ARIZONA STATE UNIVERSITY

GENERAL STUDIES PROGRAM COURSE PROPOSAL COVER FORM

Courses submitted to the GSC between 2/1 and 4/30 if approved, will be effective the following Spring.
Courses submitted between 5/1 and 1/31 if approved, will be effective the following Fall.

(SUBMISSION VIA ADOBE.PDF FILES IS PREFERRED)

DATE 10-20-10

1. ACADEMIC UNIT: College of Nursing and Health Innovation: Health Sciences Program

2. COURSE PROPOSED: HSC 210 Cultural Aspects of Health 3 (prefix) (number) (title) (semester hours)

3. CONTACT PERSON: Name: Linda Vaughan Phone: (480) 727-5196
   Mail Code: 0180 E-Mail: linda.vaughan@asu.edu

4. ELIGIBILITY: New courses must be approved by the Tempe Campus Curriculum Subcommittee and must have a regular course number. For the rules governing approval of omnibus courses, contact the General Studies Program Office at 965-0739.

5. AREA(S) PROPOSED COURSE WILL SERVE. A single course may be proposed for more than one core or awareness area. A course may satisfy a core area requirement and more than one awareness area requirements concurrently, but may not satisfy requirements in two core areas simultaneously, even if approved for those areas. With departmental consent, an approved General Studies course may be counted toward both the General Studies requirement and the major program of study. (Please submit one designation per proposal)

   Core Areas
   Literacy and Critical Inquiry—L
   Mathematical Studies—MA MA CS
   Humanities, Fine Arts and Design—HU
   Social and Behavioral Sciences—SB
   Natural Sciences—SQ SQ

   Awareness Areas
   Global Awareness—G
   Historical Awareness—H
   Cultural Diversity in the United States—C

6. DOCUMENTATION REQUIRED.
   (1) Course Description
   (2) Course Syllabus
   (3) Criteria Checklist for the area
   (4) Table of Contents from the textbook used, if available

7. In the space provided below (or on a separate sheet), please also provide a description of how the course meets the specific criteria in the area for which the course is being proposed.

   CROSS-LISTED COURSES: ☒ No ☐ Yes; Please identify courses: ________________________________
   Is this an multisection course?: ☐ No ☒ Yes; Is it governed by a common syllabus? yes

   Linda Vaughan
   Chair/Director (Print or Type) ________________________________

   Date: ________________________________

Rev. 1/94, 4/95, 7/98, 4/00, 1/02, 10/08
HSC 210 Cultural Aspects of Health

CATALOG COURSE DESCRIPTION:
Examines how culture influences health, health care practices, barriers to health care, interactions with health care professionals, and health disparities in the U.S. Addresses the need for cultural competence among health practitioners.

COURSE DESCRIPTION FROM SYLLABUS:
This course is designed to explore the role culture plays in determining how different people perceive and shape their world. Throughout the course, students will develop skills necessary to describe the impact of US and non-U.S. cultural definitions of health, illness and disease on an individual's health practices and response to healers. Students will learn to identify strategies for delivery of culture-specific care and to identify cultural influences on their own beliefs and values.
HSC 210 : CULTURAL ASPECTS OF HEALTH

CATALOG DESCRIPTION:
Examines how culture influences health, health care practices, barriers to health care, interactions with health care professionals, and health disparities in the U.S. Addresses the need for cultural competence among health practitioners.

COURSE DESCRIPTION:
This course focuses on the health attitudes, beliefs, and practices of patients and health care providers of culturally diverse populations in the United States. Selected theories of health and disease and those related to cultural adaptation, change, and conflict will be applied to health care situations. Emphasis will be placed on strategies to facilitate inter/intracultural communication in health care settings.

STUDENT OUTCOME OBJECTIVES: At the completion of this course, students will be able to
- Evaluate the role culture plays in determining how people perceive and shape their world.
- Identify cultural influences on one’s own beliefs and values.
- Demonstrate an understanding of cultural competence as applied to health care services and systems
- Identify strategies for delivery of culture-specific care based on the evaluation of cultural assessment data.
- For specified cultural groups within the U.S.:
  - Describe the impact of cultural definitions/perceptions of health, illness and disease on an individual’s health practices and response to health care providers.
  - Compare and contrast healing and treatment US cultural groups with those of the Western health care delivery system.
  - Identify cultural strengths and barriers that influence utilization of health care services.
  - Explore cultural components of pregnancy/childbirth/lactation, the aging process, and dying and death across cultures.

COURSE OUTLINE:

NOTE TO COMMITTEE: This course is taught both face to face and online. The content is identical. I have presented the format used in the online section. Face-to-face course schedules follow a traditional 15-wk pattern, with specific dates reserved for exams.

Module One: Introduction
- Introduction to Transcultural Diversity and Health Care in the US
- Characteristics of Culture
- Cultural Competence in Health Care
- Self-assessment of one’s own culture/heritage and beliefs/values
- Health Disparities in the US: Health/Disease Statistics for Primary U.S. Cultural/Ethnic Groups
- Intersection of Religion and Health/Health Care (e.g. Jewish, Amish, Muslim)

Module Two: Health Beliefs, Behaviors, Influences of Primary US Cultural Groups
- African American
- Hispanic
- Native American/American Indian
- Alaska Indian/Native
- Native Hawaiian
- Asian

Module Three: Health Beliefs, Behaviors, Influences of Secondary US Cultural Groups
- East Indian
- African
- Middle Eastern
- Southeast Asian
- Eastern European
- Pacific Islanders
- Caribbean Islanders
Course Blackboard Site
I have established a Blackboard site for this course. It includes course documents, a course grade book, links to sites with information relating to course concepts and topics, and discussion areas. To access the site, click on "myASU" on the ASU homepage or point your browser to http://my.asu.edu

Required Course Textbook
Purnell, L.D. and Paulanka, B.J.
F.A. Davis Company

Graded Work:

Participation: Credit can be earned through engaging in the online Blackboard discussions. Student preparation includes completing the reading assignments prior to posting comments on Blackboard. This is essential to ensure class participation and full understanding of the nature of each discussion. Students should interact with each other in the Blackboard discussions, but be respectful of the opinions of others. Every week a new discussion topic/paper will be posted on Blackboard. The discussions will be open from Monday morning to Friday evening. Discussions will be monitored by the course instructor. Students should be prepared to post questions as well as answer questions posted by other students.

**To receive full credit, you must write a post and provide comments on at least one post written by another student.** Responses should be well-thought out, comprehensive and demonstrate an understanding of the assigned reading(s). See the Grading Rubric used to evaluate online participation. Responses also need to be timely, in other words, responses posted midnight before the next topic is posted is not considered timely.

Quizzes: There will be a quiz at the beginning of most weeks, which will be based on the reading assignment for that week and will be open from Monday - Wednesday. "Off" weeks will be identified by the instructor.

Case Studies and other Assignments: Assignments will be posted on Blackboard; you must adhere to posted due dates. When applicable, grading rubrics will be posted as well. Case Studies will be posted on the publisher's website: DavisPlus and will be available through that portal only.

Midterm and Final Exams: Exams will include a timed, online portion (short answer and objective questions) and an assigned essay component. Essay question(s) will be available 3 days before due dates.

Grading

<table>
<thead>
<tr>
<th>Assignment</th>
<th>Points</th>
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<tbody>
<tr>
<td>Participation in Blackboard Discussions (10 points per week)</td>
<td>150</td>
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<tr>
<td>Case Studies, Assignments (12 @ 10 points each)</td>
<td>120</td>
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<tr>
<td>Quizzes (12 @ 15 points each)</td>
<td>180</td>
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<tr>
<td>Midterm Exam (100 points)</td>
<td>100</td>
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<tr>
<td>Final Exam (100 points)</td>
<td>100</td>
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<td><strong>Total</strong></td>
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Grading Scale

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<th>Grade</th>
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<td>A+</td>
<td>98-100%</td>
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<tr>
<td>A</td>
<td>94-97%</td>
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<tr>
<td>A-</td>
<td>91-93%</td>
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<td>B+</td>
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Course Policies:

**Missing Work:** Please note that if you don’t submit written work, you will receive a zero.

**Late Work:** To receive full credit for written work, you need to submit it on time. If any of your assignments are late, I will reduce your grade by one third of a letter for each weekday that it’s late. For instance, if you earn a “B” on a paper that was due on Wednesday but you turn it in on Friday, I will record “C+” in the grade book.

**Incomplete Grades:** A course grade of “Incomplete” will be given only in extreme situations because the sad story is that most students who request incompleteds never finish the course. Please visit [http://www.asu.edu/registrar/forms/regforms.html](http://www.asu.edu/registrar/forms/regforms.html) under the Academic Record Forms section for the Incomplete Grade Request form.

**NOTE:** Students have 7 calendar days to submit written justification to challenge a grade; if a written justification is not submitted within this timeframe, challenges to grades will not be considered**

**Student Conduct:** Students are required to adhere to the behavior standards listed in Arizona Board of Regents Policy Manual Chapter V – Campus and Student Affairs Part C: Code of Conduct ([http://www.abor.asu.edu/1_the_regents/policymanual/chap5/](http://www.abor.asu.edu/1_the_regents/policymanual/chap5/)) and ACD 125: Computer, Internet, and Electronic Communications ([http://www.asu.edu/aad/manuals/acd/acd125.html](http://www.asu.edu/aad/manuals/acd/acd125.html)).

Students are entitled to receive instruction free from interference by other members of the class. If a student is disruptive, an instructor may ask the student to stop the disruptive behavior and warn the student that such disruptive behavior can result in withdrawal from the course. An instructor may withdraw a student from a course when the student’s behavior disrupts the educational process under USI 201-10 [http://www.asu.edu/aad/manuals/us/us201-10.html](http://www.asu.edu/aad/manuals/us/us201-10.html).

**Academic Integrity**
The highest standards of academic integrity are expected of all students. The failure of any student to meet these standards may result in suspension or expulsion from the university. Violations of academic integrity include, but are not limited to, cheating, fabrication, tampering and plagiarism. Signing an attendance sheet for another student is also considered a violation of academic integrity.

See: ASU Student Academic Integrity Policy [http://www.asu.edu/studentaffairs/studentlife/judicial/academic_integrity.htm](http://www.asu.edu/studentaffairs/studentlife/judicial/academic_integrity.htm)


An instructor, academic supervisor, or committee responsible for evaluation may impose any of the following sanctions for academic dishonesty:
- Reduced or failing grade for assignment,
- Reduced or failing grade for course, or
- Reduced, failing grade, or no credit for other academic evaluation (e.g., clinical training, comprehensive exam, thesis, dissertation),
- Within 10 days after an instructor-imposed sanction is assigned, the student may appeal the sanction to the Dean or Director. Additionally, an instructor, academic supervisor, or committee responsible for academic evaluation may recommend other or additional sanctions to the Dean or Director, including assignment of the grade of XE and withdrawal of credit for a previously accepted course or requirement.

**Accommodations for Disabilities:** The Americans with Disabilities Act (ADA) is a federal antidiscrimination statute that provides comprehensive civil rights protection for persons with disabilities. One element of this legislation requires that all qualified students with documented disabilities be guaranteed a learning environment that provides for reasonable accommodation of their disabilities. If you believe you have a disability requiring an accommodation please contact the Disability Resource Center at ASU Polytechnic located in Student Affairs Quad # 4 or call 480-727-1039 / TTY: 480-727-1009. Eligibility and documentation policies online: [http://www.asu.edu/studentaffairs/ed/drc/](http://www.asu.edu/studentaffairs/ed/drc/)
**Keeping Your Work**: Please keep your work after any course has ended. You may need it for such things as grade appeals.

**Labeling Work**: To avoid confusion, please label all of your work carefully. Include your name, the course prefix and number, the date of submission, and the assignment label. For instance:

<table>
<thead>
<tr>
<th>Medical Mike</th>
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<tbody>
<tr>
<td>HSC 210</td>
</tr>
<tr>
<td>March 3, 2010</td>
</tr>
<tr>
<td>Assignment Name</td>
</tr>
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</table>

**Using the Blackboard Course Website**

- Each assignment listed below is available in the Blackboard website. Be sure to explore this website thoroughly.
- **Please post all questions regarding general content information about the course structure, website, technical issues, assignments to the Discussion Board labelled: INFORMATION CAFÉ. This will ensure that the responses will be visible to all students.** I will wait 24 hours to respond to questions posted to this page to give your fellow classmates the opportunity to respond first.
- Under the "Course Assignments" tab you will find:
  - A list of the required assignments for each unit of the course
  - Links for each Quiz and Discussion Board topic
  - All reading materials not included in your textbook such as case studies, newspaper articles, journal articles, etc that will be used for discussions

**IMPORTANT DATES**

- Late Registration and Drop/Add (in person)
- Late Registration and Drop/Add (online)
- Academic Status Report #1
- Academic Status Report #2
- Course Withdrawal Deadline (in person)
- Course Withdrawal Deadline (online)
- Complete Withdrawal Deadline (online and in person)

Point your browser to [http://www.asu.edu/calendar/academic.html](http://www.asu.edu/calendar/academic.html) for the dates.
Rationale and Objectives

The contemporary "culture" of the United States involves the complex interplay of many different cultures that exist side by side in various states of harmony and conflict. The history of the United States involves the experiences not only of different groups of European immigrants and their descendants but also of diverse groups of American Indians, Hispanic Americans, African Americans, and Asian Americans—all of whom played significant roles in the development of contemporary culture and together shape the future of the United States. At the same time, the recognition that gender, class, and religious differences cut across all distinctions of race and ethnicity offers an even richer variety of perspectives from which to view ourselves. Awareness of our cultural diversity and its multiple sources can illuminate our collective past, present, and future and can help us to achieve greater mutual understanding and respect.

The objective of the Cultural Diversity requirement is to promote awareness and appreciation of cultural diversity within the contemporary United States through the study of the cultural, social, or scientific contributions of women and minority groups, examination of their experiences in the U.S., or exploration of successful or unsuccessful interactions between and among cultural groups.
### ASU--[C] CRITERIA

#### CULTURAL DIVERSITY IN THE UNITED STATES

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>Identify Documentation Submitted</th>
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1. A Cultural Diversity course must meet the following general criteria:

- The course must contribute to an understanding of cultural diversity in contemporary U.S. Society.

2. A Cultural Diversity course must then meet at least one of the following specific criteria:

   a. The course is an in-depth study of culture-specific elements, cultural experiences, or cultural contributions (in areas such as education, history, language, literature, art, music, science, politics, work, religion, and philosophy) of gender*, racial, ethnic and/or linguistic minority groups** within the United States.

   b. The course is primarily a comparative study of the diverse cultural contributions, experiences, or world views of two or more gender*, racial, ethnic and/or linguistic minority groups** within the United States.

   c. The course is primarily a study of the social, economic, political, or psychological dimensions of relations between and among gender*, racial, ethnic and/or linguistic minority groups** within the United States.

*Gender groups would encompass categories such as the following: women, men, lesbians, gays, bisexuals, transgender individuals, etc.

**Cultural, racial, ethnic, and/or linguistic minority groups in the U.S. would include categories such as the following: Hispanics, African Americans, Native Americans/First Peoples, Asian Americans, Jewish Americans, Muslim Americans, members of the deaf community, etc.
<table>
<thead>
<tr>
<th>Criteria (from checksheet)</th>
<th>How course meets spirit (contextualize specific examples in next column)</th>
<th>Please provide detailed evidence of how course meets criteria (i.e., where in syllabus)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example-See 2b. Compares 2 U.S. cultures</td>
<td>Example-Compares Latino &amp; African American Music</td>
<td>Example-See Syllabus Pg. 5</td>
</tr>
<tr>
<td>1 Contributes to an understanding of cultural diversity in contemporary U.S. Society.</td>
<td>Examines the influence of culture on current health perceptions, health care practices, health disparities, and interactions with health care providers of persons living in the U.S.</td>
<td>Assignment on Health Disparities in the U.S.; assigned readings in textbook [see attached Fig 2-1: Purnell's Model for Cultural Competence for the specific domains of culture that are presented for each U.S. cultural group]; student-specific assignments related to their own cultural heritage [attached] and their own cultural food practices [attached].</td>
</tr>
<tr>
<td>2a This course is an in-depth study of culture-specific elements and cultural experiences 2b This course is primarily a comparative study of cultural experiences and world views of two or more racial/ethnic minority groups in the U.S.</td>
<td>[a] This course focuses exclusively on current cultural practices of health and health care within the U.S. and culturally defined experiences within various U.S. health care systems 2b This course provides students multiple opportunities to compare the health practices, experiences, and attitudes of at least 13 different racial/ethnic groups in the U.S.</td>
<td>[a] See &quot;Student Outcome Objectives&quot; in the syllabus; see attached Fig 2-1 for the specific elements and experiences studied for each cultural group; see descriptions for Modules 2 and 3 in syllabus. [b] Students will compare the health beliefs and practices of specific religious communities in the US [see syllabus, module one]; they will complete online case studies that explore the birth and death rituals of different U.S. cultural groups [see assignment section of syllabus]; students will compare the traditional healing practices of two non-Western cultures in the U.S. [see attached assignment].</td>
</tr>
</tbody>
</table>
Transcultural Health Care: A Culturally Competent Approach, 3rd Edition

By Larry D. Purnell, PhD, RN, FAAN, University of Delaware, Newark, Delaware.
Betty J. Paulanka, EdD, RN, University of Delaware, Newark, Delaware.

ISBN-10: 0-8036-1865-4
Available now. $22.95

Both of University of Delaware, Newark, Delaware. Prepare your students for the culturally rich and ethically diverse world in which they will practice. Rooted researchers, educators, and clinicians, from a wealth of backgrounds, use the Purnell twelve-step model to examine more than 30 population groups from a health care perspective. Each brings a personal understanding of the traditions and customs of their societies, providing a unique perspective on the implications for patient care.

What's New?

- Multiple vignettes in each culture-based chapter clearly illustrate situations and issues across the nursing continuum.
- Expanded focus on evidence-based practice.
- Summaries of the chapters on 13 additional cultures online at DavisPlus appear in one-page abstracts in the Appendix.
- More student learning resources online at DavisPlus, including all of the Case Studies from the 2nd Edition.
- Knowledge and Understanding Questions and web links to content.
- More teaching tools for instructors online at DavisPlus, including a test bank and classroom assignments for each chapter.

Key Features

- Uses the Purnell twelve-step model to organize the discussion of each cultural group, looking at the following factors...
  - Inhabited localities, topography, and overview
  - Communications
  - Family roles and organization
  - Workforce issues
  - Biocultural ecology
  - High-risk behaviors
  - Nutrition
  - Pregnancy and childbearing practices
  - Death rituals
  - Spirituality
  - Health-care practices
  - Health-care practitioners

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1. Transcultural Diversity and Health Care
2. The Purnell Model for Cultural Competence
3. People of African American Heritage
4. The Amish
5. People of Appalachian Heritage
6. People of Arab Heritage
7. People of Chinese Heritage
8. People of Guatemalan Heritage
9. People of Egyptian Heritage
10. People of Filipino Heritage
11. People of French Canadian Heritage
12. People of German Heritage
13. People of Haitian Heritage
14. People of Iranian Heritage
15. People of Japanese Heritage
16. People of Jewish Heritage
17. People of Korean Heritage
18. People of Mexican Heritage
19. People of Russian Heritage
20. People of Polish Heritage
21. People of Thai Heritage

Appendix A: Cultural, Ethnic, and Racial Diseases and Illnesses
Appendix B: Abstracts in the book with full chapters available online at DavisPlus.
1. People of Baltic Heritage: Estonians, Latvians, and Lithuanians
2. People of Brazilian Heritage
3. People of Greek Heritage
4. People of Cuban Heritage
5. People of Hindu Heritage
6. People of Irish Heritage
7. People of Italian Heritage
8. People of Puerto Rican Heritage
9. Ravani Bajans
10. People of Turkish Heritage
11. People of Vietnamese Heritage

Glossary
The Purnell Model for Cultural Competence

Primary characteristics of culture: age, generation, nationality, race, color, gender, religion

Secondary characteristics of culture: educational status, socioeconomic status, occupation, military status, political beliefs, urban versus rural residence, enclave identity, marital status, parental status, physical characteristics, sexual orientation, gender issues, and reason for migration (sojourner, immigrant, undocumented status)
**DISCUSSION BOARD GRADING RUBIC**

This grading rubric will be used to assess Discussion Board (DB) Assignments. Each DB is worth 25 points.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Points</th>
<th>Points</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10</td>
<td>5</td>
<td>0</td>
</tr>
</tbody>
</table>
| **Evidence of Learning** | • Readings and course materials are evident in the posts.  
• Knowledge gained was incorporated appropriately and effectively into responses.  
• Learner shows excellent integration of course content evidenced by their critical analysis and application. | • Some evidence of the content of readings and course materials in the posts.  
• Opinions and ideas were stated clearly but not consistently connected to the topic or readings.  
• Some evidence of integration of course content and application. | • There was no evidence that readings or course materials were understood or used in the learner's posts.  
• Irrelevant remarks were made that were unrelated to the topic being discussed.  
• No evidence of integration of course content or application. |
|          | 10     | 5      | 0      |
| **Substantive, Clear and Consistent Responses** | • Provided thoughtful and understandable responses to other posts.  
• Response posts showed an understanding of the content offered.  
• Engaged in back and forth dialogue, not just one response or one question asked/given.  
• Responded in a timely fashion, not always last to post.  
• Responded to all prompts.  
• Appropriately responded to feedback from colleagues. | • Responses to other posts were not always understandable and were superficial.  
• Response posts were not always on target with the content offered.  
• Inconsistent back and forth dialogue with others.  
• Often responded later in the discussion.  
• Did not respond to all prompts.  
• Responded most of the time to feedback from colleagues. | • Responses to others posts were unclear, short, and were not related or understandable.  
• Response posts showed no connection to the content offered.  
• No back and forth dialogue with others.  
• Participated only when prompted by faculty.  
• Always last to post, does not respond to prompts.  
• Did not respond to feedback from colleagues. |
|          | 5      | 2.5    | 0      |
| **Contribution to the Discussion** | • Consistent engagement in the discussions.  
• Frequent attempts to advance the group discussion.  
• Presented creative approaches to topic/prompts as they related to the group discussion. | • Made some contribution to the discussion.  
• Occasionally made reflections on the group discussion.  
• Presented basic information  
• On topics/prompts as they related to the group discussion. | • Did not make an effort to participate in the discussions.  
• Made a marginal effort to become involved with the group.  
• Did not respond to the topics/prompts as they related to group discussion. |
|          | 5      | 2.5    | 0      |
| **Quality of Posts** | • Consistent use of grammatically correct posts with rare misspellings.  
• Posts were well thought out and language was appropriate for this level of instruction. | • Evidence of errors in spelling and grammar in several posts.  
• Most posts evidenced some thought and were satisfactory for this level of instruction. | • Used poor spelling and grammar in most posts.  
• Posts appeared hastily thought out and were unsatisfactory for this level of instruction. |
HSC 210: Assignment on Domains of Cultural Competence

By responding to the following queries, derived from the Purnell Model for Cultural Competence, characterize your own cultural sphere. If there are any questions you find too intrusive, simply respond “Chose to skip”. The questions are arranged by Purnell’s twelve domains of culture [see textbook].

1. **Country of origin, inhabited localities**

   What is your ancestry? Where were you/your parents born? If appropriate: What brought your family to the U.S.? Have you lived in countries other than the US, including military/volunteer service? What is your education, occupational, and income levels? Do you have/can you afford health insurance?

2. **Communication**

   What is your legal name? How do you like to be addressed? What is your primary language? Do you speak more than one language; if so, which? Do you mind being touched by friends, strangers, health care providers? Are you usually on time for school/work/appointments/social activities? How close do you normally stand with family/friends/coworkers/strangers?

3. **Family roles and organization**

   Who is/are primary decision makers in your family? What types of decisions are primarily made by female and by male members of your family? What are the main duties of the men and women in your family? How do children make a good impression on others? Are there things children/adolescents are forbidden to do in your family? What are the roles of older people in your family? Are there extended family members living in your household?

4. **Workforce issues**

   Are you usually on time? Do/would you have any concerns about working with the opposite gender? Do/would you have difficulty working with people whose age, religion, race or ethnicity differ from your own?

5. **Biocultural ecology**

   Are there any patterns of illness/disease in your family history? Are you aware of any genetic diseases/issues in your family? What are the major health problems in your country of origin [if appropriate]?

6. **High risk behaviors**

   Do you/did you engage in behaviors related to smoking, alcohol consumption, recreational drugs, unsafe driving [e.g. seat belt use; texting/phone use]. Do you participate in regular physical activity?
7. Nutrition

Are there foods you specifically seek out/avoid when sick? What foods do you eat that are part of your cultural heritage? What are “high status” foods in your family/culture? Are there any foods viewed as appropriate only for: men, women, children, older adults? What is your pattern [number, time of day] for meal and snack consumption? Who does the food shopping, preparation, service in your family? Do you have any holiday-related food traditions? If so, describe them.

8. Pregnancy and childbearing practices

Are there special foods, activities, or health practices associated with pregnancy and childbirth in your family or culture? If so, describe. Are there any traditions associated with the handling of the placenta and/or umbilical cord in your family or culture? If so, describe.

9. Death rituals

What is the preferred burial practice in your family or culture? How do men and women typically grieve? Are children included or excluded from death rituals?

10. Spirituality

Is there a strong spiritual component within your family and/or culture? Is there a dominant religion in your culture? Do you regularly engage in traditional or non-traditional spiritual practices for your physical and emotional health?

11. Health care practices

What preventative measures are taken by you/your family to maintain health? Within the family, who oversees responsibility for the family’s health? Do you/your family use herbal teas, folk medicines, traditional healing practices or any other alternative care? How does your family/culture view blood transfusions, organ donations, physical disabilities, and mental disabilities? Can you/your family access health care facilities and professionals? If not, why not?

12. Health care practitioners

What type of health care providers do you/your family see when ill (physicians, chiropractors, osteopathic physicians, nurses, etc)? Do you have a preference for same-gender health care providers?
HSC 210: Health Disparities in the U.S.

Objective: To compare the rates of chronic and other diseases among U.S. ethnic/cultural groups and discuss factors that might explain any differences in disease prevalence.

Process:

[a] Select any three of the following disease/conditions to research:

- AIDS/HIV
- Asthma
- Birth Defects
- Diabetes [Type 2]
- Fetal Alcohol Syndrome
- Heart Disease
- Hypertension
- Stroke
- Obesity
- Kidney/Renal Disease
- Cancer [in total or one specific type, e.g. stomach or breast]

[b] Using data from the C.D.C. [Centers for Disease Control and Prevention] website [http://www.cdc.gov/DiseasesConditions/], summarize the current incidence of three of the diseases/conditions listed below for [a] non-Hispanic whites, [b] non-Hispanic black, and [c] Hispanic. You can earn an additional 5 points extra credit by adding one additional specific cultural/ethnic group not typically reported at the national level [may include Native Alaskans, Native Americans, Africans, Caribbean Islanders, Chinese, etc] by using data from small research studies [good opportunity to learn all about the ASU Library resources]. Develop a table or grid format such as the one below [insert your own selections for the diseases and the 4th group if you want the extra credit].

<table>
<thead>
<tr>
<th>Ethnic/Cultural Group in U.S.</th>
<th>Type 2 Diabetes [give raw numbers and/or % values; give the YEAR the data reflect]</th>
<th>Hypertension</th>
<th>Breast Cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non Hispanic Whites</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non Hispanic Blacks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Native Americans [or your choice]*</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- You must provide a citation for the website and/or journal articles used for the data.

[c] Discuss the factors that are believed to contribute to health disparities identified by your research. Include a discussion of both genetic and lifestyle factors. Do not rely only on your textbook! You must use [and cite] at least three other sources. The discussion should be approximately two pages in length.

Evaluation: This assignment is worth 10 points plus the possibility of 5 extra credit points for a fourth cultural/ethnic group.
HOMEWORK ASSIGNMENT
At-Risk Behaviors in U.S. Cultural Groups

Objective: The purpose of this assignment is to examine the prevalence and consequences of one specific "risky behavior" within one U.S. cultural group.

Procedures:
[1] Identify a specific U.S. cultural group/subgroup that has been assessed for a specific behavior that and/or dietary intake [these are NOT the same!!!]. Examples of subgroups might be:
- Cuban Americans
- Japanese Americans
- African immigrants
- Eastern European immigrants
- Laotians
- Mexican Americans
- Korean Americans
- Hawaiian Natives
- Alaskan Natives
- African Americans
- Native Americans [select a specific tribe/nation]

[2] Identify one "at risk behavior" that has been reported as deficient within the cultural subgroup. Your textbook gives many examples of such behaviors.

[3] Locate and use at least two sources of data/information: they can be government web sites, web sites from organizations/agencies [such as March of Dimes for alcohol use in pregnant women, or the US Department of Transportation for data on driving under the influence, etc] or published research articles to support your work. Take advantage of the ASU librarians to learn about the tools available through the ASU library system!! You will have to provide the URL of each website and a full reference for any article you use. DO NOT RELY ONLY ON YOUR TEXTBOOK!!!!

Organization of the Paper
- Introduce the cultural group: estimated # living in US; recent arrival or of long-standing tradition in US?; geographical areas where the cultural group is concentrated [e.g. most Cubans in Florida and NY]
- Introduce the "at risk behavior": BRIEF overview
- Summarize the published evidence: what rate/incidence of risk behavior was reported and how does it compare to the rate among non-Hispanic whites in the US? What are the short and long term consequences of the behaviors? Discuss possible reasons for the at-risk behavior: poverty? Poor knowledge? Lack of access to healthful activities? Changing from traditional to US societal norms?
- Discuss possible solutions to the at-risk behaviors. This may or may not have been addressed in the articles but you should be able to think about this issue and come up with intelligent suggestions.

Completed Assignment
The written text will probably be 2-3 pages, double spaced, size 12 type, plus your bibliography of all articles and web sites.

Assessment
This assignment is worth 10 points; a grading rubric will be posted for your review.
Self-Assessment of Food Habits

Assignment Objectives: At the completion of this assignment, each student will have:

- Described key influences on current eating habits
- Identified personal food related attitudes, values, and beliefs
- Described ways in which personal food habits have influenced or will influence health status

Requirements: For full credit, each of the following sections must be completed using full sentences. Take your time and provide thoughtful answers in complete sentences using appropriate grammar. If you use bullet-points or sentence fragments there will be points deducted except for the questions that ask for a list. Your answer may be written as an essay, but make sure that it is clear which question you are addressing. It is preferable to answer each question in the applicable section.

The assignment must be typed in Times New Roman, 12 point font with 1” margins. If you do not know how to adjust the settings in Microsoft Word please see the Teaching Assistant or me BEFORE you turn in the assignment. Points will be deducted for deviations from this format. This file is available on Blackboard and can be used as a template for your answers. However, delete the instructions from your submission.

Do not write using contractions such as don’t, can’t, I’m, ain’t <joke>, etc. Do run spell-check!

Demographic Information

What do you self-identify as your cultural background(s)?
Did your family immigrate to the U.S.? If so, how many generations have lived in the U.S.?
What, if any, is your religious affiliation? Do you consider yourself an “active participant” in this religion at this phase of your life?
Is more than one culture represented within your immediate family unit [e.g. that of your spouse, step-parent, adoptive sibling, etc]? If so, what other cultures are represented?
If you were born in the U.S., what region of the country were you born in?
In what region of the U.S. did you spend most of your “formative years”?

Food Profile (Listing of items is acceptable for this question.) Please be specific, example – if you write bread, state what kind of bread (white, wheat, sourdough, etc.)

List 3-5 foods you eat virtually every day:
List 3-5 foods you eat, on average, once/week:
List 3-5 foods you eat, on average, once/month:

Are there any specific foods, food combinations, or specific “recipes” that you consume regularly that reflect your cultural heritage? If so, name them.
Food Profile (continued)

Are there any specific foods or food combinations that you eat or avoid eating for religious reasons? If so, name them or describe the general pattern of consumption or avoidance.

List 3-5 foods you personally, for whatever reason, consider inedible that others would/might consume.
List 3-5 foods you consider to be “high status” items.
List 3-5 foods you would associate with a low socioeconomic status.
List 3-5 foods you typically associate with males:
List 3-5 foods you typically associate with females:
List 3-5 foods you typically associate with children [not teenagers]:
List 3-5 foods you typically associate with seniors [>65y]:

Dimensions of Meals

How many meals do you eat on a typical weekday?
How many meals do you eat on a weekend day?
What food elements [example: bread, protein, dessert, beverage, side dish] are needed for you to consider the events shown below a “meal”? [Be specific in answering this question]

Do you follow a particular order when eating these elements? [Example: I always eat my vegetables first, then the main course — dmw]

Wake-up/morning meal:
Mid-day meal:
Evening meal:

How does the meal pattern change for major holidays? Select and name two holidays for your answer and describe how the meal pattern changes for them:

How many snacks do you eat on a typical weekday?
How many snacks do you eat on a typical weekend day?
What foods do you consider “snacks”?
Do you ever fast? If so, how often, for what duration, and why?

Meal Etiquette

What utensils, dishes, etc. do you typically use when you eat? How often do you eat with just your hands? Does this pattern differ depending upon whether you are eating alone vs. eating with a group?

In your family unit [current family or family when you were a child], are/were there specific meal time rules [do not chew with mouth open, no elbows on the table, etc]?

Is/was there a typical pattern of meal service: who got served first?

How has YOUR meal etiquette changed from the time you lived with your parents vs. your current meal practices?

My Cultural Food:
Discuss a favorite family food that reflects your culture.