

**MC760: Child and Adolescent Health  
Spring 2004**

**Professors Emily Feinberg and Jenifer Goldman-Fraser**

Thursdays 6-8:45, Room L-301

**Course Description:** This course is the second requirement for all concentrators in Maternal and Child Health and builds upon the knowledge and skills developed in MC725. It is also suitable for other students wishing to gain an understanding of key public health issues, programs, and policies affecting children and adolescents in the United States. Using the science of child and adolescent development as our lens, we will focus on current and emerging child health issues and controversies to gain greater understanding of the challenges facing the maternal and child health field. Students will have the opportunity to examine and discuss a broad array of topics central to child health – including the changing epidemiology and current status of child health, the organization and financing of child health services, national programs and policies that impact child well-being, and the relationship between healthy child development and poverty, race, and ethnicity. Students will also gain hands-on knowledge of public health programs through site visits and interviews with public health practitioners.

In addition to introducing students to child and adolescent health programs and policies, the course aims to:

- ❖ Deepen students' appreciation of the ways in which child well-being is a function of the dynamic relationship between a child's developmental strengths and vulnerabilities and the social, cultural, economic and political context.
- ❖ Strengthen students' analytic and writing skills through data interpretation, review of journal articles, and memo writing.
- ❖ Introduce students to area public health practitioners and programs to deepen students' understanding of effective public health practice.

**Course Framework:** The course is designed to cultivate students' competency in three core areas of activity in the MCH field: 1) building and accurately interpreting the **knowledge base** (e.g., epidemiologic research, needs assessments, program evaluation data, clinical trials, policy analysis) to make informed programmatic and policy decisions (2) identifying and implementing sound **social strategies**; and 3) mobilizing the **political will** via effective advocacy (e.g., designing research to shape health policy; effectively translating research to inform health policy decisions). The iterative relationship among these three factors represent a "data-to-action" approach to problems in MCH and will be an organizing theme of the course.

The first part of the course, "*Building Systems of Care: Key Issues in MCH*," introduces students to contemporary themes and issues challenging the field of MCH today. Poverty as a major health indicator is examined in depth, and students engage in a

novel experiential learning exercise to explore the barriers to health care access and utilization associated with poverty. These foundational classes set the stage for the second part of the course, *“MCH in Practice: Approaches Across the Developmental Continuum,”* in which specific programmatic approaches and policies pertaining to the different periods of children’s development are explored. Particular topics or issues are then examined closely along the dimensions of *what do we know about children’s health needs with respect to this particular issue? (knowledge base), what programs and policies are being implemented to address this issue? (social strategies), and where do our current policies fall short and why?(political will).*

**Objectives:**

*By the end of the course students should be able to:*

1. describe the role of the public health professional in addressing contemporary challenges to the health of infants, children, and adolescents, particularly in the United States
2. attain a deeper understanding of fundamental child and adolescent developmental processes and capacities and apply this understanding to programmatic and policy considerations relevant to maternal and child health
3. describe and apply the data-to-action framework in their approach to public health practice
4. define key child and adolescent health indicators and deepen their understanding of the factors that underlie the racial, ethnic, and class-based disparities observed in many key indicators
5. describe the major changes in the health status of children and adolescents that have occurred over the last century
6. describe the epidemiology, impact on child well-being, and MCH programs and policies designed to address the “new morbidities” (e.g. asthma, obesity, mental health) that challenge today’s children and families
7. identify seminal child health policy and program initiatives that have shaped child and adolescent health from the Social Security Act to the present
8. define the core functions of primary health care for children and adolescents
9. distinguish between epidemiological, descriptive, and evaluation research in the knowledge base
10. further their ability to critically read research through interpretation of data from charts, tables, graphs, and results of statistical analyses
11. describe in writing the body of research/evaluation articles that assess the effectiveness of public health interventions aimed at a particular issue in maternal and child health
12. demonstrate the ability to conduct a site visit and substantive key informant interview that enhances their understanding of public health practice
13. demonstrate a new writing skill in their ability to produce an effective policy memo identifying policy options related to a key child/adolescent health issue

**Prerequisites:** None

**Class Format:** A combination of lecture and discussion format will be used during all classes. Various formats will be used to introduce and practice skills such as data manipulation and interpretation, reading journal articles to assess public health evidence on the effectiveness of social strategies/programs/policies, and program and policy analysis. Formats will include lab sessions during class, small-group exercises, and discussions with public health practitioners.

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**Guest Lecturers:**

**Paul Wise, MD, MPH**, Professor, Department of Pediatrics, Boston Medical Center and BU School of Medicine; Adjunct Professor, Department of Maternal and Child Health, BU School of Public Health (Class 4)

**Deborah Katz, MS**, Health Policy Analyst/Organizer, Community Catalyst, Boston (Class 5)

**Deborah Allen, ScD, MS**, Associate Professor, Department of Maternal and Child Health, BU School of Public Health; Health and Disability Working Group, BU School of Public Health (Class 7)

**Betsy McAlister-Groves, MSW, LICSW**, Director, Child Witness to Violence Project, Department of Developmental and Behavioral Pediatrics, Boston Medical Center (Class 11)

**Vivien Morris, MPH, MS, RD**, Director, Nutrition and Fitness for Life Program, Boston Medical Center; Chair, Food & Nutrition Section, Massachusetts Public Health Association, Boston (Class 12)

**Sophie Godley, MPH**, Director, Office of Youth and Adolescent Development, Massachusetts Department of Public Health (Class 14 and 15)

**Web page and electronic communication:** A web page for MC760 is on the BUSPH intranet (CourseInfo). *All students must have an email address by the end of class 2.* The easiest way to access the web page is through the BUSPH intranet; the address of the web page is [http://courseinfo.bu.edu/courses/04sprqsphmc760\\_a1/](http://courseinfo.bu.edu/courses/04sprqsphmc760_a1/).

*The sections that you will need to check regularly are described below:*

Announcements – Students are expected to check the course web page regularly for announcements relevant to weekly readings or upcoming class activities (e.g., change in reading assignment, different location for class that week). This will be our central way of communicating with students, so it will be crucial for students to check announcements frequently.

Course Documents – The syllabus and class schedule is available in this folder. As the course progresses, a folder will be created for each class that will contain information to prepare for upcoming classes as well as powerpoint slides or other lecture materials that will be posted after each class. On the Monday preceding class we will post reading guidance in the form of discussion questions that will help prepare students for the week's class. Objectives for the upcoming class will also be posted.

Assignments – Refer to this folder for instructions pertinent to completing the course assignments. Included in this folder will be a guide for conducting site visits and key informant interviews and instructions for preparing the written report of the visit; examples of effective policy memos; and a guide for critical reading of research reports.

Communications – We encourage students to use the discussion board function in this folder to respond to the discussion questions posted for the week's class and/or to initiate conversation on another topic relevant to MCH that is of particular interest to them. Faculty may also post questions to get students' feedback on issues such as guest lecturers, in-class exercises, etc. If students are more comfortable with the on-line venue for discussion than in-class participation, they should actively use the discussion board to share their thoughts and informed opinions. Class participation will count towards the final grade for the course (see below); accordingly, faculty will check the discussion board regularly.

### **Requirements:**

1. Class Attendance, Participation, and Required readings (10%)
2. Brief Policy Memo Exercise (15%)
3. Multilevel Assignment related to student-selected topic in child and adolescent health:
  - ❖ Topic Description/Literature Review: synopsis describing the student's formulation of his/her topic and preliminary research literature obtained on the topic (Pass/Fail)
  - ❖ Key Informant Interview/Site Visit Report related to the student's selected topic area (25%)
  - ❖ Policy Memo addressing policy options related to the student's selected topic area (25%)
4. Final (take-home) (25%)

**1. Class Attendance and Participation:** Class attendance and participation is expected. Our goal is to create an environment that encourages critical thinking and the active exchange of ideas and information. We recognize that some students are uncomfortable sharing their ideas in larger group settings. Thus we have planned a number of small group exercises throughout the semester to provide a more intimate

forum in which to engage in discussion among students and faculty. To satisfy the class participation requirement, students may alternatively (or additionally) use the on-line discussion board on CourseInfo (see “Communications” above). Faculty will use these postings to assess the participation of those students who do not regularly contribute in class.

**2. Brief Policy Memo Exercise (due February 26):** Public health professionals are asked frequently to write memos. Memo writing is a different skill than writing research papers and is a style of writing with which most students have had little experience. Memos use a different format and writing style than conventional research papers. In a memo format, the writer uses lay-out and formatting to visually delineate and emphasize content. Writing style should be crisp, to the point, and present a concise argument. Memos allow one a certain flexibility in style (for examples, memos can be written in the first person) but this is not a substitute for well-substantiated arguments. This assignment is designed to give students an opportunity to begin developing their memo writing skills. Because this may be many students’ first experience with memo writing, this assignment is considered an introductory level exercise and accordingly will be limited in depth and scope compared with the Policy Memo for Assignment #3 (see description below). For this brief policy memo exercise, faculty will identify the topic and will also provide students with a packet of materials and guidance for finding the necessary information/resources to prepare the memo. Note that in memo writing, brevity is crucial. Thus, both this memo and the more substantive memo you will produce as part of Assignment #3 should be no more than 4 pages in length (single-spaced, 12-font).

**3. Multilevel assignment related to student-selected topic in child and adolescent health:** Students will be asked to select a major child and adolescent health problem or controversy about which sufficient high quality background, epidemiological, and intervention data exists to complete the assignment. Over the semester, students will approach their topic area from three different perspectives, developing new skills and expertise. This assignment culminates with a policy memo in which students will need to argue the case for a particular intervention to address their selected problem. Accordingly, students will need to gather evidence to make their case. A limited amount of background literature on the selected topic should be retrieved so that students can familiarize themselves with the nature and scope of the problem. ***However, the main emphasis of the literature review is on EVALUATION studies; that is, research that assesses interventions or social strategies designed to address the student’s selected problem.***

**A. Topic Description/Literature Review (due February 12):** Students will be asked to submit a brief synopsis delineating their initial groundwork in preparing for the site visit and policy memo. This document will allow faculty to assess whether and in which ways students need additional guidance in their preparatory work for producing the memo. Specifically, we will be looking at how students have formulated their topics and if they are identifying

appropriate literature to use in developing their memo. For example, a student may be interested generally in the area of pregnancy prevention. She would then need to translate this general interest into a specific question that can be addressed with the existing evaluation literature: “Are interventions aimed at delaying first intercourse among female teens effective?” or “Are school-based health centers an effective approach to reducing sexual risk behaviors among adolescents?” As part of their synopsis, students will also be asked to submit a citation list of the research studies they have gathered thus far in the semester, categorizing their collected articles as either *background/descriptive research*, *epidemiological research*, or *evaluation research*. In addition, 3 abstracts of articles in the evaluation research category must be submitted for faculty to review. In their synopsis, students will also be asked to address – briefly – the three following questions:

- ❖ What does the study contribute to your evaluation of your topic area (including comments on strength of the study overall and its relevance to your topic area)?
- ❖ What are the study’s limitations (including general limitations as well as its limitations with respect to your topic area)?
- ❖ What are the policy or programmatic implications of the study?

**B. Key Informant Interview/Site Visit Report (due March 25).** This component of Assignment #3 is designed to give students the opportunity to analyze public health practice in action. Students will identify local programs and organizations that are pursuing social strategies related to the student’s topic area. Students will then apply their knowledge of social strategies developed through their literature review to examine a functioning program or policy. For example, a student who is focused on the effectiveness of school-based health centers in reducing sexual risk behaviors among teens might interview the individual responsible for overseeing Boston’s school-based health centers and then visit a health center site. It will be the student’s responsibility to identify sites and set up meeting and site visit times, although course faculty will be available to assist students as needed. Specific guidance on the expected content and structure of the key informant interview and written report will be provided. Students will turn in their interview questions and write a 2-3 page (double-spaced, 12-font) site visit report.

**C. Policy Memo (due April 8).** For the final component of Assignment #3, students will submit a policy memo advocating for a particular intervention or policy to address the selected topic. Students will respond to the following scenario: *Assume you have been recently hired by the State Department of Public Health. The newly-elected Governor has asked the Department of Public Health for a briefing on your topic area. The Public Health Commissioner has given the assignment to you to complete. Please prepare a one page executive summary and a 4-page (single-spaced, 12-font) memorandum on the policy options related to your topic area.*

The memo should:

- ❖ Define the issue and present basic background facts about the topic (which may include selectively chosen data in table format to reinforce descriptions/arguments)
- ❖ Highlight a number of policy alternatives or choices to address the problem
- ❖ Make single policy recommendation to address the problem
- ❖ Identify who will be involved in implementing this program or policy
- ❖ Discuss the major constituencies who will be affected by any change in programs or policies
- ❖ Present the major arguments for and against your recommendation (i.e., identifying allies and their support as well as creative ways to “win over” or appease opponents)

**4. Take-Home Final (distributed April 22, due April 29):** The goal of the take-home final exam is to help students integrate thinking across subject areas and age groups. Students will be given 3-4 problem-solving questions, designed to be thought-provoking and that will allow a number of different approaches to the question. In responding to these questions, students will need to apply key concepts cultivated in the course to a current MCH issue in the news, to a topic covered in class, or their selected topic. The final will also give students the opportunity to demonstrate skills attained during the course, including data interpretation and program and policy analysis.

#### **GRADING**

<b>Assignment</b>	<b>Assignment weight</b>	<b>Due Date</b>
Class Participation	10%	ongoing
Brief Policy Memo Exercise	15%	February 26
Assignments related to selected child/adolescent health topic: Topic Description/Literature Review Key Informant Interview/Site Visit Report Policy Memo	- 25% 25%	February 12 March 25 April 8
Take-Home Final	25%	April 29

### **Class 1 Introduction and Course Overview**

Fadiman, A. (1997). *The spirit catches you and you fall down: A Hmong child, her American doctors, and the collision of two cultures*. New York, NY: Farrar, Straus and Giroux.

*Explore on-line:*

National Center for Cultural Competence

- *Guidelines and Tool to become Culturally Competent*

<http://www.georgetown.edu/research/gucdc/nccc/products.html>

EthnoMed

- *Laos Community and Cultural Perspectives*

<http://www.ethnomed.org/ethnomed/voices/lao.html>

### **Class 2 The Evolving Status of Child and Adolescent Health**

Brown, B.V., et al. (1999). *A century of children's health and well-being*. Washington, DC: Child Trends.

The Annie E. Casey Foundation. (2003). *Kids Count Data Book 2003: State profiles of child well-being*. Selected readings to be announced in class.

Guzman, L., Lippman, L., Moore, K.A., and O'Hare, W. (2003). *How children are doing: The mismatch between public perception and statistical reality*. Washington, DC: Child Trends.

Moore, K.A., and Brown, B.V. (2003). *The uses (and misuses) of social indicators: Implications for public policy*. Washington, DC: Child Trends.

### **Class 3 Poverty and Child Health**

Wood, D. (2003). Effect of child and family poverty on child health in the United States. *Pediatrics*, 112(3), 707- 711.

The Annie E. Casey Foundation. (2003). *The high cost of being poor: Another perspective on helping low-income families get by and get ahead*. Kids Count Data Book 2003: State profiles of child well-being, pp. 11-33.

Pierce, D. (April, 2003). *The self-sufficiency standard for Massachusetts. Prepared for the women's education and industrial union*, pp.1-7, 13, 14. Full report available on-line at [http://www.weiu.org/pdf\\_files/MA\\_Full\\_Report\\_Final.pdf](http://www.weiu.org/pdf_files/MA_Full_Report_Final.pdf)

Zedlewski, S., and Nelson, S. (2003). *Families coping without government or cash assistance*. An Assessing the New Federalism Occasional Paper (No. 64). Washington DC: Urban Institute, pp. vii-xi, 27-38. Full report available on-line at [http://www.urban.org/UploadedPDF/410634\\_OP64.pdf](http://www.urban.org/UploadedPDF/410634_OP64.pdf).

Costello, E.J., Compton, S.N., Keeler, G., and Angold, A. (2003). Relationships between poverty and psychopathology. *JAMA*, 290(15), 2023-2029.

#### **Class 4 Health Disparities and Technological Innovation**

- Willinger, M., *et al.* (2000). Factors associated with caregivers' choice of sleep position, 1994-1998: The national infant sleep position study. *JAMA*, 283(16), 2135-2142.
- Hauck, F.R., *et al.* (2002). The contribution of prone sleeping position to the racial disparity in sudden infant death syndrome: The Chicago infant mortality study. *Pediatrics*, 110(4), 772-780.
- Unger, B., *et al.* (2003). **Racial disparity and modifiable risk factors among infants dying suddenly and unexpectedly.** *Pediatrics*, 111, e127 - 131.
- McCormick, M.C., and Richardson, D.K. (1995). Access to neonatal intensive care. *The Future of Children*, 5 (1), 162-75.
- Lantos, J.D. (2001). Hooked on neonatology. *Health Affairs*, 20(3), 233-239.
- Wise, P. (2003). Anatomy of a disparity. *Annual Review of Public Health*, 24, 341-362.

#### **Class 5 Accessing Health Services**

- Smith, B. (2001). Excerpt from *A tree grows in Brooklyn*. In R. Coles and R. Testa (Eds.), *Growing up poor*. New York, NY: The New Press, pp. 16-21.
- Newacheck, P.W., *et al.* (1998). The role of Medicaid in ensuring children's access to care. *JAMA*, 280(20), 1789-93.
- Baron, J., and Sylvester, K. (April, 2003). *Health insurance for children: Issues and ideas. A guide for policymakers and the press from The Future of Children*. Los Altos, CA: David and Lucille Packard Foundation.

#### **Supplemental readings (in MCH Dept. Library):**

- U.S. Department of Health and Human Services. (2001). *Celebrating 65 years of Title V: The Maternal and Child Health Program*. Washington, DC: Maternal and Child Health Bureau.
- U.S. Department of Health and Human Services. (2000). *Title V: A Snapshot of Maternal and Child Health*. Washington, DC: Maternal and Child Health Bureau.

<b>PART II: MCH IN PRACTICE— APPROACHES ALONG THE DEVELOPMENTAL CONTINUUM</b>
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#### **Class 6 Integrating Primary Care and Public Health**

- Green, M., and Palfrey, J.S. (2000). *Bright Futures: Guidelines for health supervision of infants, children and adolescents, 2<sup>nd</sup> Edition*. Arlington, VA: National Center for Education in Maternal and Child Health, pp. v-xi, xiv, 2-15, 300-321.
- Regalado, M., and Halfon, N. (2001). Primary care services promoting optimal child development from birth to age 3 years. *Archives of Pediatric and Adolescent Medicine*, 155, 1311-1322.

#### **Case study: Immunizations and Immunization Policy**

##### **(1) Vaccine Safety, Public Good, and Personal Choice**

- McNeil, D. (November 30, 2002). *When parents say no to child vaccinations*. New York Times.

Feikin, D.R., *et al.* (2000). Individual and community risks of measles and pertussis associated with personal exemptions to immunization. *JAMA*, 284(24), 3145-3150.

Hviid, A., *et al.* (2003). Association between Thimersol-containing vaccine and autism. *JAMA*, 290(13), 1763-1766.

Dales, L., Hammer, S.J., and Smith, N. (2001). Time trends in autism and in MMR immunization coverage in California. *JAMA*, 285(9), 1183-1185.

## **(2) Public Policy Options to Improve Immunization Rates**

Kerpelman, L.C., Connell, D.B., and Gunn, W. (2000). Effect of a monetary sanction on immunization rates of recipients in Aid to Families with Dependent Children. *JAMA* 284(1), 53-59.

Davis, M.M., and Lantos, J.D. (2000). Ethical considerations in the policy laboratory. *JAMA*, 284(10), 85-87.

Hoekstra, E.J., *et al.* (1998). Impact of a large-scale immunization program initiative in the Special Supplemental Nutrition Program for Women, Infants, and Children. *JAMA*, 280(13), 1143-1147.

Wood, D., and Halfon, N. (1998). Reconfiguring child health services in the inner city. *JAMA*, 280(13), 1182-1183.

## **Class 7 Children with Special Health Care Needs: Key Policy Issues**

Arango, P.A. (1999). A parent's perspective on family-centered care. *Journal of Developmental and Behavioral Pediatrics*, 20(2), 123-124.

McPherson, M., *et al.* (1998). A new definition of children with special health care needs. *Pediatrics*, 102, 137-140.

Newacheck, P., *et al.* (1998). Epidemiologic profile of children with special health care needs. *Pediatrics*, 102, 117-123.

US Department of Health and Human Services. (2000). *Title V: A Snapshot of Maternal and Child Health*. Washington DC: Maternal and Child Health Bureau, pp. 20-22.

*Review on-line:*

<http://www.aap.org/policy/s060016.html>

<http://cshcnleaders.ichp.edu/TitleVDirectory/default.htm>

## **Class 8 Early Relationships: The Foundation of Healthy Child Development**

Thompson, R.A. (2001). Development in the first years of life. *The Future of Children*, 11(1), 23-32.

McCarton, C., Brooks-Gunn, J., Wallace, I., *et al.* (1997). Results at 8 years of intervention for low birth weight premature infants: The infant health and development program. *JAMA*, 277, 126-132.

Berlin, L.J., O'Neal, C, and Brooks-Gunn, J. (1998). What makes early intervention programs work? *Zero to Three*, 18(4), 4-15.

Phillips, D., and Adams, G. (2001). Child care and our youngest children. *The Future of Children*, 11(1), 36-51.

## **Class 9 Policy Case Study: Head Start**

Donnelly, A.C., and Green, F. (1999). Head Start. In H. Wallace *et al.* (Eds.), *Health and welfare for families in the 21<sup>st</sup> century*. Boston, MA: Jones and Bartlett Publishers. pp. 483-493.

Illinois Head Start Association. (2003). *History, Goals, and Values: Uniqueness; Myths; A Historical Perspective*. Available on-line at: [www.ilheadstart.org/uniqueness.html](http://www.ilheadstart.org/uniqueness.html), [www.ilheadstart.org/myths.html](http://www.ilheadstart.org/myths.html), and [www.ilheadstart.org/historical.html](http://www.ilheadstart.org/historical.html)

US Department of Health and Human Services. (2003). *Head Start Policy Book*. Available on-line at: <http://www.whitehouse.gov/infocus/earlychildhood/hspolicybook/03.html>

US Department of Health and Human Services. (2003). *Strengthening Head Start: What the evidence shows*. Available on-line at: <http://aspe.hhs.gov/hsp/StrengthenHeadStart03/report.pdf>

The Kauffman Early Education Exchange. (2002). *Set for success: Building a strong foundation for school readiness based on the social-emotional development of young children - Executive Summary*, pp. 1-12. Full report available on-line at [www.emkf.org](http://www.emkf.org)

### **Class 10 Asthma: Innovative Approaches to Intervention**

Guendelman, S., Meade, K., Benson, M., Chen, Y., and Samuels, S. (2002). Improving asthma outcomes and self-management behaviors of inner-city children. *Archives of Pediatric and Adolescent Medicine*, 156, 114-120.

Kinney, P.L., *et al.* (2002). On the front line: An environmental asthma intervention in New York City. *American Journal of Public Health*, 92(1), 24-26.

Lieu, T.A., *et al.* (2002). Racial/ethnic variation in asthma status and management practices among children in managed Medicaid. *Pediatrics*, 109(5), 857-865.

Riekert, K.A., Butz, A., Eggleston, P., Huss, K., Winkelstein, M., and Rand, C. (2003). Caregiver-physician medication concordance and undertreatment of asthma among inner-city children. *Pediatrics*, 111(3), e214-220.

Zorc, J., Scarfone, R., Yuelin, I., Hong, T., Harmelin, M., Grunstein, L., and Andre, J. (2003). Scheduled follow-up after a pediatric emergency department visit for asthma: A randomized trial. *Pediatrics*, 111(3), 495-502.

### **Class 11 Child Mental Health: Special Topic – Children’s Exposure to Violence**

Glied, S., and Cuellar, A.E. (2003). Trends and issues in child and adolescent mental health. *Health Affairs*, 22(3), 39-50.

Association of State and Territorial Health Officials. (November, 2002). *Mental health resource guide: Moving towards a multisystem approach for child and adolescent health (Issue Brief)*.

Osofsky, J. (1999). The impact of violence on children. *The Future of Children*, 9(3), 33-49.

Wolfe, D.A., and Jaffe, P.G. (1999). Emerging strategies in the prevention of domestic violence. *The Future of Children*, 9(3), 133-44.

### **Class 12 Obesity – Nutrition, Exercise, and the Politics of Food**

- Ogden, C.L., Flegal, K.M. Carroll, M.D., and Johnson, C.L. (2000). Prevalence and trends in overweight among US children and adolescents, 1999-2000. *JAMA*, 28(14), 1728-1732.
- Schwimmer, J.B., Burwinkle, T.M., and Varni, J.W. (2003). Health-related quality of life of severely obese children and adolescents. *JAMA*, 289(14), 1813-1818.
- Robinson, T.N. (1999). Reducing children's television viewing to prevent obesity: A randomized controlled trial. *JAMA*, 282(16), 1561-1567.
- Gortmaker S.L., *et al.* (1999). Reducing obesity via a school-based interdisciplinary intervention among youth: Planet health. *Archives of Pediatric and Adolescent Medicine*, 153(4), 409-418.
- Schlosser, E. (2001). *Fast Food Nation: The dark side of an all-American meal*. Boston, MA: Houghton Mifflin Company, pp. 42-57.
- Shell, E.R. (June, 2001). New world syndrome. *The Atlantic Monthly*, pp. 50-53.

### **Class 13 Adolescence: Societal and Developmental Challenges**

- Elkind, D. (1998). *All grown up and no place to go: Teenagers in crisis*. Cambridge, MA: Perseus Books, pp. 111-134.
- Strauch, B. (2003). *The primal teen*. New York, NY: Doubleday, pp. 51-74, 87-107.
- Dryfoos, J.G. (1998). *Safe passage: Making it through adolescence in a risky society*. Oxford, UK: Oxford University Press, pp. 23-44, 2-9.

### **Class 14 Programs and Policies to Promote Healthy Adolescence: The Youth Development Model**

- The National Academy of Sciences. (2002). Community programs to promote youth development: Executive Summary. Available on-line at: <http://www.nap.edu/openbook/0309072751/html/1.html>
- Moore, K.A., and Zaff, J.F. (2002). Building a better teenager: A summary of “what works” in adolescent development. *Child Trends*: Washington DC, pp. 1-6.  
*Additional reading focused on program evaluation to be announced.*

### **Class 15 Addressing the Health Concerns of Adolescents: Focus on Confidentiality**

- Allen, L.B., *et al.* (1998). Adolescent health care experience of gay, lesbian, and bisexual young adults. *Journal of Adolescent Health*, 23(4), 212-20.
- Reddy, D., Fleming, R., and Swain, C. (2002). Effect of mandatory parental notification on adolescent girl's use of sexual health care services. *JAMA*, 288(6), 710-714.
- Ford, C.A., and English, A. (2002). Limiting confidentiality of adolescent health services: What are the risks? *JAMA*, 288(6), 752-753.
- Marks, A., and Rothbart, B. (2003). *Healthy Teens, Body and Soul*. New York, NY: Simon and Schuster, pp. 15-32.
- ”Case Study”*