
School of Public Health

PubH 6605-01
Perinatal and Reproductive Health
Spring 2015

Credits: 2
Meeting Days: T, Th, January 20, 2015 – March 5, 2015
Meeting Time: 1:25 – 3:30 p.m.
Meeting Place: 1250 Mayo
Instructor: Wendy Hellerstedt, MPH, PhD
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Office Hours: By appointment

I. Course Description

The purpose of this course is to examine perinatal, family planning and reproductive health issues, programs, services, and policies in the United States. The course content will emphasize social, economic, environmental, behavioral, and political factors that affect family planning, reproductive health, fertility, and pregnancy outcome. The course will have two areas of focus: (1) interventions to improve reproductive and perinatal health (both policy and programs); and (2) the measurement and interpretation of reproductive and perinatal indices.

II. Course Prerequisites

Public Health student, graduate student or instructor consent.

III. Course Goals and Objectives

- Analyze a maternal, perinatal, or reproductive health problem relative to the public health implications and develop outlines for policy or programmatic initiatives. For example, if asked what type of contraceptive services should be available to adolescents, the student should be able to discuss the specific reproductive risks and needs of adolescents.
- Describe the elements that contribute to effective interventions to improve the reproductive health of adolescents, men, and women.
- Describe the goals of programs to promote prenatal health.
- Understand the terminology and vocabulary used in the reproductive and perinatal literature.

- Understand the value and limitations of various tools that are used to measure and monitor reproductive and perinatal health.
- Identify major demographic, behavioral and environmental factors that are associated with perinatal and reproductive risks.
- Identify trends in reproductive and perinatal health.

IV. Methods of Instruction and Work Expectations

Methods of instruction:

1. Lecture and class discussion.
2. In-class and out-of-class assignments.

Students are responsible for:

1. Completing weekly reading assignments PRIOR to class.
2. Class attendance and active participation in class discussions and activities.
3. Submission of all assignments on their due date.

V. Course Text and Readings

The readings were carefully chosen to represent good and recent review articles, intervention results, and commentaries by respected reproductive and perinatal health researchers. Students are expected to read all of the required readings before the class date for which they are assigned. The information in the readings is intended to complement the class lectures and will not be repeated in them.

There is no text for the course. The course readings (required and optional) are available on the Moodle course website.

VI. Course Outline/Weekly Schedule

Session **Date** **Topic**

1	1/20/15	Introduction to perinatal/reproductive data
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Required reading

- Bayer R. AIDS prevention and cultural sensitivity: are they compatible? *Am J Public Health* 1994;84:895-8.
- Finer LB, Philbin JM. Trends in ages at key reproductive transitions in the United States, 1951–2010. *Wom Health Iss* 2014; 24(3): e271-e279.
- Conron KJ, Mimiaga MJ, Landers SJ. A population-based study of sexual orientation identity and gender differences in adult health. *Am J Public Health* 2010;100(10):1953-1960.

Optional reading

- Boonstra H, Barot S, Lusti-Narasimhan M. Making the case for multipurpose prevention technologies: the socio-epidemiological rationale. *BJOG: Int J Obstet Gynecol* 2014;121.s5: 23-26.
- Ness RB, Bodnar L, Holzman C, Platt RW, Savitz DA, Shaw GM, Klebanoff. Thoughts on the future of reproductive and perinatal epidemiology. *Paediatric & Perinatal Epidemiology* 2013;27:11-19.
- Mayer KH, Bradford JB, Makadon HJ, Stall R, Goldhammer H, Landers S. Sexual and gender minority health: what we know and what needs to be done. *Am J Public Health* 2008;98:989-95.
- Wang G, Walker SO, Hong X, Bartell TR, Wang X. Epigenetics and early life origins of chronic noncommunicable diseases. *J Adolesc Health* 2013;52:S14-S21.

Notes

1. I strongly recommend that you review Healthy People 2020 objectives for maternal and child health as many are relevant to this class—and Healthy People 2020 reflects our political will:
<http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=26>.
2. The June 2012 *International Journal of Andrology* devoted the entire issue to endocrine disruptors and reproductive health. This journal is available on biomed.lib.umn.edu.

2	1/22/15	Sexual activity/sexual health
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In-class coffee chat: Read Bayer (1994!!!) and discuss your thoughts about whether it is practical or possible to conduct “culturally competent” public health? E.g., Should evidence-based knowledge trump cultural norms?

Required reading

- Adimora AA, Schoenbach VJ, Taylor EM, Khan MR, Schwartz RJ. Concurrent partnerships, nonmonogamous partners, and substance use among women in the United States. *Am J Public Health* 2011;101(1):128-136.

- Chandra A, Copen CE, Mosher WD. Sexual behavior, sexual attraction, and sexual identity in the United States: Data from the 2006–2010 national survey of family growth. In *International handbook on the demography of sexuality* (pp. 45-66). Springer Netherlands. 2013.
- Lindau ST, Schumm LP, Laumann EO, Levinson W, O'Muirheartaigh CA, Waite LJ. A study of sexuality and health among older adults in the United States. *N Engl J Med* 2007;357:762-74.
- Reese BM, Choukas-Bradley S, Herring AH, Halpern CT. Correlates of adolescent and young adult sexual initiation patterns. *Perspect Sexual Reprod Health* 2014;46(4):211-221.

Optional reading

- Abdessamad HM, Yudin MH, Tarasoff LA, Radford KD, Ross LE. Attitudes and knowledge among obstetrician-gynecologists regarding lesbian patients and their health. *J Women's Health* 2013;22(1):85-93.
- Bauer GR, Jairam JA. Are lesbians really women who have sex with women (WSW)? Methodological concerns in measuring sexual orientation in health research. *Women & Health* 2008;48(4):383-408.
- Decker MR, Frattaroli S, McCaw B, Coker AL, Miller E, Sharps P, Lane WG, Mandal M, Hirsch K, Strobino DM, Bennett WL, Campbell J, Gielen A. Transforming the healthcare response to intimate partner violence and taking best practices to scale. *J Women's Health* 2012;21(12):1222-1229.
- DeGue S, Simon TR, Basile KC, Yee SL, Lang K, Spivak H. Moving forward by looking back: Reflecting on a decade of CDC's work in sexual violence prevention, 2000-2010. *J Women's Health* 2012;21(12):1211-1218.
- Urquia ML, O'Campo PJ, Ray JG. Marital status, duration of cohabitation, and psychosocial well-being among childbearing: A Canadian nationwide survey. *Am J Public Health* 2013;103:e8-e15.

Notes

1. Look at Healthy People 2020 objectives for lesbian, gay, bisexual, and transgender health, <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=25>
2. Look at the Institute of Medicine report on the health of lesbian, gay, bisexual and transgender people, <http://www.iom.edu/Reports/2011/The-Health-of-Lesbian-Gay-Bisexual-and-Transgender-People.aspx>.

3	1/27/15	Sexually transmitted infections
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Required reading

- Mayhew A, Mullins TLK, Ding L, et al. Risk perceptions and subsequent sexual behaviors after HPV vaccination in adolescents. *Pediatrics* 2014;133(3):404-411. Available at: <http://www.ossyr.org.ar/pdf/bibliografia/322.pdf>
- Reiter PL, McRee AL, Katz ML, Paskett ED. Human Papillomavirus vaccination among young adult gay and bisexual men in the United States. *Am J Public Health* 2015;105(1): 96-102.

Optional reading

- Brennen DJ, Hellerstedt WL, Ross MW, Welles SL. History of childhood sexual abuse and HIV risk behaviors in homosexual and bisexual men. *Am J Public Health* 2007;97(6):1107-1112.
- Chando S, Tiro JA, Harris TR, Kobrin S, Breen N. Effects of socioeconomic status and health care access on low levels of human papillomavirus vaccination among Spanish-speaking Hispanics in California. *Am J Public Health* 2013;103:270-272.

- Goyal V, Mattocks KM, Sadler AG. High-risk behavior and sexually transmitted infections among U.S. active duty servicewomen and veterans. *J Women's Health* 2012;21(11):1155-1169.
- Mashburn J. Vaginal infections update. *J Midwifery Womens Health* 2012;57:629-634.
- McElligott KA. Mortality from sexually transmitted diseases in reproductive-aged women: United States, 1999–2010. *Am J Public Health* 2014;104(8): e101-e105.
- Nuttbrock L, Bockting W, Rosenblum A, Hwahng S, Mason M, Macri M, Becker J. Gender abuse, depressive symptoms, and HIV and other sexually transmitted infections among male-to-female transgender persons: A three-year prospective study. *Am J Public Health* 2013;103:300-307.
- Paneth-Pollak R, Schillinger JA, Borrelli JM, Handel S, Pathela P, Blank S. Using STD electronic medical record data to drive public health program decisions in New York City. *Am J Public Health* 2010;100(4):586-590.
- Sutherland MA, Collins Fantasia H. Successful research recruitment strategies in a study focused on abused rural women at risk for sexually transmitted infections. *J Midwifery Womens Health* 2012;57:381-385.

Notes

1. Look at Healthy People 2020 objectives for STIs, <http://www.healthypeople.gov/2020/topics-objectives/topic/sexually-transmitted-diseases>
2. Good US data on STIs from CDC, <http://www.cdc.gov/std/>.

4	1/29/15	Contraception and reproductive life planning
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In-class coffee chat: Discuss reproductive life planning. Go to CDC's site on reproductive life planning, <http://www.cdc.gov/preconception/reproductiveplan.html>. What do you think of this information? What do you think about the health providers' tool to stimulate conversation, <http://www.cdc.gov/preconception/RLPtool.html>? Or, if you prefer, what do you think about the ONE KEY QUESTION initiative started by Oregon, <https://www.arhp.org/publications-and-resources/contraception-journal/july-2013>? As you think about these similar reproductive life planning tools, think about their effectiveness across populations that vary in routine health care access, age, income, etc.

Required reading

- Jacobs J, Stanfors M. Racial and ethnic differences in US women's choice of reversible contraceptives, 1995–2010. *Perspect Sexual Reprod Health* 2013; 45(3):139-147.
- Minnis AM, Mavedzenge SN, Luecke E, Dehlendorf C. Provider counseling to young women seeking family planning services. *Perspect Sexual Reprod Health* 2014;46(4):223-31.
- Rocca CH, Harper CC. Do racial and ethnic differences in contraceptive attitudes and knowledge explain disparities in method use? *Perspect Sexual Reprod Health* 2012;44(3):150-158.
- Winner B, Peipert JF, Zhao Q, Buckel C, Madden T, Allsworth JE, Secura GM. Effectiveness of long-acting reversible contraception. *N Engl J Med* 2012;366:1998-2007.
- Zolna MR, Lindberg LD, Frost JJ. Couple-focused services in publicly funded family planning clinics: Identifying the need, 2009. New York: Guttmacher Institute. 2011.

Optional reading

- Bernhardt Polis C, Zabin L. Missed conceptions or misconceptions: perceived infertility among unmarried young adults in the United States. *Perspect Sexual Reprod Health* 2012;44(1):30-38.

- Cleland K, Zhu H, Goldstuck N, Cheng L, Trussell J. The efficacy of intrauterine devices for emergency contraception: A systematic review of 35 years of experience. *Human Reproduction* 2012;27(7):1994-2000.
- Dennis A, Grossman D. Barriers to contraception and interest in over-the-counter access among low-income women: A qualitative study. *Perspect Sexual Reprod Health* 2012;44(2):84-91.
- Gold RB. Guarding against coercion while ensuring access: a delicate balance. *Guttmacher Policy Review* 2014;17(3):8-14.
- Goldstein RL, Upadhyay UD, Raine TR. With pills, patches, rings, and shots: Who still uses condoms? A longitudinal cohort study. *J Adolesc Health* 2013;52:77-82.
- Higgins JA, Hirsch JS. Pleasure, power, and inequality: incorporating sexuality into research on contraceptive use. *Am J Public Health* 2008;98:1803-13.
- Marcell AV, Waks AB, Rutkow L, McKenna R, Rompalo A, Hogan MT. What do we know about males and emergency contraception? A synthesis of the literature. *Perspect Sexual Reprod Health* 2012;44(3):184-193.
- O'Leary A. Are dual-method messages undermining STI/HIV prevention? *Infect Dis Obstet Gynecol* 2011.
- Potter JE, White K, Hopkins K, McKinnon S, Shedlin MG, Amastae J, Grossman D. Frustrated demand for sterilization among low-income Latinas in El Paso, Texas. *Perspect Sexual Reprod Health* 2012;44(4):228-235.
- Sanders SA, Yarber WL, Kaufman EL, Crosby RA, Graham CA, Milhausen RR. Condom use errors and problems: A global view. *Sexual Health* 2012;9:81-95.
- Sonfield A, Tapales A, Jones RK, Finer LB. Impact of the federal contraceptive coverage guarantee on out-of-pocket payments for contraceptives: 2014 update. *Contraception* 2014.

Notes

1. A 2012 volume of *Infectious Diseases in Obstetrics and Gynecology* is devoted to dual use, <http://www.hindawi.com/journals/idog/si/390398/>. You can also get copies of the articles from the biomed e-journal library.

2. Look at *Healthy People 2020 objectives for family planning*, <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=13>

5	2/03/15	<p>Unintended pregnancy and abortion Summer Martins, MPH Division of Epidemiology & Community Health, School of Public Health, University of Minnesota</p>
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Required reading

- Cockrill K, Upadhyay UD, Turan J, Greene Foster D. The stigma of having an abortion: Development of a scale and characteristics of women experiencing abortion stigma. *Perspect Sexual Reprod Health* 2013;45(2):79-88.
- Finer LB, Zolna MR. Shifts in intended and unintended pregnancies in the United States, 2001–2008. *Am J Public Health* 2014;104(S1):S43-S48.
- Fried M. Reproductive rights activism in the post-Roe era. *Am J Public Health* 2013;103:10-14.
- Harris LJ, Martin L, Debbink M, Hassinger J. Physicians, abortion provision and the legitimacy paradox. *Contraception* 2013;87(1):11-16.
- Harris LF, Roberts SC, Gibbs MA, Rocca CH, Foster DG. Perceived stress and emotional social support among women who are denied or receive abortions in the United States: a prospective cohort study. *BMC Womens Health* 2014;14(1):76-87.

- Lang J. What Happens to Women Who Are Denied Abortions? New York Times, June 12,2013.
- Santelli J, Rochat R, Hatfield-Timajchy K, et al. The measurement and meaning of unintended pregnancy. *Perspect Sexual Reprod Health* 2003;35:94-101. **Note: this is an “old” publication, but it is an important one for understanding our measurement of pregnancy intention. NOT MUCH HAS CHANGED SINCE ITS PUBLICATION!**
- Upadhyay UD, Weitz TA, Jones RK, Barar RE, Foster DG. (2013). Denial of abortion because of provider gestational age limits in the United States. *Am J Public Health* 2014;104:1687–1694.

Optional reading

- Greene Foster D, Gould H, Taylor J, Weitz TA. Attitudes and decision making among women seeking abortions at one U.S. clinic. *Perspect Sexual Reprod Health* 2012;44(2):117-124.
- Grindlay K, Grossman D. Unintended pregnancy among active-duty women in the United States military, 2008. *Obstet Gynecol* 2013;121(2, PART 1):241-246.
- Grossman DA, Grindlay K, Buchacker T, Potter JE, Schmertmann CP. Changes in service delivery patterns after introduction of telemedicine provision of medical abortion in Iowa. *Am J Public Health* 2012;103:73-78.
- Hasstedt K. . Abortion coverage under the Affordable Care Act: the laws tell only half the story. *Guttmacher Policy Review* 2014;17(1):15-21.
- Higgins JA, Popkin RA, Santelli JS. Pregnancy ambivalence and contraceptive use among young adults in the United States. *Perspect Sexual Reprod Health* 2012;44(4):236-243.
- Joffe C. The politicization of abortion and the evolution of abortion counseling. *Am J Public Health* 2013;103:57-65.
- Kavanagh EK, Hasselbacher LA, Betham B, Tristan S, Gilliam ML. Abortion-seeking minors’ views on the Illinois Parental Notification Law: A qualitative study. *Perspect Sexual Reprod Health* 2012;44(3):159-166.
- Kost K, Finer LB, Singh S. Variation in state unintended pregnancy rates in the United States. *Perspect Sexual Reprod Health* 2012;44(1):57-64.
- Lessard LN, Karasek D, Ma S, Darney P, Deardorff J, Lahiff M, Grossman D, Greene Foster D. Contraceptive features preferred by women at high risk of unintended pregnancy. *Perspect Sexual Reprod Health* 2012;44(3):194-200.
- Morse J, Freedman L, Speidel JJ, Thompson KMJ, Stratton L, Harper CC. Postabortion contraception: Qualitative interviews on counseling and provision of long-acting reversible contraceptive methods. *Perspect Sexual Reprod Health* 2012;44(2):100-106.
- Paltrow LM. *Rose v Wade* and the new Jane Crow: Reproductive rights in the age of mass incarceration. *Am J Public Health* 2013;103:17-21.

6

2/05/15

Adolescent sexual health

QUIZ DUE

Required reading

- Boonstra HD. What is behind the declines in teen pregnancy rates? *Guttmacher Policy Review* 2014;17(3):15-21.
- Harville EW, Spriggs Madkour A, Xie Y. Predictors of birth weight and gestational age among adolescents. *Am J Epidemiol* 2012;176(Suppl):S150-S163.
- Krieger N, Kiang MC, Kosheleva A, et al. Age at menarche: 50-year socioeconomic trends among US-born black and white women. *Am J Public Health* 2015;105:388–397.

- Rice E, Gibbs J, Winetrobe H, et al. Sexting and sexual behavior among middle school students. *Pediatrics* 2014;*134*(1):e21-e28.
- Schmidt S, Parsons HM. Vaccination interest and trends in Human Papillomavirus vaccine uptake in young adult women aged 18 to 26 years in the United States: an analysis using the 2008–2012 National Health Interview Survey. *Am J Public Health* 2014;*104*(5):946-53.
- Temple JR, Choi H. Longitudinal association between teen sexting and sexual behavior. *Pediatrics* 2014;*134*(5):e1287-e1292.

Optional reading

- Buffardi AL, Thomas KK, Holmes KK, Manhart LE. Moving upstream: ecosocial and psychosocial correlates of sexually transmitted infections among young adults in the United States. *Am J Public Health* 2008;*98*:1128-36.
- Haydon AA, Herring AH, Tucker Halpern C. Associations between patterns of emerging sexual behavior and young adult reproductive health. *Perspect Sexual Reprod Health* 2012;*44*(4):218-227.
- Ott MA, Millstein SG, Ofner S, Halpern-Felsher BL. Greater expectations: adolescents' positive motivations for sex. *Perspect Sex Reprod Health* 2006;*38*(2):84-9.

Note:

1. You may want to check out the 2010 MCH Knowledge Path on adolescent pregnancy prevention—it has many resources. http://www.mchlibrary.info/KnowledgePaths/kp_adolpreg.html.

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2/10/15

Male reproductive health/fatherhood

In-class coffee chat: go to <http://www.cdc.gov/nchs/nsfg.htm>. The National Survey of Family Growth is the only reproductive health surveillance (for men and women) in the US. Pick something of interest about male repro health (maybe go to KEY STATISTICS link) and bring something to class for a chat with 3 other students.

Required reading

- Fleming PJ, Lee JG, Dworkin SL. “Real men don't”: constructions of masculinity and inadvertent harm in public health interventions. *Am J Public Health* 2014;*104*(6): 1029-1035.
- Gran M, Biringer E. Paternal mental health and socioemotional and behavioral development in their children. *Pediatrics* 2013;*131*(2):1-7.
- Lanier Y, Sutton MY. Reframing the context of preventive health care services and prevention of HIV and other sexually transmitted infections for young men: New opportunities to reduce racial/ethnic sexual health disparities. *Am J Public Health* 2013;*103*:262-269.
- Stemple L, Meyer IH. The sexual victimization of men in America: new data challenge old assumptions. *Am J Public Health* 2014;*104*(6),e19-e26.

Optional reading

- Bingham TA, Harawa NT, Williams JK. Gender role conflict among African American men who have sex with men and women: associations with mental health and sexual risk and disclosure behaviors. *Am J Public Health* 2013;*103*:127-133.
- Lerman RI. Capabilities and contributions of unwed fathers. IN: *Fragile Families. Future of Children Series* 2010 (Fall);*20* (2): 63-85.
- Munoz-Laboy M, Hirsch JS, Quispe-Lazaro A. Loneliness as a sexual risk factor for male Mexican

migrant workers. *Am J Public Health* 2009;99(5):802-810.

- Nyante SJ, Graubard BI, McQuillan GM, Platz EA, Rohmann S, Bradwin G, McGlynn KA. Trends in sex hormone concentration in US males: 1988-1991 to 1999-2004.
- Priskorn L, Holmboe SA, Jørgensen N, Andersson AM, Almstrup K, Toppari J, Skakkebaek NE. Adverse trends in male reproductive health and decreasing fertility rates. *Anim Reprod* 2012;9(4):760-771.
- Storgaard L, Bonde JP, Olsen J. Male reproductive disorders in humans and prenatal indicators of estrogen exposure. A review of published epidemiological studies. *Reprod Toxicol* 2006;21(1):4-15.

8

2/12/15

Environments/fetal origins of adult disease

Required reading

- Roseboom TJ, van der Meulen JHP, Ravelli ACJ, Osmond C, Barker DJP, Bleker OP. Perceived health of adults after prenatal exposure to the Dutch famine. *Paediatric & Perinatal Epidemiology* 2003;17:391-397.
- Woodruff TJ, Schwartz J, Giudice LC. Research agenda for environmental reproductive health in the 21st century. *J Epidemiol Community Health* 2010;64:307-310.

Optional reading

- Krakowiak P, Walker CK, Bremer AA, Baker AS, Ozonoff S, Hansen RL, Hertz-Picciotto I. Maternal metabolic conditions and risk for autism and other neurodevelopmental disorders. *Pediatrics* 2012;129:e1121-e1128.
- Langley K, Heron J, Davey Smith G, Thapar A. Maternal and paternal smoking during pregnancy and risk of ADHD symptoms in offspring: Testing for intrauterine effects. *Am J Epidemiol* 2012;176(3):261-268.
- Page, II RL, Slejko JF, Libby AM. A citywide smoking ban reduced maternal smoking and risk for preterm births: A Colorado natural experiment. *J Women's Health* 2012;21(6):621-627.
- Sutton P, Woodruff TJ, Perron J, Stotland N, Conry JA, Miller MD, Giudice LC. Toxic environmental chemicals: the role of reproductive health professionals in preventing harmful exposures. *Am J Obstet Gynecol* 2012:164-173.
- Vandenberg LN, Maffini MV, Sonnenschein C, Runib BS, Soto AM. Bisphenol-A and the great divide: A review of controversies in the field of endocrine disruption. *Endocrine Reviews* 2009;30(1):75-95.

Notes

1. Look at Healthy People 2020 objectives for genomics at <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=15>.
2. Examine *Nature* article about epigenetics at <http://www.nature.com/news/epigenetics-the-sins-of-the-father-1.14816>.
3. Go to MCHB for info on the lifecourse, <http://mchb.hrsa.gov/lifecourse/>.

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2/17/15

Maternal health: pre-conception and prenatal

Required reading

- Creanga AA, Berg CJ, Syverson C, et al. Pregnancy-related mortality in the United States, 2006–2010. *Obstet Gynecol* 2015;125(1):5-12.
- Denny CH, Floyd RL, Green PP, Hayes DK. Racial and ethnic disparities in preconception risk factors and preconception care. *J Women's Health* 2012;21(7):720-729.
- Fridman M, Korst LM, Chow J, et al. Trends in maternal morbidity before and during pregnancy in California. *Am J Public Health* 2014;104(S1):S49-S57.
- Urquia ML, O'Campo PJ, Heaman MI. Revisiting the immigrant paradox in reproductive health: The roles of duration of residence and ethnicity. *Social Science & Medicine* 2012;74:1610-1621.

Optional reading

- Bennett WL, Robinson KA, Saldanha IJ, Wilson LM, Nicholson WK. High priority research needs for gestational diabetes mellitus. *J Women's Health* 2012;21(9):925-932.
- Davalos DB, Yadon CA, Tregellas HC. Untreated prenatal maternal depression and the potential risks to offspring: A review. *Arch Womens Ment Health* 2012;15:1-14.
- Dipietro JA. Maternal stress in pregnancy: Considerations for fetal development. *J Adolesc Health* 2012;51:S3-S8.
- Fontaine PL, Hellerstedt WL, Dayman CE, Wall MM, Sherwood NE. Evaluating body mass index-specific trimester weight gain recommendations: Differences between black and white women. *J Midwifery Womens Health* 2012;57:327-335.
- Gray KE, Wallace ER, Nelson KR, Reed SD, Schiff MA. Population-based study of risk factors for severe maternal morbidity. *Paediatric Perinatal Epidemiol* 2012;26:506-514.
- Joseph KS. Theory of obstetrics: An epidemiologic framework for justifying medically indicated early delivery. *BMC Pregnancy & Childbirth* 2007;7:4.
- Kharrazi M, Pearl M, Yang J, DeLorenze GN, Bean CJ, Callaghan WM, Grant A, Lackritz E, Romero R, Satten GA, Simhan H, Torres AR, Westover JB, Yolken R, Williamson DM. California Very Preterm Birth Study: design and characteristics of the population – and biospecimens bank-based nested case-control study. *Paediatric Perinatal Epidemiol* 2012;26:250-263.
- Koroma L, Stewart L. Infertility: Evaluation and initial management. *J Midwifery Womens Health* 2012;57:614-621.
- Nechuta S, Mudd LM, Elliott MR, Lepkowski JM, Paneth N, and the Michigan Alliance for the National Children's Study. Attitudes of pregnant women towards collection of biological specimens during pregnancy and at birth. *Paediatric Perinatal Epidemiol* 2012;26:272-275.
- Palacios J, Chesla C, Kennedy H, Strickland J. Embodied meanings of early childbearing among American Indian women: A turning point. *J Midwifery Womens Health* 2012;57:502-508.
- Spong CY. To VBAC or not to VBAC. *PLoS Medicine* 2012;9(3):e1001192.
- Tandon SD, Colon L, Vega P, Murphy J, Alonso A. Birth outcomes associated with receipt of group prenatal care among low-income Hispanic women. *J Midwifery Womens Health* 2012;57:476-481.
- Thangaratnam S, Rogozińska E, Jolly K, Glinkowski S, Roseboom T, Tomlinson JW, Kunz R, Mol BW, Coomarasamy A, Khan KS. Effects of interventions in pregnancy on maternal weight and obstetric outcomes: Meta-analysis of randomised evidence. *BMJ* 2012;344:e2088.
- van Gelder MMHJ, Bretveld RW, Roukema J, Steenhoek M, van Drongelen J, Spaanderman MEA, van Rump D, Zielhuis GA, Verhaak CM, Roeleveld N. Rationale and design of the Pregnancy and Infant Development (PRIDE) study. *Paediatric Perinatal Epidemiol* 2013;27:34-43.
- Whittaker R, Matoff-Stepp S, Meehan J, Kendrick J, Jordan E, Stange P, Cash A, Meyer P, Baitty J, Johnson P, Ratzan S, Rhee K. Text4baby: Development and implementation of a national text messaging health information service. *Am J Public Health* 2012;102:2207-2213.

Notes

1. The MCH Knowledge Path report (2010) on pre-conception and pregnancy health.
http://www.mchlibrary.info/KnowledgePaths/kp_pregnancy.html
2. The Institute of Medicine's 2009 revision of prenatal weight gain recommendations,
<http://www.iom.edu/Reports/2009/Weight-Gain-During-Pregnancy-Reexamining-the-Guidelines.aspx>.

10	2/19/15	Reproductive cancers of women Guest: Kristin Anderson, PhD Professor and Associate Dean School of Public Health University of Minnesota
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Required reading—Dr. Anderson may assign additional required readings closer to the date of her talk

- Agénor M, Krieger N, Austin SB, et al. Sexual orientation disparities in Papanicolaou test use among US women: the role of sexual and reproductive health services. *Am J Public Health* 2014;104(2):e68-e73.
- Chawla N, Breen N, Liu B, et al. Asian American Women in California: a pooled analysis of predictors for breast and cervical cancer screening. *Am J Public Health* 2015;(0), e1-e12.

Optional reading (higher priority)

- Collaborative Group on Hormonal Factors in Breast Cancer. Breast cancer and abortion: collaborative reanalysis of data from 53 epidemiological studies, including 83,000 women with breast cancer from 16 countries. *Lancet* 2004;363:1007-16. ***This is important historically because individuals still assert that there is an association between breast cancer and abortion, even though the evidence has negated this association for a long time.***
- Collaborative Group on Epidemiological Studies of Ovarian Cancer. Ovarian cancer and body size: Individual participant meta-analysis including 25,157 women with ovarian cancer from 47 epidemiological studies. *PloS Medicine* 2012;9(4):e1001200.
- Chen H-Y, Kessler CL, Mori N, Chauhan SP. Cervical cancer screening in the United States, 1993-2010: Characteristics of women who are never screened. *J Women's Health* 2012;21(11):1132-1138.
- Setiawan VW, et al and the Australian National Endometrial Cancer Study Group. Age at last birth in relation to risk of endometrial cancer: Pooled analysis in the Epidemiology of Endometrial Cancer Consortium. *Am J Epidemiol* 2012;176(4):269-278.

Optional reading (lower priority)

- Abbott-Anderson K, Kwেকেboom KL. A systematic review of sexual concerns reported by gynecological cancer survivors. *Gynecologic Oncology* 2012;124:477-489.
- Adegoke O, Kulasingam S, Virnig B. Cervical cancer trends in the United States: A 35-year population-based analysis. *J Women's Health* 2012;21(10):1031-1037.
- Ashok M, Berkowitz Z, Hawkins NA, Tangka F, Saraiya M. Recency of Pap testing and future testing plans among women aged 18-64: Analysis of the 2007 Health Information National Trends Survey. *J Women's Health* 2012;21(7):705-712.
- Daley E, Perrin K, Vamos C, Hernandez N, Antsey E, Baker E, Kolar S, Ebbert J. Confusion about Pap smears: Lack of knowledge among high-risk women. *J Women's Health* 2013;22(1):67-74.
- Kenney LB, Cohen LE, Shnorhavorian M, Metzger ML, Lockart B, Hijiya N, Duffey-Lind E, Constine L, Green D, Meacham L. Male reproductive health after childhood, adolescent, and young adult cancers: A report from the Children's Oncology Group. *J Clinical Oncology* 2012;30(27):3408-3416.

- Krieger N. History, biology, and health inequities: Emergent embodied phenotypes and the illustrative case of the breast cancer estrogen receptor. *Am J Public Health* 2013;103:22-27.
- Smith EC. An overview of hereditary breast and ovarian cancer syndrome. *J Midwifery Womens Health* 2012;57:577-584.
- Urban M, Banks E, Egger S, Canfell K, O'Connell D, Beral V, Sitas F. Injectable and oral contraceptive use and cancers of the breast, cervix, ovary, and endometrium in black South African women: Case-control study. *PLoS Medicine* 2012;9(3):e1001182.

11

2/24/15

Birth outcomes

In-class coffee chat: Go to the *March of Dimes Peristats* website, <http://www.marchofdimes.com/peristats/default.aspx>. Run some data or retrieve any information of interest to you and be prepared to discuss it informally with 3 other students (bring copies of whatever you want to share for everyone).

Required reading

- Lu MC, Johnson KA. Toward a national strategy on infant mortality *Am J Public Health* 2014;104(S1):S13-S16.
- Rangmar J, Hjern A, Vinnerljung B, et al. Psychosocial outcomes of fetal alcohol syndrome in adulthood. *Pediatrics* 2015;135(1):e52-e58.
- Smylie J, Fell DB, Chalmers B, et al. Socioeconomic position and factors associated with use of a nonsupine infant sleep position: findings from the Canadian Maternity Experiences Survey. *Am J Public Health* 2014;104(3):539-547.
- Strutz KL, Hogan VK, Siega-Riz AM, et al. Preconception stress, birth weight, and birth weight disparities among US women. *Am J Public Health* 2014;104(8):e125-e132.
- Witt WP, Cheng ER, Wisk LE, et al. Preterm birth in the United States: The impact of stressful life events prior to conception and maternal age. *Am J Public Health* 2014;104(S1):S73-S80.

Optional reading

- Elder TE, Goddeeris JH, Haider TE, Paneth N. The changing character of the black–white infant mortality gap, 1983–2004. *Am J Public Health* 2014;104(S1):S105-S111.
- Hutcheon JA, Bodnan LM, Joseph KS, Abrams B, Simhan HN, Platt RW. The bias in current measures of gestational weight gain. *Paediatric Perinatal Epidemiol* 2012;26:109-116.

Note

You may also want to check out the 2010 MCH Knowledge Path on infant mortality and pregnancy loss. http://www.mchlibrary.info/KnowledgePaths/kp_infmort.html

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2/26/15

Postpartum health/breastfeeding/infant mortality

QUIZ & TOPIC FOR FINAL PRESENTATION DUE

In-class coffee chat: We have one postpartum health surveillance system in the US, the Pregnancy Risk Assessment Monitoring System (PRAMS). Go to the national website, <http://www.cdc.gov/prams/> or the Minnesota PRAMS website, <http://www.health.state.mn.us/divs/cfh/prams/> (I would look at the report for 2002-2003) and find some data to discuss it informally with 3 other students (bring copies of whatever you want to share for everyone). Or, if you prefer, go to CDC's reproductive health website, http://www.cdc.gov/reproductivehealth/Data_Stats/index.htm, and find some information to share about pre-conception, prenatal, postpartum or general reproductive health.

Required reading

- American Academy of Pediatrics Section on Breastfeeding. Breastfeeding and the use of human milk. *Pediatrics* 2012;129(3):e827-e841.
- Taylor EC, Nickel NC, Labbok MH. Implementing the ten steps for successful breastfeeding in hospitals serving low-wealth patients. *Am J Public Health* 2012;102:2262-2268.

Optional reading

- Aiken ARA, Angel JL, Miles TP. Pregnancy as a risk factor for ambulatory limitation in later life. *Am J Public Health* 2012;102:2330-2335.
- Whaley SE, Koleilat M, Whaley M, Gomez J, Meehan K, Saluja K. Impact of policy changes on infant feeding decisions among low-income women participating in the Special Supplemental Nutrition Program for Women, Infants, and Children. *Am J Public Health* 2012;102:2269-2273.

Note

You may also want to check out the 2009 MCH Knowledge Path on depression during and after pregnancy—it has many resources. http://www.mchlibrary.info/KnowledgePaths/kp_postpartum.html

13

3/3/15

HIV

**Alan R. Lifson, MD, MPH, Professor
Division of Epidemiology & Community Health,
School of Public Health, University of**

Minnesota

Required reading—if any—to be determined by Dr. Lifson prior to his talk

Optional reading (highest priority)

- Gray KH, Tang T, Shouse L, Li J, Mermin J, Hall HI. Using the HIV Surveillance System to monitor the National HIV/AIDS strategy. *Am J Public Health* 2013;103:141-147.
- Lifson AR, Belloso WH, Davey RT, et al. Development of diagnostic criteria for serious non-AIDS events in HIV clinical trials. *HIV Clinical Trials* 2010;11(4), 205-219.
- Lifson AR, Neuhaus J, Arribas JR, et al. Smoking-related health risks among persons with HIV in the Strategies for Management of Antiretroviral Therapy clinical trial. *Am J Public Health* 2010; 100(10), 1896.
- Talman A, Bolton S, Walson JL. Interactions between HIV/AIDS and the environment: Toward a syndemic framework. *Am J Public Health* 2013;103:253-261.

Notes:

1. Look at Healthy People 2020 objectives for HIV at <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=22>
2. A 2012 volume of *Infectious Diseases in Obstetrics and Gynecology* is devoted to HIV and reproductive, pre-conception, prenatal, and postpartum health, mostly among women in developing countries, but much of the information can be generalized to all women, <http://www.hindawi.com/journals/idog/si/856570/>. You can also get copies of the articles from the biomed e-journal library.

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3/05/15

Student presentations of factsheets

No reading.

B. Web and Journal Resources

1. **Websites.** Students are encouraged to explore the internet for articles and data. This list is not exhaustive, but some good websites that are relevant to this class are:

- Guttmacher Organization. Current data on reproductive health programs and policies, adolescent pregnancy, and family planning. Also has "International Journal of Family Planning," the Guttmacher Policy Review and "Perspectives on Sexual and Reproductive Health" abstracts and full-text articles. www.guttmacher.org
- American College of Obstetrics and Gynecology, www.acog.org. Resources and Publications pages are especially useful (they include published articles and ACOG Committee opinions on best practices).
- Centers for Disease Control and Prevention, www.cdc.gov, can get you to the National Center for Health Statistics (a great source for vital records data), National Survey of Family Growth (<http://www.cdc.gov/nchs/nsfg.htm>), the only national surveillance focused on reproductive health, and MMWR, which has current data on STI incidence and prevalence as well as reports on pregnancy outcomes, sexual activity, etc. www.cdc.gov/mmwr/
- NIDA and NIAAA. These can have good info on prenatal substance use. Try www.drugabuse.gov, www.steroidabuse.org, www.clubdrugs.org, or the National Clearinghouse for Alcohol and Drug info on <http://ncadi.samhsa.gov/>
- Pediatrics. The journal "Pediatrics" has a variety of articles relevant to perinatal health. Its electronic version has full text (you can download from www.biomed.lib.umn.edu). Also check out the umbrella organization of the Journal, the American Academy of Pediatrics www.aap.org
- The Association of Maternal and Child Health Programs. National non-profit for MCH directors and staff of state public health programs. Web site has some fact sheets and issue briefs. <http://www.amchp.org/>
- Children's Defense Fund. A private, non-profit to educate about the needs of children. www.childrensdefense.org
- The Future of Children. Great series of wonderful articles summarizing research and policy topics. www.futureofchildren.org.
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- National Center for Education in Maternal and Child Health. Database about MCH organizations and publications. www.ncemch.org. Look especially at the MCH Library and, in that section, “Knowledge Paths.”
- Urban Institute. Policy research organization that focuses on broad areas of social and economic problems in the U.S. www.urban.org
- Healthy People 2020. Information on Year 2020 goals. This document reflects our political will in terms of research funding and programmatic support for public health—very important to see know what objectives are, and are not, included. <http://www.healthypeople.gov>
- For information about adolescent pregnancy, try Guttmacher website (www.guttmacher.org), Teenwise MN (www.teenwisemn.org; it has a resources page—the quality of individual resources is variable), or the National Campaign (<http://www.thenationalcampaign.org/>)
- National Women’s Health Information Center, www.womenshealth.gov.
- National Women’s Health Network. Operates an information clearinghouse. www.nwhn.org
- Melpomene Institute for Women’s Health. Local organization, sometimes data of variable quality, but they address a wide range of issues. www.melpomene.org
- National Fetal Infant Mortality Review Program, www.nfimr.org.
- Planned Parenthood. www.plannedparenthood.org provides example of good health information for lay readers.
- www.healthfinder.gov is the USDHHS’ link to health information from over 1700 government agencies and nonprofit organizations.
- Konopka Institute covers all indices of adolescent health, but has a great set of weblinks for adolescent sexual health, <http://www.med.umn.edu/peds/ahm/programs/konopka/home.html>
- National Library of Medicine’s Medline Plus. <http://medlineplus.gov/>
- Health Resource Center on Domestic Violence, www.futureswithoutviolence.org.
- American Society for Reproductive Medicine, www.asrm.org
- Human Genome Project: http://www.ornl.gov/sci/techresources/Human_Genome/home.shtml.
- Endocrine disruption: <http://www.endocrinedisruption.com/home.php>
- MCH Knowledge Path pages cover several topics (e.g., preconception health, domestic violence) thoroughly: <http://mchlibrary.info/KnowledgePaths/index.html>.

2. Journal articles: They are available on the Moodle site for the course. If, for some reason, you cannot download them, the easiest thing to do if you want to access journal articles is probably to go to electronic journals on <http://www.biomed.lib.umn.edu/> and go to the electronic journals site. You will have to put in your UM I.D. and password. Then download from there.

Note: If you are looking for journal articles for assignments in this, or any class, the University’s biomed site (noted above) is great. If the University does not have an electronic journal, try searching the journal name itself.

You will be surprised how many journals allow some access to pdf files of their articles. And, of course, things like Google Scholar are good search engines that can lead you to full and free copies of articles.

C. Accessing the course website

The course Moodle site has PDF copies of required and optional course readings, a copy of the syllabus, copies of assignments and resources. Course lecture slides from Dr. Hellerstedt will be posted after she has made her presentations (guest speakers may not provide slides). It also has a forum for students to share resources and thoughts about reproductive and perinatal health.

The easiest way to log in to a course site is from www.myu.umn.edu, using your Internet ID. Select “My courses” and you will open the page with all your courses. If you do not know your Internet ID and password or have other problems, contact the Technology Helpline: (612) 301-4357 (1-HELP on campus)

VII. Evaluation and Grading

Students must complete all of the following requirements to earn a passing grade in the course:

A. Completion of all the assigned readings for the course. Assigned readings should be done before class to enhance students' learning. The readings are important for completion of course papers and class discussion.

B. Reaction paper: 25% of the total grade. This short paper is intended to help the student critically examine reproductive and perinatal health issues. The paper will be student responses to a question, or questions, related to the course readings or lectures. The guidance for this paper will be provided by Dr. Hellerstedt 2-3 weeks prior to the due date. The paper is not a research paper. The paper should be 3-5 typed pages, double-spaced. It should be carefully proofread for grammatical and spelling errors, because such errors could affect grading.

Due date: *February 17, 2015*

C. Quizzes (2): 15% each; **30%** of the total. There will be two short take-home quizzes, which will be provided by Dr. Hellerstedt two weeks prior to the due date. Responses will be short answer.

The purpose of this assignment (and of participation in class discussion of specific readings) is to develop and strengthen your critical thinking skills. In your career as a public health professional, you will be required to synthesize public health research and apply scientific knowledge to promote the public's health. Therefore skill development in these areas is very important for your successful work.

Scientific journals publish a number of different types of papers, including review articles, commentary pieces, and original research. By the time a paper is published, it has usually been through a process of quality control, called peer review. However, this does not mean it will be perfect. Many published papers contain factual and statistical errors, and statements, which are really assertions, disguised as objective fact. Given this, and the fact that scientific knowledge is often provisional and changing, the proper attitude when reading scientific papers is one of skepticism; it is the task of the reader to judge whether the author's conclusions are justified. Thus, your take-home quizzes and class discussions will be most successful if you apply critical thinking.

Due dates: *February 5, 2015 and February 26, 2015*

D. One factsheet on a reproductive or perinatal topic: 35% (10% for presentation, 25% for the factsheet)

This project involves presenting the factsheet findings informally in small groups of approximately 4-6 people. Its purpose is to allow students to explore a single question or topic in reproductive or perinatal health, gather a bit of information, and share it with other students. The factsheet will allow students to succinctly educate others about one of the following broad areas: (1) an outcome or exposure in reproductive or perinatal health (e.g., a

specific STI, domestic violence, infertility). Students may describe either the magnitude of the health condition/exposure or how it can best be measured; (2) a program or intervention approach, or a health-care access issue (e.g., prenatal care for incarcerated women; hormone replacement therapy); or (3) a policy or initiative that affects the provision of care or attainment of optimal health (e.g., contraceptive insurance coverage; worksite environmental protection policies).

What is the product of this project? Students should produce a 2-page factsheet for everyone in the class. If a student needs more than 2 pages, fine. Even though the students will present their work in small groups it is important that the information they have be shared with everyone on the course website. The presentation of the factsheet should be well-organized and not be more than 15 minutes in length (i.e., a 10-minute presentation and 5 minutes for questions). The presentation is intended to give students experience in preparing information for brief dissemination and an opportunity to share findings with others. It is suggested, given the size of the class, that the students prepare their presentations to highlight about 5 major points that can be briefly conveyed to the class. These are informal presentation—no PowerPoint. Just sit down, distribute the factsheet, and share information.

February 26, 2015: E-mail title of presentation to Dr. Hellerstedt so she can organize the small groups

March 5, 2015 (last day of class): Give factsheet presentation in small group

E. Attendance and participation: 10% of total grade. There are only 14 class periods. It is expected that students attend each class because lecture materials are not replicated in the readings. It is hoped that students will participate in, and learn from, informal and structured student discussions. After two missed classes, two points will be subtracted for every subsequent missed class (i.e., students will lose points beginning with the third missed class). *Exception: students must be present on “coffee chat” days. If absent on “coffee chat” days, a student will lose two attendance points. Days missed for a coffee chat will be counted in the first two days noted above (i.e., if a student misses two coffee chat days, she will lose 4 points on her grade AND for every subsequent missed day, will lose two points each. If the subsequent missed day (the third missed day) is a coffee chat day, she will lose two (not four!) points for that day (i.e., no days will be double-counted for subtracted points).*

F. There will be no final exam.

G. There will be no opportunity for "extra credit."

H. Students are encouraged to participate in the discussion board on the course website, but they will not be graded or evaluated on that.

I. Evaluation

Assignment	% of Final Grade	Due Date
▪ Reaction paper	25	2/17/15
▪ Quizzes (n=2)	30	2/05/15 and 2/26/15
▪ Research topic presentation and factsheet	35	3/05/15 topic to Hellerstedt: 2/26/15
▪ Attendance & participation	10	Ongoing. Two points lost for every “coffee chat” day. And, after two days missing (coffee chat days missing will be counted among these two days, two points will be subtracted for every missed class (unless it is a “coffee chat” day for which points will automatically be subtracted).

J. Grading Criteria

University grading policies are on

<http://www.policy.umn.edu/Policies/Education/Education/GRADINGTRANSCRIPTS.html>

Letter grades and associated points are awarded in this course as follows below, and will appear on the student's official transcript. The S grade does not carry points but the credits will count toward completion of the student's degree program if permitted by the college or program.

NOTES

1. Grades will be rounded up a one-quarter point, but not a half-point. Thus if a student has 94.75 points, s/he will earn an "A." If s/he has 94.25 points, she will earn an "A-."
2. Because students have been exposed to some grade inflation in some classes, they have been led to believe that any grade less than A is a poor grade. This is not the case. Please read the following description of grades. Grades above C are considered above average. ***In the interest of fairness, Dr. Hellerstedt will not negotiate grades.***

The University utilizes plus and minus grading on a 4.000 cumulative grade point scale in accordance with the following:

Grade Points	Description
A = 95-100 (4.0)	Represents achievement that is outstanding relative to the level necessary to meet course requirements.
A- = 90-94 (3.67) B+ = 87-89 (3.33)	
B = 83-86 (3.0)	Represents achievement that is significantly above the level necessary to meet course requirements.
B- = 80-82 (2.67) C+ = 77-79 (2.33)	
C = 73-76 (2.0)	Represents achievement that meets the course requirements in every respect.
C- = 70-72 (1.67) D+ = 65-69 (1.33)	
D = 55-64 (1.0)	Represents achievement that is worthy of credit even though it fails to meet fully the course requirements.
S	Represents achievement that is satisfactory, which is equivalent to a C- or better.

S/N Grade Option

The S/N option is available for this class. S represents achievement that is satisfactory, which is equivalent to a B- or better (i.e., at least 80 points earned). N represents no credit and signifies that the work was not completed at a level of satisfactory achievement and carries no grade points.

K. Make-up Policy

There is no make-up policy. If you are unable to turn in an assignment by the assignment due date, contact Dr. Hellerstedt prior to the due date. Extensions may be granted for extreme circumstances, like unanticipated illnesses or other emergencies.

L. Incomplete Contracts

Dr. Hellerstedt will **NOT** assign an incomplete unless there are extreme circumstances. The following represents University policy: A grade of incomplete “I” shall be assigned at the discretion of the instructor when, due to extraordinary circumstances (e.g., documented illness or hospitalization, death in family, etc.), the student was prevented from completing the work of the course on time. The assignment of an “I” requires that a contract be initiated and completed by the student before the last day of class, and signed by both the student and instructor. If an incomplete is deemed appropriate by the instructor, the student in consultation with the instructor, will specify the time and manner in which the student will complete course requirements. Extension for completion of the work will not exceed one year (or earlier if designated by the student’s college). For more information and to initiate an incomplete contract, students should go to: www.sph.umn.edu/grades.

M. University of Minnesota Uniform Grading and Transcript Policy

A link to the policy can be found at onestop.umn.edu.

N. Course Evaluation

The SPH collects student course evaluations electronically using a software system called CourseEval: www.sph.umn.edu/courseval. The system will send email notifications to students when they can access and complete their course evaluations. Students who complete their course evaluations promptly will be able to access their final grades just as soon as the faculty member renders the grade in SPHGrades: www.sph.umn.edu/grades. All students will have access to their final grades through OneStop two weeks after the last day of the semester regardless of whether they completed their course evaluation or not. Student feedback on course content and faculty teaching skills are an important means for improving our work. Please take the time to complete a course evaluation for each of the courses for which you are registered.

O. Incomplete Contracts

A grade of incomplete “I” shall be assigned at the discretion of the instructor when, due to extraordinary circumstances (e.g., documented illness or hospitalization, death in family, etc.), the student was prevented from completing the work of the course on time. The assignment of an “I” requires that a contract be initiated and completed by the student before the last official day of class, and signed by both the student and instructor. If an incomplete is deemed appropriate by the instructor, the student in consultation with the instructor, will specify the time and manner in which the student will complete course requirements. Extension for completion of the work will not exceed one year (or earlier if designated by the student’s college). For more information and to initiate an incomplete contract, students should go to SPHGrades at: www.sph.umn.edu/grades.

P. University of Minnesota Uniform Grading and Transcript Policy

A link to the policy can be found at onestop.umn.edu.

VIII. Other Course Information and Policies

A. Grade Option Change

For full-semester courses, students may change their grade option, if applicable, through the second week of the semester. Grade option change deadlines for other terms (i.e. summer and half-semester courses) can be found at onestop.umn.edu.

B. Course Withdrawal

Students should refer to the Refund and Drop/Add Deadlines for the particular term at onestop.umn.edu for information and deadlines for withdrawing from a course. As a courtesy, students should notify their instructor and, if applicable, advisor of their intent to withdraw.

Students wishing to withdraw from a course after the noted final deadline for a particular term must contact the School of Public Health Student Services Center at sph-ssc@umn.edu for further information.

C. Student Conduct Code

The University seeks an environment that promotes academic achievement and integrity, that is protective of free inquiry, and that serves the educational mission of the University. Similarly, the University seeks a community that is free from violence, threats, and intimidation; that is respectful of the rights, opportunities, and welfare of students, faculty, staff, and guests of the University; and that does not threaten the physical or mental health or safety of members of the University community.

As a student at the University you are expected adhere to Board of Regents Policy: *Student Conduct Code*. To review the Student Conduct Code, please see:

http://regents.umn.edu/sites/default/files/policies/Student_Conduct_Code.pdf.

Note that the conduct code specifically addresses disruptive classroom conduct, which means "engaging in behavior that substantially or repeatedly interrupts either the instructor's ability to teach or student learning. The classroom extends to any setting where a student is engaged in work toward academic credit or satisfaction of program-based requirements or related activities."

D. Use of Personal Electronic Devices in the Classroom

Using personal electronic devices in the classroom setting can hinder instruction and learning, not only for the student using the device but also for other students in the class. To this end, the University establishes the right of each faculty member to determine if and how personal electronic devices are allowed to be used in the classroom. For complete information, please reference:

<http://policy.umn.edu/Policies/Education/Education/STUDENTRESP.html>.

E. Scholastic Dishonesty

You are expected to do your own academic work and cite sources as necessary. Failing to do so is scholastic dishonesty. Scholastic dishonesty means plagiarizing; cheating on assignments or examinations; engaging in unauthorized collaboration on academic work; taking, acquiring, or using test materials without faculty permission; submitting false or incomplete records of academic achievement; acting alone or in cooperation with another to falsify records or to obtain dishonestly grades, honors, awards, or professional endorsement; altering, forging, or misusing a University academic record; or fabricating or falsifying data, research procedures, or data analysis. (Student Conduct Code: http://regents.umn.edu/sites/default/files/policies/Student_Conduct_Code.pdf) If it is determined that a student has cheated, he or she may be given an "F" or an "N" for the course, and may face additional sanctions from the University. For additional information, please see:

<http://policy.umn.edu/Policies/Education/Education/INSTRUCTORRESP.html>.

The Office for Student Conduct and Academic Integrity has compiled a useful list of Frequently Asked Questions pertaining to scholastic dishonesty: <http://www1.umn.edu/oscai/integrity/student/index.html>. If you have additional questions, please clarify with your instructor for the course. Your instructor can respond to your specific questions regarding what would constitute scholastic dishonesty in the context of a particular class-e.g., whether collaboration on assignments is permitted, requirements and methods for citing sources, if electronic aids are permitted or prohibited during an exam.

F. Makeup Work for Legitimate Absences

Students will not be penalized for absence during the semester due to unavoidable or legitimate circumstances. Such circumstances include verified illness, participation in intercollegiate athletic events, subpoenas, jury duty, military service, bereavement, and religious observances. Such circumstances do not include voting in local, state, or national elections. For complete information, please see: <http://policy.umn.edu/Policies/Education/Education/MAKEUPWORK.html>.

G. Appropriate Student Use of Class Notes and Course Materials

Taking notes is a means of recording information but more importantly of personally absorbing and integrating the educational experience. However, broadly disseminating class notes beyond the classroom community or accepting compensation for taking and distributing classroom notes undermines instructor interests in their intellectual work product while not substantially furthering instructor and student interests in effective learning. Such actions violate shared norms and standards of the academic community. For additional information, please see: <http://policy.umn.edu/Policies/Education/Education/STUDENTRESP.html>.

H. Sexual Harassment

"Sexual harassment" means unwelcome sexual advances, requests for sexual favors, and/or other verbal or physical conduct of a sexual nature. Such conduct has the purpose or effect of unreasonably interfering with an individual's work or academic performance or creating an intimidating, hostile, or offensive working or academic environment in any University activity or program. Such behavior is not acceptable in the University setting. For additional information, please consult Board of Regents Policy: <http://regents.umn.edu/sites/default/files/policies/SexHarassment.pdf>

I. Equity, Diversity, Equal Opportunity, and Affirmative Action

The University will provide equal access to and opportunity in its programs and facilities, without regard to race, color, creed, religion, national origin, gender, age, marital status, disability, public assistance status, veteran status, sexual orientation, gender identity, or gender expression. For more information, please consult Board of Regents Policy: http://regents.umn.edu/sites/default/files/policies/Equity_Diversity_EO_AA.pdf.

J. Disability Accommodations

The University of Minnesota is committed to providing equitable access to learning opportunities for all students. The Disability Resource Center Student Services is the campus office that collaborates with students who have disabilities to provide and/or arrange reasonable accommodations.

If you have, or think you may have, a disability (e.g., mental health, attentional, learning, chronic health, sensory, or physical), please contact DRC at 612-626-1333 or drc@umn.edu to arrange a confidential discussion regarding equitable access and reasonable accommodations.

If you are registered with DS and have a current letter requesting reasonable accommodations, please contact your instructor as early in the semester as possible to discuss how the accommodations will be applied in the course.

For more information, please see the DS website, <https://diversity.umn.edu/disability/>.

K. Mental Health and Stress Management

As a student you may experience a range of issues that can cause barriers to learning, such as strained relationships, increased anxiety, alcohol/drug problems, feeling down, difficulty concentrating and/or lack of motivation. These mental health concerns or stressful events may lead to diminished academic performance and may reduce your ability to participate in daily activities. University of Minnesota services are available to assist you. You can learn more about the broad range of confidential mental health services available on campus via the Student Mental Health Website: <http://www.mentalhealth.umn.edu>.

L. The Office of Student Affairs at the University of Minnesota

The Office for Student Affairs provides services, programs, and facilities that advance student success, inspire students to make life-long positive contributions to society, promote an inclusive environment, and enrich the University of Minnesota community.

Units within the Office for Student Affairs include, the Aurora Center for Advocacy & Education, Boynton Health Service, Central Career Initiatives (CCE, CDes, CFANS), Leadership Education and Development – Undergraduate Programs (LEAD-UP), the Office for Fraternity and Sorority Life, the Office for Student Conduct and Academic Integrity, the Office for Student Engagement, the Parent Program, Recreational Sports, Student and Community Relations, the Student Conflict Resolution Center, the Student Parent HELP Center, Student Unions & Activities, University Counseling & Consulting Services, and University Student Legal Service.

For more information, please see the Office of Student Affairs at <http://www.osa.umn.edu/index.html>.

M. Academic Freedom and Responsibility: *for courses that do not involve students in research:*

Academic freedom is a cornerstone of the University. Within the scope and content of the course as defined by the instructor, it includes the freedom to discuss relevant matters in the classroom. Along with this freedom comes responsibility. Students are encouraged to develop the capacity for critical judgment and to engage in a sustained and independent search for truth. Students are free to take reasoned exception to the views offered in any course of study and to reserve judgment about matters of opinion, but they are responsible for learning the content of any course of study for which they are enrolled.*

Reports of concerns about academic freedom are taken seriously, and there are individuals and offices available for help. Contact the instructor, the Department Chair, your adviser, the associate dean of the college, (Dr Kristin Anderson, SPH Dean of Student Affairs), or the Vice Provost for Faculty and Academic Affairs in the Office of the Provost.

** Language adapted from the American Association of University Professors "Joint Statement on Rights and Freedoms of Students".*

N. Student Academic Success Services (SASS): <http://www.sass.umn.edu>:

Students who wish to improve their academic performance may find assistance from Student Academic Support Services. While tutoring and advising are not offered, SASS provides resources such as individual consultations, workshops, and self-help materials.