, https://doi.org/10.1093/ije/30.3.427</p> <p>- Doyle, Y. G., Furey, A., & Flowers, J. (2006). Sick individuals and sick populations: 20 years later. <i>Journal of Epidemiology & Community Health</i>, 60(5), 396-398.</p>	- HW1: Defining populations in datasets and identifying who is left out of datasets.
Week 3 2/3	Module 3: Critical Perspectives, Theories, and Frameworks Part I	<p>- Critical Race Theory</p> <p>- Ecosocial Theory</p> <p>- Political Economy of Health</p>	<p>- Ford, C. L., & Airhihenbuwa, C. O. (2010). Critical race theory, race equity, and public health: toward antiracism praxis. <i>American journal of public health</i>, 100(S1), S30-S35.</p> <p>- Krieger, N. (2001). Theories for social epidemiology in the 21st century: an ecosocial perspective. <i>International journal of epidemiology</i>, 30(4), 668-677.</p> <p><i>Optional</i>: Harvey, M. (2021). The political economy of health: Revisiting its Marxian origins to address 21st-century health inequalities. <i>American Journal of Public Health</i>, 111(2), 293-300.</p>	-HW2: Applying critical race theory and ecosocial theory

<p>Week 4 2/10</p>	<p>Module 3: Critical Perspectives, Theories, and Frameworks Part II</p>	<p>- Intersectionality Theory - Fundamental Cause Theory</p>	<p>- Link BG, Phelan J. Social conditions as fundamental causes of disease. <i>J Health Soc Behav.</i> 1995;Spec No:80-94. PMID: 7560851. - Bowleg, L. (2012). The problem with the phrase women and minorities: intersectionality—an important theoretical framework for public health. <i>American journal of public health, 102(7)</i>, 1267-1273. - <i>Optional:</i> Lett E, Dowshen NL, Baker KE. Intersectionality and Health Inequities for Gender Minority Blacks in the U.S. <i>Am J Prev Med.</i> 2020 Nov;59(5):639-647. doi: 10.1016/j.amepre.2020.04.013. Epub 2020 Aug 10. PMID: 32792281; PMCID: PMC7577994.</p>	<p>- HW3: Assessing intersectionality in epidemiology.</p>
<p>Week 5 2/17</p>	<p>Module 4: Causality & Social Epi</p>	<p>- Causality</p>	<p>- Galea, S., & Hernán, M. A. (2020). Win-win: reconciling social epidemiology and causal inference. <i>American journal of epidemiology, 189(3)</i>, 167-170. - Jackson, J. W., & Arah, O. A. (2020). Invited commentary: making causal inference more social and (social) epidemiology more causal. <i>American journal of epidemiology, 189(3)</i>, 179-182. - Rehkopf, D. H., Glymour, M. M., & Osypuk, T. L. (2016). The consistency assumption for causal inference in social epidemiology: when a rose is not a rose. <i>Current epidemiology reports, 3(1)</i>, 63-71</p>	<p>-HW4: Pairing causality and social epidemiology together</p>
<p>Week 6 2/24</p>	<p>Module 5: Social Class & Health <u>Guest Lecture:</u> Dr. Paul Christine</p>	<p>- Measuring contextual level indicators of social class</p>	<p>- Woolf, S. H., & Braveman, P. (2011). Where health disparities begin: the role of social and economic determinants—and why current policies may make matters worse. <i>Health affairs, 30(10)</i>, 1852-1859 - <u>Class Discussion Focus:</u> Ludwig, J., Sanbonmatsu, L., Gennetian, L., Adam, E., Duncan, G. J., Katz, L. F., ... & McDade, T. W. (2011). Neighborhoods, obesity, and diabetes—a randomized social experiment. <i>New England journal of medicine, 365(16)</i>, 1509-1519. - <u>Skim:</u> Diez Roux, A. V., & Mair, C. (2010). Neighborhoods and health. <i>Annals of the New York academy of sciences, 1186(1)</i>, 125-145.</p>	

<p>Week 7 3/3</p>	<p>Module 5: Social Class & Health</p> <p><u>Guest Lecture:</u> Dr. Patrick Krueger</p> <p><i>Emergent Issues:</i> Claire</p>	<p>- Measuring individual level indicators of social class</p>	<p>- Krueger, P. M., Dehry, I. A., & Chang, V. W. (2019). The economic value of education for longer lives and reduced disability. <i>The Milbank Quarterly</i>, 97(1), 48-73.</p> <p>- Boylan, J. M., Tompkins, J. L., & Krueger, P. M. (2022). Psychological well-being, education, and mortality. <i>Health Psychology</i>, 41(3), 225.</p> <p>- <i>Skim:</i> Braveman, P. A., Egerter, S. A., Cubbin, C., & Marchi, K. S. (2004). An approach to studying social disparities in health and health care. <i>American Journal of Public Health</i>, 94(12), 2139-2148.</p> <p>- <i>Optional:</i> Krueger, P. M., Goode, J. A., Fomby, P., & Saint Onge, J. M. (2023). Less Time for Health: Parenting, Work, and Time-Intensive Health Behaviors among Married or Cohabiting Men and Women in the United States. <i>Journal of health and social behavior</i>, 64(2), 280-295.</p>	
<p>Week 8 3/10</p>	<p>Module 6: Race/Ethnicity</p> <p><u>Guest Lecture:</u> Dr. Rae Anne Martinez</p> <p><i>Emergent Issues:</i> Jane</p>	<p>- Conceptualizing, operationalizing, and utilizing race/ethnicity at the individual level</p>	<p><u>Conceptual and Methodological:</u></p> <p>- Jones CP. Invited Commentary: “ Race ,” Racism, and the Practice of Epidemiology. <i>Am J Epidemiol</i>. 2001;154(4):299-304.</p> <p>- Martinez, R. A. M., Andrabi, N., Goodwin, A. N., Wilbur, R. E., Smith, N. R., & Zivich, P. N. (2023). Conceptualization, operationalization, and utilization of race and ethnicity in major epidemiology journals, 1995–2018: a systematic review. <i>American Journal of Epidemiology</i>, 192(3), 483-496.</p> <p>- <i>Optional:</i> Ward, J. B., Gartner, D. R., Keyes, K. M., Fliss, M. D., McClure, E. S., & Robinson, W. R. (2019). How do we assess a racial disparity in health? Distribution, interaction, and interpretation in epidemiological studies. <i>Annals of epidemiology</i>, 29, 1-7.</p> <p><u>Empirical:</u></p> <p>- Williams, D. R., Neighbors, H. W., & Jackson, J. S. (2003). Racial/ethnic discrimination and health: Findings from community studies. <i>American journal of public health</i>, 93(2), 200-208.</p> <p>- <i>Optional:</i></p> <p>https://www.pewtrusts.org/-/media/assets/after-the-fact/episode-101-data-and-our-neighborhoods-transcript.pdf</p>	<p>- HW5: Practice analyzing racial disparities in epidemiology; identifying how race and ethnicity are utilized in epidemiology.</p> <p>- Final paper abstract</p>

			<p>- <i>Optional</i>: Martinez RAM, Andrabi N, Goodwin AN, Wilbur RE, Zivich PN. Thoughtfully Measuring and Interpreting Race in Population Health Research. IAPHS Blog. 2021.</p> <p>- <i>Optional</i>: Gartner DR, Delamater PL, Hummer RA, Lund JL, Pence BW, Robinson WR. Integrating Surveillance Data to Estimate Race/Ethnicity-specific Hysterectomy Inequalities Among Reproductive-aged Women: Who's at Risk?. <i>Epidemiology</i>. 2020;31(3):385-392.</p> <p>- <i>Optional</i>: MacIntosh, T., Desai, M. M., Lewis, T. T., Jones, B. A., & Nunez-Smith, M. (2013). Socially-assigned race, healthcare discrimination and preventive healthcare services. <i>PloS one</i>, 8(5), e64522.</p>	
Week 9 3/24	Module 6: Race/Ethnicity <i>Emergent Issues:</i> Melanie	- Conceptualizing, operationalizing, and utilizing race/ethnicity at the contextual level	<p>- Groos, Maya; Wallace, Maeve; Hardeman, Rachel; and Theall, Katherine P. (2018) "Measuring inequity: a systematic review of methods used to quantify structural racism," <i>Journal of Health Disparities Research and Practice</i>: Vol. 11 : Iss. 2 , Article 13.</p> <p>- Strings, S. It's Not Obesity. It's Slavery. <i>The New York Times</i>. Opinion. May 25, 2020. https://www.nytimes.com/2020/05/25/opinion/coronavirus-race-obesity.html</p> <p>- Chambers, B.D., Baer, R.J., McLemore, M.R. et al. Using Index of Concentration at the Extremes as Indicators of Structural Racism to Evaluate the Association with Preterm Birth and Infant Mortality—California, 2011–2012. <i>J Urban Health</i> 96, 159–170 (2019). https://doi.org/10.1007/s11524-018-0272-4</p>	- HW6: Identifying and integrating measures of contextual race/ethnicity from American Community Survey and Vera Institute of Justice into datasets. Interrogating measures of county-level structural racism.
Week 10 3/31	Module 7: Gender, Sex, & Sexuality <u>Group Teach-In</u> : Melanie, Claire, Jane	- Measuring and analyzing gender and sex	<p>- Krieger, N. (2003). Genders, sexes, and health: what are the connections—and why does it matter?. <i>International journal of epidemiology</i>, 32(4), 652-657.</p> <p>- <u>Group Teach-In Paper</u>: Hatzenbuehler, M. L., O'Cleirigh, C., Grasso, C., Mayer, K., Safren, S., & Bradford, J. (2012). Effect of same-sex marriage laws on health care use and expenditures in sexual minority men: a quasi-natural experiment. <i>American Journal of Public Health</i>, 102(2), 285-291. PMID: 22390442</p>	- HW7: identifying how gender and sex are utilized in epidemiology.

			<p>- Matthews, D. D., Smith, J. C., Brown, A. L., & Malebranche, D. J. (2016). Reconciling epidemiology and social justice in the public health discourse around the sexual networks of black men who have sex with men. <i>American journal of public health</i>, 106(5), 808-814.</p> <p>- <i>Optional</i>: Seelman, K. L., Young, S. R., Tesene, M., Alvarez-Hernandez, L. R., & Kattari, L. (2017). A comparison of health disparities among transgender adults in Colorado (USA) by race and income. <i>International Journal of Transgenderism</i>, 18(2), 199-214.</p>	
Week 11 4/7	<p>Module 8: Life course epidemiology</p> <p><u>Group Teach-In</u>: Juan, Bill, Caitlin</p> <p><i>Emergent Issues</i>: Caitlin</p>	<p>- Life course theory</p> <p>- Life course analysis</p>	<p>- Kuh, D., Ben-Shlomo, Y., Lynch, J., Hallqvist, J., & Power, C. (2003). Life course epidemiology. <i>Journal of epidemiology and community health</i>, 57(10), 778. PMID: 14573579.</p> <p>- Ben-Shlomo, Y., & Kuh, D. (2002). A life course approach to chronic disease epidemiology: conceptual models, empirical challenges and interdisciplinary perspectives. <i>International journal of epidemiology</i>, 31(2), 285-293.</p> <p>- <u>Group Teach-In Paper</u>: Martin, C.L., Kane, J.B., Miles, G.L., Aiello, A.E., Harris, K.M. (2019). Neighborhood disadvantage across the transition from adolescence to adulthood and risk of metabolic syndrome. <i>Health Place</i>, 57:131-138.</p> <p>- <i>Optional</i>: Ben-Shlomo, Y., Cooper, R., & Kuh, D. (2016). The last two decades of life course epidemiology, and its relevance for research on ageing. <i>International journal of epidemiology</i>, 45(4), 973-988.</p>	- HW8: Defining life course epidemiology research questions and identifying datasets.
Week 12 4/14	<p>Module 9: Biomarkers and Ecosocial Theory</p> <p><u>Guest Lecture</u>: Dr. Fatima Touma</p> <p>Zoom at 10:50: https://ucdenver.zoom.us/j/5556769720</p>	- Biomarker data access and utilization	<p>- Martin, C. L., Ghastine, L., Lodge, E. K., Dhingra, R., & Ward-Caviness, C. K. (2022). Understanding health inequalities through the lens of social epigenetics. <i>Annual review of public health</i>, 43(1), 235-254.</p> <p>- LeMasters, K., D'Alessio, A. S., Touma, F., Andrabi, N., Brinkley-Rubinstein, L., & Gutierrez, C. (2024). The Physiological Toll of Arrests: An Examination of Arrest History on Midlife Allostatic Load. <i>Annals of Epidemiology</i>. 96, 1-12.</p> <p>- <i>Optional</i>: McEwen, B.S. and Seeman, T. (1999), Protective and Damaging Effects of Mediators of Stress: Elaborating and Testing the Concepts of Allostasis and Allostatic Load. <i>Annals of the New York Academy of Sciences</i>, 896: 30-47.</p>	- HW9: Identifying datasets with biomarkers and critiquing biomarker measures.

Week 13 4/21	Module 10: Interventions & Policy Change <u>Guest Lecture</u> : Dr. Jackie Jahn <i>Emergent Issues</i> : Bill	- Methods for analyzing interventions and policy changes	- Thornton, R. L., Glover, C. M., Cené, C. W., Glik, D. C., Henderson, J. A., & Williams, D. R. (2016). Evaluating strategies for reducing health disparities by addressing the social determinants of health. <i>Health affairs</i> , 35(8), 1416-1423. - Jahn, J. L., Simes, J. T., & Jay, J. (2024). Evaluating Firearm Violence After New Jersey's Cash Bail Reform. <i>JAMA network open</i> , 7(5), e2412535-e2412535. - <i>Optional</i> : - Das (2024). Poverty reduction and childhood opportunity moves: A randomized trial of cash transfers to low-income U.S. families with infants. <i>Health & place</i> , 89, 103320.	- HW10: Designing a research study to assess the effects of state or national policy changes relevant to research interests.
Week 14 4/28	Module 11: Epidemiology for Social Impact	- what is the role of social epidemiology	- Galea, S. (2013). An argument for a consequentialist epidemiology. <i>American journal of epidemiology</i> , 178(8), 1185-1191. - Wing S. Whose epidemiology, whose health? <i>Int J Health Serv.</i> 1998;28(2):241-52. - <i>Counterargument</i> : Rothman, K. J., Adami, H. O., & Ttichopoulos, D. (1998). Should the mission of epidemiology include the eradication of poverty?. <i>The Lancet</i> , 352(9130), 810-813. - <i>Optional</i> : <u>The Atlantic: How Public Health Took Part in Its Own Downfall</u> - <i>Optional</i> : <u>Epidemiology and Social Justice Zine</u> - <i>Optional</i> : Fairchild, A. L., Rosner, D., Colgrove, J., Bayer, R., & Fried, L. P. (2010). The EXODUS of public health what history can tell us about the future. <i>American journal of public health</i> , 100(1), 54-63.	
Week 15 5/5	Student Presentations			- Final Presentation - Final Paper

Assignments and Assessments:

1. *Class Participation (10%)*

- (5%) This is a course which requires your active preparation and participation. Each member of the class is expected to contribute positively to the learning environment through attendance and participation in the following: exercises, small group work, contributing thoughtful comments/questions in class discussions, reading assignments prior to class, and by completing assignments in a timely manner.
 - (5%) Three times in the semester, you will be asked to submit a (*1-page double-spaced*) reflection paper. These are a chance for you to reflect broadly on the prompt – there is no right or wrong answer, I simply ask that you be thoughtful. Due dates are listed online.
2. Emergent Issues Update (5%): One time in the semester, you will sign up to discuss an article in the media on issues related to topics covered in class. You must identify at least one relevant article, prepare a brief summary of its content and relevance to the class (*1 page, double-spaced*) and bring it to class for discussion. A sign-up sheet will be posted in a class session and an example will be posted.
 3. *Group Homework/Labs (35%; 11 assignments total)*: Students will work collaboratively with teammates to answer group questions during class. Students will be assigned to groups at the beginning of the semester based on their interests and expertise. I expect each team member to contribute meaningfully to the discussion and that team members hold each other accountable. I recommend that you create a group document in a shared software (e.g., Google doc) in which you can easily summarize team member input and submit the team Word document on the course website. Late submissions will receive a 10%-point reduction per day late.
 4. *Group Teach-in (10%)*: Working as a team is an essential part of public health. Also, it is important for the field of public health to embrace new forms of communication to get their message out to the general public and to communicate efficiently. You will be assigned to groups and each group will be assigned a journal article, including the methods. Your goal is to explain that article, its main findings, and its relevance to epidemiology to your classmates. You can use whatever medium you would like, video, handout, blogpost, social media, etc., it just has to be informative and entertaining.
 5. *Final paper abstract (10%)*: Halfway through the course, students will submit an abstract for their final paper in which they take a pre-existing idea or project and apply a social epidemiology lens to it.
 6. *Final paper (20%)*: Paper topics should take a pre-existing idea or project relevant to the student's research that a social epidemiology lens can be applied to. Final papers should be 2,000-3,000 pages double spaced and should propose a social epidemiology research study.
 7. *Final Presentation (10%)*: The final presentation will outline the final paper. Presentations will take place during the last weeks of class. Each presentation will be six-eight minutes long, with an additional minute or two for questions (this format may change depending on the final size of the class).

