

Course: PH 298 Section 63

CCN: 77083

**Contemporary Women's Health:
Issues and Opportunities for Advocacy**

Instructors: Bethany Young-Holt, PhD, MPH; Ndola Prata, MD, MSc;
and Nap Hosang, MD, MBA, MPH.

A 2 Unit Course; Spring 2007 meeting once weekly. Letter grade or S/U

Location: Mulford 106
Wednesdays 12-2:00 pm

Overview:

A practical and interactive course that examines chronic and emerging health issues that impact women's health. Topics will include breast health, emergency contraception, microbicides, the HPV vaccine, off-label Misoprostol use, elective cesarean section, and infertility, among others.

The course is arranged in 4 modules. Module 1 will examine case studies of three recent innovations. We will analyze each for clarity of outcomes from a PH perspective, stakeholder analysis, critical success factors and advocacy strategy. Module 2 will analyze a selection of contemporary women's health issues in the USA from a PH perspective. Module 3 will discuss seemingly intractable challenges affecting women's health in poor developing countries. In module 4 we give students an opportunity to practice their new advocacy skills on a selection of issues and opportunities.

Grading:

The final grade will be based on:

- 1) participation and knowledge of the readings (30%);
- 2) a <10 page brief on a contemporary women's health issue (50%) [due May 7th];
- 3) **ONE OF THE FOLLOWING** deliverables (20%):
 - a) a weekly personal journal of reflections (or blog) covering the readings and class discussions of any 10 sessions [submitted weekly]
 - b) a newspaper/magazine article, OpEd piece, or letter to the editor educating the public or advocating a policy change; [due March 21st]
 - c) a poster presentation that addresses a women's health issue of your choosing; [due April 25th]

Module descriptions:

Week 1: **Course Introduction**

Discuss the course content and requirements.

Overview of domestic and International challenges facing women's health;

Discuss this question: how should the public health professional of the future innovate and advocate on behalf of women's health in the coming decade?

Homework: write one paragraph on one women's health issue you want to explore or work on in 2007.

Module I Innovation and advocacy in women's health

Weeks 2-4

We describe three specific examples of innovation and advocacy that impact women's health (Misoprostol, EC, Microbicides). We discuss advocacy tools such as public education, stakeholder analysis, coalition building, working with the legislature, working with government ministries and agencies, and how they were used to effect change in these three case studies.

Module II Domestic Issues Impacting Women's Health

Weeks 5-8

In this module we look at USA examples of how soundly implemented research findings have been used to drive advocacy and policy in health services for women. Topics include: breast health, cervical cancer prevention/HPV vaccine, sexually transmitted infections, access to emergency contraception, access to safe abortion, hormone replacement therapy.

The format will start with defining PH objectives for each topic/issue, collating the evidence, identifying the gaps in evidence, and discussing the steps required to achieve the objectives.

Module III Issues Impacting Women's Health in Resource Poor Regions:

Weeks 9-11 (includes Spring Break)

This module will focus on the priorities for safe motherhood in LDCs. Intervention strategies based on the distribution of causes of maternal deaths will be analyzed in the context of access to low-tech sustainable solutions that work, financing mechanisms, training of TBAs, and the delivery infrastructure required for large scale implementation in rural and peri-urban settings.

Module IV weeks 12-16

Theme: now you know all this stuff, what do you do with it? These sessions allow student to practice and experiment with what they have learned and to share their deliverables with other students in the class using oral and poster presentations and get feedback.

Deliverables

Homework for the course will involve reading ahead of class the suggested lecture readings.

Required: All students will be required to submit a policy brief up to 10 pages in length on a relevant Women's Health advocacy topic.

- Submit your topic and policy options by email to the instructors by March 10th. Comments will be provided back to students during class on March 14th.
- Submit a draft critique of one policy option to include in your brief by April 4th.
- Submit final Policy Brief by May 2nd.

In addition, students must select one of the following options to complete the course requirement. Please inform instructors of your selection by February 7th.

Option #1: Weekly Journal. Submit to instructor (BHY) a weekly electronic journal in which you reflect upon a current issue(s) in the media (TV, newspaper, internet). Your journal should incorporate how course reading or recent class discussions influence your reaction to the media reports/releases. Submissions should be reflective. Brevity is encouraged. Formats may mimic a personal 'blog' or a traditional journal (e.g., My Own Journey). A total of 10 Journal entries are needed to fulfill this requirement.

Journals will be submitted weekly to BHY and copied to one other designated instructor (TBA).

Option #2: Op Ed or Letter to the Editor. Write a magazine/newspaper article, Op Ed or Letter to the Editor that addresses a contemporary Women's Health issue. In the Op Ed or letter, keep in mind the audience, (e.g. politicians, Community leaders, the general public); have well referenced sources, and be specific in your call for action. The Op Ed/letter should be submitted by the student to a local, metropolitan, or national newspaper and meet the requirements of the paper to which the article or OpEd/letter is submitted.

Draft submissions are due March 7th. Final draft due March 21st.

Option #3: Poster Session Gallery Walk. Prepare a poster that summarizes a women's health issue you are passionate about. We will discuss how to create a poster that is best suited for your target audience, how you will present the material and yourself, and how to choose which meetings and conferences are most appropriate for your topic.

area. Poster presentations should include an abstract . Abstract submission deadline March 7th. Elements of the presentation should include the population affected by the issue, stakeholders' interests, the relative importance of this issue compared to well known benchmarks, cost-benefit analysis, and critical success factors for sustainable interventions. Supplemental materials might include: clippings from the media, visual aids, short video/testimonials. The posters will be displayed in class and possibly the SPH lobby.

Abstract submission deadline is March 7th. Poster session April 25th

Reading List

Module I

MacQueen KM, Cates. The multiple layers of prevention science research. *Am J Prev Med*. 2005;28(5):491-495.

Potts M, Campbell M. *Three meetings and fewer funerals: Misoprostol in postpartum haemorrhage*. *Lancet*. 2004 Sep 25-Oct 1;364(9440):1110-1.

Darney PD. *Misoprostol: a boon to safe motherhood...or not?* *Lancet*. 2001 Sep 1;358(9283):682-3.

M. Campbell, M. Holden *Global availability of misoprostol*. *International Journal of Gynecology & Obstetrics*, Volume 94, Pages S151-S152

Joint statement from FIGO and ICM. *Prevention and Treatment of Post-partum Haemorrhage: New Advances for Low Resource Settings*. November 2006.

WHO. *The Selection of Essential Medicines*

Venture Strategies for Health & Development. *Overview of Misoprostol Program Concept (fact sheet)*

Young Holt B, Morowitz VG, Ngo L, et al. Microbicide preference among young women in California. *J Women's Health*. 2006;15(3):281-294.

Dhawan D, Mayer KH. Microbicides to Prevent HIV Transmission: Overcoming obstacles to chemical barrier protection. *J Infect Dis*. 2006;193:36-44.

Emergency Contraception. ACOG Practice Bulletin No. 69. American College of Obstetricians and Gynecologists. *Obstet Gynecol*. 2005;106:1443-1451.

Resnik R. Can a 29% cesarean delivery rate possibly be justified? American College of Obstetricians and Gynecologists. *Obstet Gynecol*. 2006;107(4):752-754.

From Secret to Shelf: How Collaboration is Bringing Emergency Contraception to Women, March 2000. Compiled by the Pacific Institute for Women's Health and funded by the Packard Foundation.

Cristina Page. *How the Pro-Choice Movement Saved America: Freedom, Politics, and the War on Sex*. Chapter 5: No Plan B. New York: Basic Books, 2005.

Harper CC, Cheong M, Rocca CH, Darney PD, Raine TR. The effect of increased access to emergency contraception among young adolescents. *Obstet Gynecol*. 2005 Sep;106(3):483-91.

Raine TR, Harper CC, Rocca CH, Fischer R, Padian N, Klausner JD, Darney PD. Direct access to emergency contraception through pharmacies and effect on unintended pregnancy and STIs: a randomized controlled trial. *JAMA*. 2005 Jan 5;293(1):54-62.

Module II

Alexander LL, LaRosa JH, Bader H, Garfield S. *New Dimensions in Women's Health*. 4th edition. Jones and Bartlett; 2006.

Cervical cytology screening. ACOG Practice Bulletin No. 45. American College of Obstetricians and Gynecologists. *Obstet Gynecol*. 2003;102:417-427.

Cervical cancer screening in adolescents. ACOG Committee Opinion No. 300. American College of Obstetricians and Gynecologists. *Obstet Gynecol*. 2004;104:885-889.

Human papillomavirus vaccination. ACOG Committee Opinion No. 344. American College of Obstetricians and Gynecologists. *Obstet Gynecol*. 2006;108:699-705.

Human papillomavirus. ACOG Practice Bulletin No. 61. American College of Obstetricians and Gynecologists. *Obstet Gynecol*. 2005;105:905-918.

Grimes DA, Benson J, Singh S, et al. Unsafe abortion: the preventable pandemic. *Lancet*. In Press.

Module III

Ronsmans C, Graham WJ; Lancet Maternal Survival Series steering group. Maternal mortality: who, when, where, and why. *Lancet*. 2006 Sep 30;368(9542):1189-200.

Powell-Jackson T, Borghi J, Mueller DH, Patouillard E, Mills A. Countdown to 2015: tracking donor assistance to maternal, newborn, and child health. *Lancet*. 2006 Sep 23;368(9541):1077-87.

Geller SE, Adams MG, Kelly PJ, Kodkany BS, Derman RJ. Postpartum hemorrhage in resource-poor settings. *Int J Gynaecol Obstet*. 2006 Mar;92(3):202-11.

Campbell OM, Graham WJ; Lancet Maternal Survival Series steering group. Strategies for reducing maternal mortality: getting on with what works. *Lancet*. 2006 Oct 7;368(9543):1284-99.

Borghi J, Ensor T, Somanathan A, Lissner C, Mills A; Lancet Maternal Survival Series steering group. Mobilising financial resources for maternal health. *Lancet*. 2006 Oct 21;368(9545):1457-65.

Prata N, Vahidnia F, Potts M; Saving maternal lives in resource-poor settings: Facing reality. In press for *British Medical Journal*.

Powerpoint slide – Maternal Mortality Rates

Other Articles

Hecht R, Suraratdecha C. Estimating the demand for a preventive HIV vaccine: Why we need to do better. *PLoS Med*. 2006;3(10):1-5.

Sexually transmitted diseases in adolescents. ACOG Committee Opinion No. 301. American College of Obstetricians and Gynecologists. *Obstet Gynecol*. 2004;104:891-898.