

PubH 6675-01
Women's Health
Fall 2015

Credits:	2
Meeting Days:	Wednesday and Friday (half-semester: September 9 – October 23, 2015)
Meeting Time:	1:25 p.m. – 3:30 p.m.
Meeting Place:	207 Vincent Hall
Instructor:	Wendy Hellerstedt, MPH, PhD
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Office Hours:	By appointment

I. Course Description

The purpose of this course is to examine topics in women's health in the United States; the programs, services, and policies that affect women's health; and methodological issues in research about women's health. The course content will emphasize the social, economic, environmental, behavioral, and political factors associated with women's health. The epidemiology, measurement and interpretation of these factors, and how these factors can be translated into interventions, programs, and policy, will be of major interest.

The course is an overview course of a broad topic area. Because this course is only 14 sessions long, some topics will not be covered in depth and some topics may not be covered at all. To satisfy student curiosity, the assignments are intended to encourage students to examine topics that may not be covered through lecture, discussions, and readings.

II. Course Prerequisites

The course is appropriate for Public Health or Graduate Schools students. **Students are expected to write at a graduate level** and be aware of conventional methods of writing in the biomedical or social sciences.

III. Course Goals and Objectives

While the course is available to all graduate students—and in fact, is enhanced by a diversity of learners—the approach will be a public health approach (i.e., assessment, assurance, and advocacy). At the completion of this course, the student should be able to:

- Understand the life course perspective on women's health and health care interventions, programs, and policy.
- Understand medical and public health practices to promote women's health.

- Analyze a women's health problem relative to its public health implications.
- Understand the terminology and vocabulary used in the women's health literature.
- Understand how data collection and measurement can affect the validity of women's health indicators.
- Understand the value and limitations of various tools that are used to measure and monitor women's health.
- Identify major demographic, behavioral and environmental factors that are associated with women's health and how such factors may be incorporated into public health interventions, programs, and policies.
- Identify trends in major health conditions that affect women in the United States.

IV. Methods of Instruction and Work Expectations

A. Course Format

Class sessions will include lecture, discussion, and in-class exercises, to accommodate a diversity of learning styles.

B. Expectations of Students

Students must complete all of the following requirements to earn a passing grade in the course. Written assignments must be delivered **on the due date, usually via the course website**.

1. Assigned readings (available on website). Assigned readings should be done before class to enhance students' learning. The readings are important for completion of course assignments, participation in class discussion, and understanding the course topics. Readings will complement lectures and expand on them; the readings will relate to the session topic, but not necessarily the lecture content. Both readings and lecture materials are considered important to survey the broad session topics.

2. Factsheet (25%), its presentation (5%) and evaluation of 3 student factsheets (10%); total = 40%

This project involves (1) developing a factsheet for everyone in the class (students will upload it on the website and bring hard copies for 2 small group members + themselves + Dr. Hellerstedt); (2) presenting the factsheet findings informally in small groups of 3 people; and (3) evaluating the factsheets of 3 students as assigned by Dr. Hellerstedt.

The factsheet will allow students to educate others about any one of the following broad areas: (1) an **outcome or exposure** in women's health (e.g., a specific STI, bone health, a specific chronic disease, morbidity associated with accidents, a specific substance of abuse). Students may describe either the magnitude of the health condition/exposure or how it can best be measured; (2) a **program or intervention approach** (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 protection policies).

There are two major aims of this project: (1) allow students to explore a single question or topic in women's health, gather a bit of information, and share it with other students; and (2) understand how to create a factsheet—or any summary of complex information—for a professional audience. Evaluating the factsheets of a four other students, in addition to creating their own sheet, will help students understand what works and what does not work in factsheets.

Basic instructions for the factsheet:

- Students should **produce a 2-page factsheet. If a student needs more than 2 pages, fine.**
- On the day of the presentation, students must bring 4 hard copies for their small group and Dr. Hellerstedt (4 copies total: 2 for small group members, 1 for student, and 1 for Hellerstedt) and upload the factsheet to the course website.
- One prototype for a factsheet would be: an overview or introduce a topic in one paragraph (e.g., definitions); provide text and/or create a table describing its epidemiology (e.g., the number and types of women affected) or find a public use table (and cite it); have some bullet points that identify key issues; write a concluding statement reiterating the importance of the topic or identifying next steps in treatment, research, or policy; and end with a short (< 10 citations) reference list for further information. **The reference list should be in either APA or Vancouver style.**
- The presentation involves the student providing an overview of his/her factsheet. A rich presentation would include the author's discussion of the process of finding information to create the factsheet and perceived gaps or uncertainties in knowledge. The student should allow for a 10-15 minute presentation and about 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 (almost like bullet-points) that can be briefly conveyed in the small group. These are informal presentation—no PowerPoint. Just sit down, distribute the factsheet, and share information.
- Students have a rubric (Appendix A) that will help them design their factsheet and evaluate other students' factsheets. For the peer evaluation, the student will assign a numeric score and provide comments assessing the quality of the work using the evaluation form at the end of the syllabus.

If any of the elements of the factsheet are plagiarized, the student will receive 0 points for the assignment.

Due dates:

- ***Send Dr. Hellerstedt factsheet topic, via e-mail (helle023@umn.edu), by September 25, 2015. The purpose of doing this is not for approval, but to help students identify a topic early.***
- ***Student-led discussion/presentation of factsheet (25% of grade for sheet; 5% for presentation) in class: October 14, 2015.***
- ***Anonymously evaluate three student factsheets (as assigned by Hellerstedt) and upload to website (10% of grade): October 21, 2015.***

********See APPENDIX A for further information on factsheets********

3. Creating a better world for women: Developing an idea for a policy, program, or research question. Written proposal outline = 15% and presentation = 5%.

Select a public health issue that affects women and that you are interested in learning more about. Our readings and class lectures provide some ideas, but it is perfectly OK to identify a topic (narrow or broad) that we have not had the opportunity to examine.

Develop a model for a **policy** or a **program** to prevent a health issue or promote health based on scientific evidence. Or, if you feel there is an important gap in the literature, identify a **research** question for an etiologic, descriptive, or qualitative research project.

This is an informal project, intended to be presented as a written outline to Dr. Hellerstedt and described to a small group of students.

Due date for student-led discussion of the project/study and submission to Dr. Hellerstedt: October 23, 2015 (last day of class).

********See APPENDIX B for further information on the proposal********

4. In-class activities (5% for each of eight activities = 40% of grade). In-class activities are described on the course schedule. They are intended to introduce students to resources and to encourage critical thinking about women's health. They are informal, small group exercises that will take about 30 minutes of class time. Students must spend time outside of class preparing for these activities. Students are encouraged to bring hard copies of the information they wish to share with 3-4 small group members. There will be 10 such in-class activities and students will have to be present in class for at least eight of them to earn 40 points (e.g., if a student is only present for six activities, s/he will earn 30 points if s/he participates in them). If a student attends all 10, s/he will still earn up to 40 points (sorry, the world is not always fair...but the activities are meant to enrich your experience!).

Activity sheets will be available on the website: every class period has its own section and these sheets will be available with the materials for the class period during which the activity will be conducted. Students will complete the activity sheets ***before class*** and turn them into Dr. Hellerstedt at the beginning of course period on which the activity will occur. Dr. Hellerstedt will document their completion during the class break and return them to students before the activity begins.

Students will receive full points for the activity if the activity sheet is appropriately completed and if the student participates in the group activity. If the sheet is poorly completed, a student could lose some points.

5. Attendance (0% of grade). There are only 14 class periods and it is expected that students attend each class. Lecture materials are not replicated in the readings and it is hoped that students will participate in, and learn from, informal and structured student discussions and activities.

As described previously, students are expected to participate (be in attendance for) at least 8 in-class activities and to be present for the factsheet and final project presentations.

6. Other notes

- ***Tardiness.*** Dr. Hellerstedt and the students should all do their best to arrive to class by the start time of 1:25 pm. Latecomers are disruptive and interrupt the flow of dialogue or lecture. Timeliness is a sign of respect and, while it is acknowledged that one cannot always be on time for reasons beyond one's control, every effort should be made to be on time, as a show of respect for the students and the instructor.

- ***Use of personal computers and telephones in class.*** There is **NO REASON** to use personal computers or electronic gadgets in class. Such use is rude and distracting to lecturers and students (and is inconsistent with University policy, see VIII, D). A student must have permission from Dr. Hellerstedt to use a computer in class; permission will be granted if such use is necessary for class participation/comprehension of course materials. If a student feels it is necessary to check e-mails, for example, during class time, s/he should leave the classroom to do so. If this happens, one point will be deducted (as an absence) for every 20 minutes away from the classroom.

- ***Reference style.*** Use only Vancouver (preferred), as described at [The Vancouver reference style is described at http://www.lib.monash.edu.au/tutorials/citing/vancouver.html](http://www.lib.monash.edu.au/tutorials/citing/vancouver.html) and used in most medical and public health journals or (less preferred) APA style (some info at <http://owl.english.purdue.edu/owl/resource/560/01/>).

Every semester, at least one student produces work using another reference method. This is NOT OK. One must use the style that is appropriate for public health writing—and points will be deducted from the factsheet and the final project if Vancouver or APA style is not used.

V. Course Text and Readings

The course website has the PDF copies of course readings, a copy of the syllabus, copies of assignments, and course lecture slides (posted the day they are delivered) from Dr. Hellerstedt. It will also have a discussion board, which has the potential for students to share resources and thoughts about women's health.

The easiest way to log in to a course site is to log in to the myU portal (<https://www.myu.umn.edu/>). Locate the link for your course site under MY COURSES AND TEACHING. Use your University of Minnesota Internet ID and password to log in. This is the same ID and password you use to get your e-mail at the University.

- If you are a new student and have never used your Internet ID, go to <https://www.umn.edu/initiate> to initiate your account.
- If you are a staff member at the University of Minnesota, be sure to use your student Internet ID, and not your staff Internet ID.
- If you do not know your Internet ID and password or have other problems, contact the Technology Helpline at (612) 301-4357.

VI. Course Outline/Weekly Schedule

Note: The objectives for each topic area are listed. These objectives should be fulfilled by lecture and reading materials.

Part I: Approach to studying women's health status indicators, research initiatives, and health care services for women.

1. 9/09/15 Introduction Defining women's health

- Student and instructor introductions.
- Review of syllabus and definition of plagiarism.
- What is women's health—and why women's health?
- How to read a journal article (Adimora, et al, if there is time).
- Life-course perspective (if there is time).

Required readings:

- 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.
- Halfon N, Larson K, Lu M, Tullis E, Russ S. Lifecourse health development: past, present and future. *Matern Child Health* 2014;18(2):344-365.
- Fine A, Kotelchuck M. Rethinking MCH: the life course model as an organizing framework. A concept paper prepared for the MCH Bureau, 2010.

NOTE: *The Maternal and Child Health Journal for February 2014 is entirely focused on life course and health.*

Optional readings:

- Geller SE, Koch A, Pellettieri B, Crnes M. Inclusion, analysis, and reporting of sex and race/ethnicity in clinical trials: have we made progress? *J Womens Health* 2011;20(3):315-320.
- HRSA has a good website for life course readings and resources, <http://mchb.hrsa.gov/lifecourseapproach.html>.
- Lu MC. Healthcare reform and women's health: a life-course perspective. *Current Opinion in Obstetrics and Gynecology* 2010;22:487-491.
- 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.

2. 9/11/15 Overview of women's health in the U.S.

- Major health conditions and exposures: how do we examine magnitude and impact?
- The Affordable Care Act and women's health.
- Discuss James article (if time).

Required readings:

- Gustafsson PE, Persson M, Hammarström A. Socio-economic disadvantage and body mass over the life course in women and men: results from the Northern Swedish Cohort. *Eur J Public Health* 2012; 22(3):322-327.
- James SA, Fowler-Brown A, Raghunathan TE, Van Hoewyk J. Life-course socioeconomic position and obesity in African American women: the Pitt County Study. *Am J Public Health* 2006;96(3):554-560.
- Lantz PM. The Affordable Care Act and clinical preventive services for women: achievements and caveats. *Women's Health* 2013;9(2):121-123. (certainly a bit dated, but WH think it holds up).
- van Dijk GM, Kavousi M, Troup J, Franco OH. Health issues for menopausal women: the top 11 conditions have common solutions. *Maturitas* 2015;80(1), 24-30.

In-class activity #1

Discuss your understanding of the lifecourse approach in understanding health outcomes/disease risk. Think about how you would approach studying the etiology of—or intervening on—a health outcome (e.g., obesity). Prepare by reading this week's readings.

COMPLETE ACTIVITY SHEET BEFORE CLASS

**3. 9/16/15 How does the health of men and women differ?
Gender/sexual orientation**

- How do major indicators of health vary between women and men?
- What is gender? What is sex?

Required readings:

- Fredriksen-Goldsen KI, Kim HJ, Barkan SE, et al. Health disparities among lesbian, gay, and bisexual older adults: results from a population-based study. *Am J Public Health* 2013;103(10): 1802-1809.
- 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(6):989-995.
- Park E. Gender as a moderator in the association of body weight to smoking and mental health. *Am J Public Health* 2009;99(1):146-151.
- Wilson HW, Widom CS. Sexually transmitted diseases among adults who had been abused and neglected as children: a 30-year prospective study. *Am J Public Health* 2009;99(S1):S197-S203.

Optional readings:

- Smith HA, Markovic N, Danielson ME, Matthews A, Youk A, Talbott EO, et al. Sexual abuse, sexual orientation, and obesity in women. *J Womens Health* 2010;19(6):1525-1532

In-class activity #2

Identify health issues related to gender, to sex, and to both.

COMPLETE ACTIVITY SHEET BEFORE CLASS

4. 9/18/15 Categorizations and disparities: race, class, and stigma

- What are the historical—and current—uses of “race” and “socioeconomic status” in research?
- Can assumptions about race, class, and “otherness” influence public health interventions, policies, and medical practice?
- What are race and class differences in major women’s health outcomes in the U.S.? How does class over the life course affect risk for disease?
- Trends in health by traditional SES variables—how good are the “traditional” variables?
- What is stigma?

Required readings:

- Bayer R. AIDS prevention and cultural sensitivity: are they compatible? *Am J Public Health* 1994;84:895-8.
- Braveman P. What is health equity: and how does a life-course approach take us further toward it? *Matern Child Health J* 2014;18(2): 366-372.
- Gee GC, Walsemann KM, Brondolo E. A life course perspective on how racism may be related to health inequities. *Am J Public Health* 2012;102:967-74.
- Lee HY, Vang PD, Lundquist M. Breast and cervical cancer screening among Asian American women and Latinas: does race/ethnicity matter? *J Womens Health* 2010;19(10):1877-1884.
- Watt HC, Carson C, Lawlor DA, Patel R, Ebrahim S. Influence of life course socioeconomic position on older women’s health behaviors: findings from the British Women’s Heart and Health Study. *Am J Public Health* 2009;99(2):320-327.

Optional readings:

- 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.
- Krieger N. Stormy weather: race, gene expression, and the science of health disparities. *Am J Public Health* 2005;95:2155-2160. ***This is an old reading that remains timely because it is so thoughtful (and controversial). Krieger should be read by all public health students.***
- Leifheit-Limson EC, Spertus JA, Reid KJ, et al. Prevalence of traditional cardiac risk factors and secondary prevention among patients hospitalized for acute myocardial infarction (AMI): variation by age, sex, and race. *J Women’s Health* 2013; online.
- Merkin SS, Azziz R, Seeman T, Calderon-Margalit R, Daviglus M, Kiefe C, et al. Socioeconomic status and polycystic ovary syndrome. *J Womens Health* 2011;20(3):413-419.
- Pascoe EA, Richman LS. Perceived discrimination and health: a meta-analytic review. *Psychol Bull* 2009;135(4):531-554.
- Phelan S, Burgess D, Yeazel D, Hellerstedt W, Griffin J, van Ryn M. The impact of weight bias and stigma on quality of care and outcomes for obese patients. *Obesity Reviews*, Jan 2015. Online first: <http://onlinelibrary.wiley.com/doi/10.1111/obr.12266/epdf>
- Puhl RM, Heuer CA. Obesity stigma: important considerations for public health. *Am J Public Health* 2010;100(6):1019-1028.

In-class activity #3

**Discuss Bayer article. Is it possible to do effective and culturally responsive public health?
COMPLETE ACTIVITY SHEET BEFORE CLASS**

Part II: The environments in which women live. It is important to consider how the society in which women live, their families (biological, legal, and adopted), and work could influence women's health

5. 9/23/15 Exposure of women to physical and social environments

- What are the salient physical and chemical exposures of non-occupational environments?
- How do women's responses to toxic exposures vary over the life course?
- How can toxic exposure vary between men and women?
- How well do we understand—and measure—toxic exposures?
- Women in the workplace: ergonomic conditions and reproductive risks.
- Job-related stress: are traditional measures, based on studies of men, useful? What are the possible behavioral and chronic disease correlates of work-related stress?
- Do work-related and family-related stresses interact or modify each other? Do women bring their work home or their homes to work?

Required readings:

- Beatty Moody DL, Brown C, Matthews KA, Bromberger JT. Everyday discrimination prospectively predicts inflammation across 7-Years in racially diverse midlife women: Study of Women's Health across the Nation. *J Social Issues* 2014; 70(2):298-314.
- Chandola T, Brunner E, Marmot M. Chronic stress at work and the metabolic syndrome: a prospective study. *BMJ* 2006;332:521-525.
- 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.
- McMichael AJ. Globalization, climate change, and human health. *New Engl J Med* 2013; 368(14):1335-1343.
- Sabbath EL, Guevara IM, Glymour MM, Berkman LF. Use of life course work-family profiles to predict mortality risk among US women. *Am J Public Health* 2015;105(4): e96-e102.
- Slopen N, Glynn RJ, Buring JE, et al. Job strain, job insecurity, and incident cardiovascular disease in the Women's Health Study: results from a 10-year prospective study. *PloS One* 2012;7(7):e40512.
- Sutton P, Giudice LC, Woodruff TJ. Reproductive environmental health. *Curr Opin Obstet Gyn* 2010;22:517-524.
- 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 readings:

- Béranger R, Hoffmann P, Christin-Maitre S, Bonnetterre V. Occupational exposures to chemicals as a possible etiology in premature ovarian failure: A critical analysis of the literature. *Repro Toxicol* 2012; 33(3):269-279. ***This is a complex paper, but a good review of a complex topic!***

- Cook J, Dinnen S, O'Donnell C. Older women survivors of physical and sexual violence: a systemic review of the quantitative literature. *J Womens Health* 2011;20(7):1075-1081.
- Lanza di Scalea T, Matthews KA, Avis NE, et al. Role stress, role reward, and mental health in a multiethnic sample of midlife women: results from the Study of Women's Health Across the Nation (SWAN). *J Women's Health* 2012; 21(5):481-489.
- Wrzus C, Hänel M, Wagner J, Neyer FJ. Social network changes and life events across the life span: a meta-analysis. *Psychol Bull* 2013;139(1):53-80.

Optional readings:

- Aral S, Walker D. Identifying influential and susceptible members of social networks. *Science* 2012;337(6092):337-341.
- Cannuscio CC, Jones C, Kawachi I, Colditz GA, Berkman L, Rimm E. Reverberations of family illness: a longitudinal assessment of informal caregiving and mental health status in the Nurses' Health Study. *Am J Public Health* 2002;92:1305-11. ***This is old, but it comes from an important study (Nurses' Health) and is one of the best papers on caregiving and health***
- Dovydaitis T. Human trafficking: the role of the health care provider. *J Midwifery Womens Health* 2010;55:462-467.
- Muennig P, Jia H, Lee R, Lubetkin E. I think therefore I am: perceived ideal weight as a determinant of health. *Am J Public Health* 2008;98(3):501-506.
- Ramos RL, Ferreira-Pinto JB, Rusch MLA, Ramos ME. *Pasa la Voz* (spread the word): using women's social networks for HIV education and testing. *Public Health Reports* 2010;528-533.
- Waller MW, Iritani BJ, Christ SL, et al. Relationships among alcohol outlet density, alcohol use, and intimate partner violence victimization among young women in the United States. *J Interpersonal Violence* 2012; 27(10):2062-2086.

In-class activity #5

Two activities

- 1. About 20 minutes of time: Go to CDC's *Health, United States, 2014* at <http://www.cdc.gov/nchs/data/hus/hus14.pdf>. Find one table or graph of interest to you and make copies to share in a small group. Be prepared to discuss why there may be age or race disparities in a health outcome among women or why there are differences in the outcome between men and women (think about gender and sex).**
- 2. About 15 minutes of class time: Select one of the readings for today and pose questions or express comments about it.**

COMPLETE ACTIVITY SHEETS BEFORE CLASS

ALSO REMEMBER: E-mail factsheet topic to Hellerstedt

Part III: Health conditions. This course cannot cover every relevant health condition. However, it will provide a survey of major categories of conditions.

7. 9/30/15 Cancer

Required readings:

- 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.
- Dougan MM, Hankinson SE, Vivo ID, et al. Prospective study of body size throughout the life-course and the incidence of endometrial cancer among premenopausal and postmenopausal women. *Int J Cancer* 2015;137(3):625-637.
- Mays D, Tercyak, KP. Framing indoor tanning warning messages to reduce skin cancer risks among young women: implications for research and policy. *Am J Public Health* 2015;105(8):e70-e76.

Optional readings:

- Aldrich T, Hackley B. The impact of obesity on gynecologic cancer screening: an integrative literature review. *J Midwifery Womens Health* 2010;55:344-356.
- Duong LM, Wilson RJ, Ajani UA, Singh SD, Ehemann CR. Trends in endometrial cancer incidence rates in the United States, 1999-2006. *J Womens Health* 2011;20(8):1157-1163.
- Hawkins NA, Cooper CP, Saraiya M, Gelb CA, Polonec L. Why the Pap Test? Awareness and use of the Pap test among women in the United States. *J Womens Health* 2011;20(4):511-515.
- Maly RC, Leake B, Mojica CM, Liu Y, Diamant AL, Thind A. What influences diagnostic delay in low-income women with breast cancer? *J Womens Health* 2011;20(7):1017-1023.
- Roth MY, Elmore JG, Yi-Razier JP, Reisch LM, Oster NV, Miglioretti DL. Self-detection remains a key method of breast cancer detection for U.S. women. *J Womens Health* 2011;20(8):1135-1139.
- Siegel R, Naishadham D, Jemal A. Cancer statistics, 2012. *CA: A Cancer Journal for Clinicians* 2012;62(1):10-29. ***This is a long article, so feel free to read quickly to pick up some main points.***
- Zhou J, Enewold L, Peoples GE, Clifton GT, Potter JF, Stojadinovic A, et al. Trends in cancer screening among Hispanic and White Non-Hispanic Women, 2000-2005. *J Womens Health* 2010;19(12):2167-2174.

In-class activity #6

Two activities:

- 1. About 20 minutes: Go to CDC's site for cancer data at <http://www.cdc.gov/cancer/dcpc/data/>. Find one table or graph of interest to you and make copies to share in a small group. Be prepared to discuss why there may be age, sex, or race disparities in cancer incidence, prevalence, or mortality. Also play around with other cancer data sites (e.g., <http://www.cdc.gov/nchs/fastats/cancer.htm>) to expand your knowledge about cancer data resources.**
- 2. About 15 minutes of class time: Select one of the readings for today and pose questions or express comments about it.**

COMPLETE ACTIVITY SHEET BEFORE CLASS

8. 10/2/15 Reproductive health

Required readings:

- 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.
- 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.
- 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.
- Hall KS, Moreau C, Trussell J. Determinants of and disparities in reproductive health service use among adolescent and young adult women in the United States, 2002–2008. *Am J Public Health* 2012;102(2):
- Higgins JA, Mullinax M, Trussell J, Davidson JK Sr, Moore NB. Sexual satisfaction and sexual health among university students in the United States. *Am J Public Health* 2011;101(9):1643-1654.
- 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>
- 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.

Optional readings:

- Connor KA, Cheng D, Strobino D, Minkovitz CS. Preconception health promotion among Maryland women. *Matern Child Health J* 2014;18(10): 2437-2445.
- Duberstein Lindberg L, Singh S. Sexual behavior of single adult American women. *Perspect Sex Reprod Health* 2008;40(1):27-33.
- Frost JJ, Darroch JE. Factors associated with contraceptive choice and inconsistent method use, United States, 2004. *Perspect Sex Reprod Health* 2008;40(2):94-104. ***Dated, but great methodology—and, overall, unlikely much has changed (although LARCs used much more now).***
- Guzzo KB, Furstenberg Jr FF. Multipartnered fertility among young women with a nonmarital first birth: prevalence and risk factors. *Perspect Sex Reprod Health* 2007;39(1):29-38.
- Higgins JA, Hirsch JS. Pleasure, power, and inequality: incorporating sexuality into research on contraceptive use. *Am J Public Health* 2008;98(10):1803-1813.
- Myers, JL. Why do young women get tested for sexually transmitted infections? Evidence from the National Longitudinal Study of Adolescent Health. *J Womens Health* 2011;20(8):1225-1231.

In-class activity #7

Two activities

1. About 20 minutes of class time: Go to CDC's page for National Survey of Family Growth (NSFG) data, http://www.cdc.gov/nchs/nsfg/key_statistics.htm. Select one topic of interest, click on it and bring one table or graph for you and 3 other students to discuss. You will note that, depending on the topic, some data are as old as 2002 (the most current data are from the 2011-2013 cycle of the survey). Go to the general page for NSFG, <http://www.cdc.gov/nchs/nsfg.htm>, to get a sense of the most recent publications (feel free to select your table/topic from one of them).

OR go to the Guttmacher Institute, <http://www.guttmacher.org/>, and find data on a topic of

interest to you. Print a table or graph for you and 3 other students to discuss.

2. About 15 minutes of class time: Select one of the readings for today and pose questions or express comments about it.

COMPLETE ACTIVITY SHEET BEFORE CLASS

9. 10/07/15 Conditions of young and middle-aged women
(including autoimmune diseases)

Required readings:

- Singh-Manoux A, Gueguen A, Ferrie J, Shipley M, Martikainen P, Bonenfant S, et al. Gender differences in the association between morbidity and mortality among middle-aged men and women. *Am J Public Health* 2008;98(12):2251-2257. *The article is a bit old, but generally the information is not dated—and it is succinctly presented.*
- Zajacova A, Walsemann KM, Dowd JB. The long arm of adolescent health among men and women: does attained status explain its association with mid-adulthood health? *Pop Res Policy Rev* 2015; 34(1):19-48.

Optional readings:

- Antico A, Tampoia M, Tozzoli R, Bizzaro N. Can supplementation with vitamin D reduce the risk or modify the course of autoimmune diseases? A systematic review of the literature. *Autoimmunity Reviews* 2012;12:127–136.
- Insaf TZ, Shaw BA, Yucel RM, Chasan-Taber L, Strogatz DS. Lifecourse socioeconomic position and racial disparities in BMI trajectories among black and white women: exploring cohort effects in the Americans' Changing Lives Study. *J Racial Ethnic Health Dispar* 2014;1(4):309-318.
- Jawaheer D, Messing S, Reed G, et al. Men are significantly more likely than women to achieve sustained remission in the CORRONA Cohort of rheumatoid arthritis patients. *Arthritis Care Res* 2012;64(12):1811-8.
- Fauser BC, Tarlatzis BC, Rebar RW, et al. Consensus on women's health aspects of polycystic ovary syndrome (PCOS): the Amsterdam ESHRE/ASRM-Sponsored 3rd PCOS Consensus Workshop Group. *Fertil Steril* 2012;97(1): 28-38.

In-class activity #8

Two class activities

1. About 20 minutes of class time: Find some data that interests you about the health of young and middle-aged women. Bring copies to class.

Go to the most recent compilation of data from the National Health Interview Survey (2012), http://www.cdc.gov/nchs/data/series/sr_10/sr10_260.pdf, and find one piece of data about women's health that you find interesting.

OR

Go to the website for the Behavioral Risk Factor Surveillance System,

http://www.cdc.gov/brfss/data_tools.htm, and see the options available to you to find ONE piece of data about women's health to bring to class. It might be fun to play on the prevalence and trends data page, <http://www.cdc.gov/brfss/brfssprevalence/index.html>.

OR

Simply Google and see if you come up with some interesting and relevant data about young/middle-aged women. E.g., the NIDDK site about obesity and overweight, <http://www.niddk.nih.gov/health-information/health-statistics/Pages/overweight-obesity-statistics.aspx>.

Make sure that, whatever your source of data, you know what the sample was, when it was drawn, how things were defined, etc.

2. About 15 minutes of class time: Select one of the readings for today and pose questions or express comments about it.

COMPLETE ACTIVITY SHEETS BEFORE CLASS

10. 10/09/15 Mental health/substance use

Required readings:

- Borba CPC, DePadilla L, Druss BG, McCarty FA, von Esenwein SA, Sterk CE. A day in the life of women with serious mental illness: a qualitative investigation. *Womens Health Issues* 2011;21(4):286-292.
- Meyer JP, Springer SA, Altice FL. Substance abuse, violence, and HIV in women: a literature review of the syndemic. *J Womens Health* 2011;20(7):991-1006.
- Tarasuk V, Mitchell A, McLaren L, McIntyre L. Chronic physical and mental health conditions among adults may increase vulnerability to household food insecurity. *J Nutrition* 2013.

Optional readings:

- Bostwick WB, Boyd CJ, Hughes TL, McCabe SE. Dimensions of sexual orientation and the prevalence of mood and anxiety disorders in the United States. *Am J Public Health* 2010;100:468-475.
- Rahmanian SD, Diaz PT, Wewers ME. Tobacco use and cessation among women: research and treatment-related issues. *J Womens Health* 2011;20(3):349-357.

In-class activity #9

Critical thinking activity: mental health, substance use and pregnancy. Is it appropriate (i.e., is there a rationale) to have a public health opinion about directive counseling about contraception to women who may not be prepared to parent because of mental illness and/or substance abuse? If not, why not? If so, how do we identify women for directive counseling (and how do we provide it, monitor it, and evaluate its effects?).

COMPLETE ACTIVITY SHEET BEFORE CLASS

11. 10/14/15

Factsheet Presentations

Required readings:

- Cameron KA, Song J, Manheim LM, Dunlop DD. Gender disparities in health and healthcare use among older adults. *J Womens Health* 2010;19(9):1643-1650.
- de Albuquerque Sousa ACP, Guerra RO, Tu MT, et al. Lifecourse adversity and physical performance across countries among men and women aged 65-74. *PLOS One* 2014; e102299.
- Fugate Woods N, Cochrane BB, LaCroix AZ, et al. Toward a positive aging phenotype for older women: observations from the women's health initiative. *J Gerontol A Biol Sci Med Sci* 2012;67(11), 1191-1196.
- Lynch CP, et al. Excess weight and physical health-related quality of life in postmenopausal women of diverse racial-ethnic backgrounds. *J Women's Health* 2010;19(8): 1449-58.
- Stuenkel CA, Gass ML, Manson JE, et al. A decade after the Women's Health Initiative—the experts do agree. *J Clin Endocrinol Metabol* 2012; 97(8):2617-2618.

Optional readings:

- Barzilai N, Huffman DM, Muzumdar RH, Bartke A. The critical role of metabolic pathways in aging. *Diabetes* 2012; 61(6):1315-1322.
- Chang SS, Weiss CO, Xue QL, Fried, LP. Association between inflammatory-related disease burden and frailty: results from the Women's Health and Aging Studies (WHAS) I and II. *Arch Gerontol Geriatric* 2012; 54(1):9-15.
- Grafova IB, Freedman VA, Kumar R, Rogowski J. Neighborhoods and obesity in later life. *Am J Public Health* 2008;98(11):2065-2071.
- Nosek M, Kennedy HP, Beyene Y, Taylor D, Gilliss C, Lee K. The effects of perceived stress and attitudes toward menopause and aging on symptoms of menopause. *J Midwifery Womens Health* 2010;55:328-324.
- Prentice RL, Pettinger MB, Jackson RD, et al. Health risks and benefits from calcium and vitamin D supplementation: Women's Health Initiative clinical trial and cohort study. *Osteoporosis Int* 2013;24(2):567-580.
- Thomson CA, Wertheim BC, Hingle M, et al. Alcohol consumption and body weight change in postmenopausal women: results from the Women's Health Initiative. *Int J Obesity* 2012;36(9):1158-1164.

In-class Activity #10

Find some data about aging and women (if you can find something sex specific) that is of interest to you and bring to class.

It can be hard to find data by sex for the aging population. Best bet is the Office on Women Health's page on Healthy Aging, <http://www.womenshealth.gov/aging/index.html>. CDC's Fastats page may also be good (data are from a variety of sources), <http://www.cdc.gov/nchs/fastats/older-american-health.htm>. You may want to look at DHHS/Administration on Aging's 2013 report (various sources) on the environments/experiences of older Americans, http://www.aoa.gov/aging_statistics/Profile/2013/docs/2013_Profile.pdf. There are Census data, but you won't find a lot by sex, <https://www.census.gov/prod/2014pubs/p25-1140.pdf>. If you look at the latest report of the National Hospital Discharge Survey, <http://www.cdc.gov/nchs/nhds.htm>, it will also be hard to find sex-specific data. Nonetheless, bring data to class to share that is of

interest to you (and of relevance to women's health) even if you cannot find sex-specific data. You may also want to look at national death data from vital records (that's a happy thought about aging...sorry) at http://www.cdc.gov/nchs/nvss/mortality_tables.htm.

COMPLETE ACTIVITY SHEET BEFORE CLASS

13. 10/21/15 Cardiovascular disease

Required readings:

- Sands-Lincoln M, Loucks, EB, Lu B, et al. Sleep duration, insomnia, and coronary heart disease among postmenopausal women in the Women's Health Initiative. *J Women's Health* 2013; online.

Optional readings:

- Cook NR, Cole SR, Buring JE. Aspirin in the primary prevention of cardiovascular disease in the Women's Health Study: effect of noncompliance. *Eur J Epidemiol* 2012;27(6):431-438.
- Diep L, Kwagyan J, Kurantsin-Mills J, Weir R, Jayam-Trouth A. Association of physical activity level and stroke outcomes in men and women: a meta-analysis. *J Womens Health* 2010;19(10):1815-1822.
- Jarvie JL, Johnson CE, Wang Y, Aslam F, Athanasopoulos LV, Pollin I, Foody JM. Geographic variance of cardiovascular risk factors among community women: the National Sister to Sister campaign. *J Womens Health* 2011;20(1):11-19.
- Giardina E-G V, Sciacca RR, Foody JM, D'Onofrio G, Villablanca AC, Leatherwood S, et al. The DHHS Office on Women's Health Initiative to Improve Women's Heart Health: focus on knowledge and awareness among women with cardiometabolic risk factors. *J Womens Health* 2011;20(6):893-900.

Evaluation of 3 Student Factsheets Due

14. 10/23/15 **Project presentations**

VII. Evaluation and Grading

See Section IV.B., Expectations of Students, for information on how student performance will be evaluated.

A. The final grade for the class will reflect the following:

<u>Assignment</u>	<u>% of Final Grade</u>	<u>Due Date</u>
Factsheet		
E-mail topic to Hellerstedt	0%	9/25/15
Factsheet copied for small group members and posted on website	25%	10/14/15
Presentation	5%	10/14/15
Factsheet evaluation of peer work	10%	10/21/15
In-class activity participation (5%/each x 8)	40%	see schedule for dates
Final project (written)	15%	10/23/15
Presentation of final project to small group	5%	10/23/15

This is a 2-credit class. One graduate credit is generally defined (e.g., by the Higher Learning Commission) as requiring 1 in-class hour and a *minimum* of 2 out-of-class hours of learning for every class meeting (i.e., a 2-credit class = 2 in-class hours + a *minimum* of 4 hours outside of class for every meeting). Because we have 14 sessions, 4 hours x 14 = a *minimum* of 56 hours of work outside of class is expected for the entire course.

B. There will be no final exam; the final project is due the last day of class.

C. There will be no opportunity for "extra credit." And, as previously noted, it is preferred that students engage in all 10 in-class activities, but they will be graded on their top 8.

D. Students are encouraged to participate in the discussion board on the course website.

E. 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 not be rounded up. If a student earns a 94.75, the grade will be 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.

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.
F <55	Represents failure and signifies that the work was completed but not at a level of achievement worthy of credit.

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.

F. 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.”

G. University of Minnesota Uniform Grading and Transcript Policy

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

H. Course Evaluation

The SPH collects student course evaluations electronically using a software system called CourseEval: www.sph.umn.edu/courseeval. 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.

I. 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.

Students are urged to be careful that they properly attribute and cite others' work in their own writing. For guidelines for correctly citing sources, go to <http://tutorial.lib.umn.edu/> and click on "Citing Sources." Dr. Hellerstedt also provides an example of what is—and is not—plagiarism on the course website.

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>.

Because all assignments are date-dependent, however, Dr. Hellerstedt cannot make provisions for make-up work, in fairness to all students. While students will not be penalized for legitimate absences, they cannot earn points if they do not attend class and turn in materials on the dates they are due because the course focuses heavily on peer-led activities in class.

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.

Appendix A: Factsheet

Due 10/14/15

(factsheet, 25%; presentation, 5%; evaluation of student work by Oct 21, 10%; TOTAL = 40%)

This project involves (1) developing a factsheet for everyone in the class (hard copy for small group and posted online for rest of class); and (2) presenting the factsheet findings informally in small groups of 3 people. Its purpose is to allow students to explore a single question or topic in women's health, gather a bit of information, and share it with other students. The factsheet will allow students to succinctly (approximately 15 minutes) educate others about one of the following broad areas: (1) an outcome or exposure in women's health (e.g., a specific cancer, 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? The student should produce a 2-page factsheet. If a student needs more than 2 pages, fine. Even though the student will present in small groups it is important that the information be shared with everyone online. The presentation of the factsheet should be well-organized and not be more than 15-20 minutes in length (i.e., a 10- or 15-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 their group members. These are informal presentation—no PowerPoint. Just sit down, distribute the factsheet, and share information.

The student should choose a topic that is of interest to him/herself—use the class assignment to give yourself permission to explore something s/he wants to know more about.

A. What is a factsheet?

It is an “at-a-glance” tool. In public health, factsheets are used to convey health information to the public or to providers. They are also used to educate key stakeholders and legislators about policy or program needs.

The best factsheet summarizes a topic using evidence-based resources (e.g., peer-reviewed journals, government reports) and gives the reader an idea of where to look for further information.

The purpose of the factsheet is to educate other students by providing a basic, yet comprehensive, outline of a topic.

B. Who is the target audience?

The audience is graduate students who have some background in public health. Students will prepare their factsheets for an audience of educated and informed individuals who understand the basic language of public health, but may not know anything about the factsheet topic.

C. What are the elements of the factsheet?

The factsheet should be about 2 pages long, although it may be longer. Components include the following:

- Student name and month/year of development on the top line (i.e., Jane Jones/October 2013)
- Title of the factsheet on top. Suggestion: the title should be in larger font than the rest of the text, in boldface and centered.
- Single-spaced text. If the student includes one or two graphics, some white space, or even some text in a box, s/he will have a more visually engaging handout.
- 12-point font (10-point is the smallest): the factsheet must be readable. The student may use whatever font s/he wishes to use, but—for readability—conventional fonts (e.g., Times New Roman) are best.
- Self-contained text. The text must not refer to previous documents and assume that the reader has read them.
- Bullet points, instead of many sentences in paragraph form. This is an effective way of communicating a lot of information succinctly.
- Subheads. They should be in bold face and they should be descriptive, allowing the reader to get a good sense of the outline for the factsheet. ***Students should not use over-used, cliched subhead titles like, “Adding it All Up” or “What’s It All About.” These subheads are generic and say nothing. Descriptive (and longer) subheads will help the reader (e.g., “Long-acting Contraceptive Use Results in Fewer Unintended Pregnancies”).***
- Summary paragraph at the beginning that contains the main points of the factsheet. The summary could be 3-4 sentences that include a:
 - Short and simple definition of the topic (e.g., endometriosis is a condition that affects women...)
 - One or two clarifying sentences (e.g., an outline of symptoms, who is affected, health effects)
 - A concluding statement that will encourage the reader to read the factsheet.
- A main body with several subheads and, for best effect, one or two graphics, boxes, or figures with data.
- References for all statements of fact. Students must use legitimate references (e.g., journal articles, recognized national or state database websites. **DO NOT USE** data from advocacy organizations—it is often wrong and often incomplete). To conserve space, use numbered references in the text (i.e., the Vancouver method). If the student uses APA style, it is OK to vary that style by listing only the first author and year of publication. If more than one author, list Jones, et al., 2002). **REMEMBER TO PROVIDE CITATIONS FOR GRAPHS, FIGURES, AND PHOTOS, TOO.** The Vancouver reference style is described at <http://www.lib.monash.edu.au/tutorials/citing/vancouver.html>
- Conclusion. A strong factsheet will have a 3-6 sentence conclusion, summarizing major points and perhaps encouraging the reader to seek further information (the student will provide guidance about that!) or to simply take the topic seriously. It is often easiest to write the conclusion (and summary paragraph) last.

- A reference list for further information. In addition to references (reflecting citations in the text), factsheets often have a concluding section called *For Further Information*. This is a short bullet-pointed list of articles or legitimate resources for further information. It may be placed before (preferable) or after the reference list. The student may or may not want to include this.

Important

- Other factsheets may not be used as resources for the student factsheet unless they were produced by legitimate organizations (e.g., CDC). Information must come from legitimate sources (e.g., peer-reviewed articles, government websites) and not advocacy organizations, Wikipedia, blogs, newspapers, etc.
- The factsheet must be written in the student’s own words. **Concerns about plagiarism extend to this assignment.**
- The factsheet must be proofread grammar, spelling, and syntax. Such errors can make the reader distrust the information you are providing.
- The writing style must be professional and formal (e.g., no jargon, no hyperbolic statements).
- The factsheet must be written in the third person.

D. Examples

Factsheets often involve fancy graphics and formatting, but students should not struggle with those things for this assignment. What is relevant about factsheets is how they cover topics and provide information. Students will thus want to present factsheet-like text. The sheets may certainly have graphs (tables and figures reproduced from other sources); in fact, such things will likely improve the factsheet. However, students should not fuss with photos and fancy styling, as seen in professionally produced factsheets. Students should think about factsheets that they thought were useful and think about the elements that made them so when producing their own factsheets.

The following are some agencies that produce good factsheets (unfortunately, some “good” sheets don’t have all of the essential elements of a great factsheet. For example, they may have nice construction and great information, but no references!):

1. Kaiser Family Foundation, <http://www.kff.org/content/factsheets.cfm> (see Topics and select among them on this page). See, for example, Medicaid policy throughout the lifespan for women at <http://kaiserfamilyfoundation.files.wordpress.com/2013/01/7213-04.pdf>. This provides good information, descriptive subheads, and well organized text. It is longer than what is required for this class and it does not use the reference style required for this assignment.
2. The Guttmacher Institute, <http://www.guttmacher.org> (see Resource list on left hand side of page). For example, if you choose Abortion and, on the Abortion page, under State Policies, choose the “Choose Life” License Plates, you will find a nice factsheet. The text may be a bit less than what is expected for this class, but the table likely took hours to construct and thus makes this a good sheet.
3. The Centers for Disease Control and Prevention has good factsheets (and they can be used as sources for student factsheets because CDC produces most of the data it uses). For example, the HPV factsheet at <http://www.cdc.gov/std/hpv/HPV-Factsheet-March-2013.pdf> has descriptive subheads, succinct writing, and decent layout (it fails to cite statements of fact or have a reference page!).

E. Evaluation

Students will receive 0-25 points based on the quality of their factsheets*; 5 points for bringing copies to class and discussing it in a small group; and 10 points for evaluating factsheets the factsheets of 3 other students.

* To assess factsheet quality, Hellerstedt (and student evaluators) will award 0-5 points for each of the following items (and will use the following criteria for student evaluations).

- Organization. Does the information flow well? Is the sheet organized in a logical manner? Is the sheet visually appealing?
- Details. Does the factsheet have an introduction, statements of fact, and a conclusion?
- Comprehensiveness. Does the factsheet appear to contain relevant information about the topic? Are there important gaps in information? Are there factual errors in the factsheet?
- Writing. Is the sheet well written (grammar, spelling, syntax)? It is very important to consider whether information may have been taken from another source without attribution (i.e., plagiarism). It is fine to use materials—including graphs and figures—with attribution.
- Accuracy and relevance. Is the information accurate and current? Are the data sources appropriate (e.g., information should not be taken from other factsheets—unless they are government-sponsored or legitimate, like Guttmacher—or entirely taken from websites)?

Appendix B

Creating a better world for women: Developing an idea for a policy, program or research study

Due: 10/23/15

(written proposal, 15%, and presentation, 5%)

Students should select a public health issue that affects women and that they are interested in learning more about. Class readings and lectures provide some ideas, but it is perfectly OK to identify a women's health topic (narrow or broad) that has not been covered in class. It is also OK to use a topic that was used for the factsheet assignment, as long as there is some variability. For example, a student may have discussed the incidence and prevalence of cervical cancer in a factsheet and will develop a proposal to provide a primary prevention program about cervical cancer.

Students will develop a model for a policy or a program to prevent a health issue or promote health based on scientific evidence. Or, if a student feels that there is an important gap in the literature, s/he may identify a research question for an etiologic, descriptive, or qualitative research project. Many of the course readings reflect research projects—and many of them conclude with comments about the need to address knowledge gaps. When reviewing the literature to develop the intervention (program)/policy model and/or research question, students should:

- Critically review programs and policies designed to prevent the health problem or promote health OR the research literature that supports the proposed project
- Assess the rigor of the strategies that have been used to evaluate relevant programs or policies and/or the quality of evidence that supports the research question
- **For programs or policies, ask the following questions:** Are existing programs/policies effective? What doesn't work? The components that work obviously belong in the proposal model. **For program, policy and/or research question, ask:** what does the literature say about key sample, measure, and/or analytic considerations?

Based on a critical review of the literature, the student will develop an outline for a policy or a program OR a research question that is evidence-based and supported with research. The outline (i.e., what is shared with the class) should be short (5-8 single-spaced pages). The student may consider items a-e below as the major headings in the outline:

- a. **BACKGROUND.** Brief background about the health issue—magnitude, who is affected, severity (approx. 2 paragraphs).
- b. **APPROACH.** Short review of programs and policies that currently address the health issue—approaches, evidence about efficacy, gaps in knowledge (approx 2-3 paragraphs) AND/OR short review of what we know to date and what gap the proposal aim or research question will fill.
- c. **AIMS AND METHODS.** Description of the proposed policy, program, or research question. Students should **consider** using subheads like this: (1) LONG-TERM AND SHORT-TERM AIM: E.g., “I intend to conduct a series of qualitative interviews with women about their experiences of work-place violence (short-term aim) in order to inform development of work-place anti-harrassment policies (long-term aim)”. **THE PROJECT WILL ONLY FOCUS ON THE SHORT-TERM AIM.** The long-term aim is down the road (and beyond the scope of this project; (2) rationale (1-2 sentences, based on items a and b); (3) design (e.g., a longitudinal study, a series of structured interviews); (4) intended audience (for program/policy) or sample (i.e., for whom will your results be relevant?); (5) implementation (e.g., steps in developing program/policy, data collection and analytic strategy in a research project); (6) anticipated

outcomes (i.e., desired outcomes or main effects); and (7) evaluation/assessment methods (i.e., how will the anticipated key finding of the project be derived)? Think about what “the product” of the work will be—e.g., if the aim is to assess the association between x and y, what methods must be used to validly do that? Obviously all of these subheads are related (e.g., data collection and analytic strategy are tied to evaluation/assessment). This section may be 2-4 pages, with separate headings for rationale, design, audience, etc.

- d. **REFERENCES.** Aim for about 10 references, but the student should use discretion and have the number of references that makes sense to him/her. References need to be cited using AMA (Vancouver) or APA style.
- e. **MODEL.** Including a logic model and/or theoretical model (i.e., a graphic representation of the rationale for the project activities) is a plus. Students should not fuss if the model isn’t perfect—this is just a graphic tool that will help them explain (and think through) the proposed project. Probably best to put this on a separate sheet.

Notes:

- Students may develop a model to address the same health condition addressed with the factsheet.
- The outline does not have to be perfect—this is a learning exercise! Students should think about a health concern of importance to them. How would they like to change it? What do they think would work? Or what is an important gap in knowledge that they would like to address?
- **Important:** many of the required readings are research projects. Students can see how the authors provided a background and approach in the introduction; wrote the methods (which may include a graphic model of their approach); and, if a public health or medical journal, properly referenced their statements.

Students should prepare a 15-minute presentation of their proposal to be delivered informally in small groups. They should make a copy of their handout for 3-4 students and Dr. Hellerstedt. Following each presentation, the small group will discuss (at least 10 minutes) the feasibility of the research question, program or policy. This proposal will not be uploaded to the course website. Students are expected to really dig in to help one another with their outline.

This is a learning exercise, NOT a dissertation proposal. Every research paper (except literature reviews) started with an idea about an intervention (policy or program) or research idea. Students should NOT worry that they don’t have all of the answers—the goal of this project is to encourage students to think about how they would design a project from start to finish. The project may be as large (e.g., multi-site intervention) or as small (e.g., formative work to see if you can get compliance with a screening program) as the student wishes. **IF A STUDENT NEEDS MORE THAN 5-8 PAGES, S/HE MAY HAND IN A LONGER PROPOSAL.**

Student ideas will be brilliant and flawed. Students should bring questions to their group: ask them to help think about the right sample or the right measure.

Students will receive 20 points for preparing a 5-8 page (longer if a student wishes) outline and presenting it to a small group. A student may find that his/her group will have so many ideas that the student will want to start over from scratch—and that is fine! The best outcome is that the group steers the student to re-think some central ideas. Dr. Hellerstedt will not “grade” this project, but a student will NOT EARN FULL POINTS if s/he: (1) doesn’t hand something in; (2) hands something in that has a page or two and/or that was clearly written two hours before class; (3) doesn’t present the proposal; and (4) submits the proposal late (there can be no extension for this final assignment).

Students are encouraged to get their money's worth: play with an idea; find literature to support a plan for a program, research question, or policy; make mistakes; and have questions for their group to encourage them to help to refine the proposal.

Due date for student-led discussion of the project/study and for turning in a not-perfect, but conscientiously prepared proposal to Dr. Hellerstedt: October 23, 2015 (last day of class)

Appendix C Resources

In the old days, when there were not a billion websites, listing websites was an easy task. It is a very difficult task now. The following list is provided with the following comments:

- This list is the tip of the iceberg (there are so many web sources) and may not be the best list. It reflects websites Dr. Hellerstedt has examined.
- If a student finds a good website, s/he is encouraged to post its address on the course discussion board, to share with the class.
- One of the toughest things about web sources is they may not always be the most accurate sources. Government or reputable agency sources may be the best (e.g., WHO, CDC, NIH) for evidence-based data. Organizations that have political agendas, may not present a balanced view. Although some organizations, like Guttmacher Institute and Kaiser Family Foundation, are very careful about analyses and methods, and may be the BEST sources of information. This comment is not meant to malign any agency; it is a simple reflection of the fact that some organizations exist to present data and some exist to push forward programs and policies. Agencies also differ in the qualifications of their personnel, especially relative to data and/or epidemiological expertise.
- Websites are often **not** a good resource for research papers, given the variable quality of the data on them. Generally (not always) a research paper should use peer-reviewed papers (or trusted sources, like CDC) to establish evidence.
- Many journal articles may be obtained through www.biomed.lib.umn.edu and looking through E-journals. Students sign in with their UM I.D. and password. If Biomed does not have a journal, try doing a search for the journal and see if you can download papers from the journal website (e.g., Perspectives on Sexual and Reproductive Health, the former Family Planning Perspectives, can be downloaded from guttamcher.org).
- Wikipedia is an iffy source for information—be careful, as anybody can add an entry. Usually it is not appropriate to cite Wikipedia in scholarly papers or products.

A. General Websites (in addition to those used for “coffee chats”)

- **World Health Organization.** Many global health issues, <http://www.who.int/en/>
- **National Women’s Health Information Center** has a lot of information about women’s health and some online journal articles, <http://www.womenshealth.gov/>
- **Society for the Advancement of Women’s Health Research**, OK source for biology and women’s health, does not update its website as often as it should, www.womenshealthresearch.org/
- **Centers for Disease Control and Prevention (CDC)** covers a wide variety of domestic topics, www.cdc.gov. For articles from MMWR, go to www.cdc.gov/mmwr. Cdc.gov also includes a good link to Health Topics, A to Z. Also try www.cdc.gov/health/womensmenu.htm.
- **American Medical Women’s Association** has some good links, many of which are geared at medical professional development, www.amwa-doc.org/
- **Office of Research on Women’s Health**, <http://orwh.od.nih.gov/>

- **National Center for Education in Maternal and Child Health**, operated by Georgetown University, covers a wide range of topics (including women's health), www.ncemch.org
- **Healthy People**. For national health goals, best place is www.healthypeople.gov
- **Hellerstedt's MCH Program** website (has some info on women's health), www.epi.umn.edu/mch or the **National MCHB clearinghouse**, <http://www.mchlibrary.info>
- **National Library of Medicine's Medline Plus**, <http://medlineplus.gov>
- **National Women's Health Resource Center**. A nonprofit clearinghouse with lots of related links, mostly for public education, www.healthywomen.org.
- **Boston Women's Health Book Collective**. Nonprofit consumer site, with feminist perspective. Publisher of *Our Bodies, Our Selves*, <http://www.ourbodiesourselves.org/default.asp>

B. Specific Health Areas

- **Museum of Menstruation and Women's Health**. Sometimes silly, not always accurate, kind of fun, www.mum.org. Great example of a site where you usually should not pull information for scholarly work. Has links to outrageous menstruation sites.
- **NIH Osteoporosis and Related Bone Diseases. National Resource Center**. Great links for osteoporosis and related bone diseases, http://www.niams.nih.gov/Health_Info/Bone/. Also try **National Osteoporosis Foundation**, www.nof.org.
- **National Human Genome Research Institute**, www.genome.gov and archive of the project, www.ornl.gov/sci/techresources/Human_Genome/elsi/elsi.shtml.
- **National Center for Complementary and Alternative Medicine**, <http://nccam.nih.gov/>
- **Women's Health Initiative**, 15-year research program about post-menopausal health, www.nhlbi.nih.gov/whi. Portions of the site have not been recently updated, however.
- **North American Menopause Society**, www.menopause.org
- **National Cancer Institute** www.nci.nih.gov, **American Cancer Society**, www.cancer.org, **Women's Cancer Network** has research updates; links for providers and survivors, industry-supported, www.wcn.org
- **American Heart Association**, www.americanheart.org
- For reproductive health policy and reproductive health indicators, **Alan Guttmacher Institute**, www.guttmacher.org and **Planned Parenthood**, www.plannedparenthood.org
- Intimate partner violence, www.mchlibrary.info/KnowledgePaths/kp_domviolence.html
- **American Society for Reproductive Medicine**, www.asrm.org

- **Konopka Institute** covers all indices of adolescent health, but has a great set of weblinks for adolescent sexual health, <http://www.peds.umn.edu/dogpah/programs-centers/konopka/index.htm>.

C. Journals

The following are a few of Dr. Hellerstedt's favorites (all can be found as e-journals on biomed.lib.umn.edu):

Related to women's health:

- Journal of Women's Health
- Women's Health Issues
- Perspectives in Sexual and Reproductive Health
- American Journal of Obstetrics & Gynecology
- Obstetrics & Gynecology

Related to general public health or medicine:

- American Journal of Public Health
- American Journal of Epidemiology
- Social Sciences & Medicine
- New England Journal of Medicine
- JAMA
- New England Journal of Medicine